<b>CITY OF PORTLAND</b>	
Please Read Application And Notes If Any	
Attached PERMA Permit Number: 081	161
This is to certify that	EMIT ISSUED
has permission to6 Paradigm Tapastry windowreg-dowhunggress casetask bedroom 2nd floor	
AT -38 GLENRIDGE DR	
provided that the person or persons arm or persons the permit shall.	
of the provisions of the Statutes of the and of the mances of the City of Port	
the construction, maintenance and use of buildings and survictures, and of the applic this department.	cation on the in
Apply to Public Works for street line and grade if nature of work requires such information. Apply to Public Works for street line and grade if nature of work requires by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by this alding or art there as a line d or a street line by the line d or a street line and when permission proceed in the a street line d or a stree	r before this build-
OTHER REQUIRED APPROVALS	
Fire Dept	
Health Dept	2
Appeal Board	9/15/100
Other Department Name Director - Building & Inspector	on Services
PENALTY FOR REMOVING THIS CARD	
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Scanned

Cit	y of Portland, Maine	- Building or Use	Permit A	Application	Pe	rmit No:	Issue Date:		CBL:		
	Congress Street, 04101	0				08-1161			183B A0	01038	
Loca	ation of Construction:	Owner Name:			Owne	er Address:			Phone:		
38 GLENRIDGE DR PEZZUTI MIC			CHELE M		38 GLENRIDGE DR						
Business Name: Contractor Name					Contractor Address:				Phone		
STE-MAR Inc			c. / Arthur Jacobson		41 Jeanne Street Portland				2076716054		
Lessee/Buyer's Name Phone:					Permit Type:				Zone:		
					Alterations - Dwellings					RS	
Past Use: Proposed Use:					Permit Fee: Cost of Work:				EO District:		
Paradigm Tap			Family Home - 6 astry windows 4 reg- egress casements 1		\$50.00 \$2,500.00				5		
									e Group: R3 Type: 50		
		each bedroom		sements i			Denied	Use Grou	p:///)	Type: 50	
								·	RCZ	03	
Pror	oosed Project Description:										
-		4 reg-double hung 2 es	press casen	nents 1	Signs	iture:		Signature	ture'		
6 Paradigm Tapastry windows 4 reg-double hung 2 egre each bedroom 2nd floor						Signature:			<u> </u>		
					Action: Approved Approved		oved w/Ct				
				Signature:		ature:	:e: Da		ate:		
	nit Taken By:	Date Applied For:				Zoning	Approva	1			
ldobson 09/15/2008											
1.	This permit application does not preclude the		Special Zone or Review		ws Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting	applicable State and	Shoreland		Variance			Not in District or Landmar			
Federal Rules.											
2.	e		Wetland NA		Miscellaneous		Does Not Require Review				
~	septic or electrical work.					Conditional Use					
3. Building permits are void if work is not started within six (6) months of the date of issuance.				Flood Zone		Conditional Ose			Requires Review		
False information may invalidate a building			Subdivision		Interpretation			Approved			
	permit and stop all work										
			Site P	lan		Approved			Approved w/	Conditions	
	and the second sec	2 10 10 10 10 10 10 10 10 10 10 10 10 10	Maj 🗌	Minor MM		Denied			Denied		
	The second data									`	
			Date:	- 9/15/0	2	Date:		Date	9/15/8	5	
		:									
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## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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the prove that the third day agake with a work to be grown 2-24-09 in the 2- in - CR CK - under matchilder, turn a point ! In Chy