City of Portland, Maine - Building or Use Permit Applica 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874					rmit No: 04-0801	Issue Date:		CBL:	2001
		. , .	Fax: (207) 874-871					184 B002	2001
			Owner Name:		Owner Address:			Phone:	
607 Brighton Ave			Flynn E Lyle		61 Lawn Ave			773-2631	
Business Name:			Contractor Name:		Contractor Address:			Phone	
		Stephen Brann	Stephen Brann		Freeport			2073290910	
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:
				Change of Use Home Occupation					
	Use:	Proposed Use:	Proposed Use:					O District:	
Off	ice		Single family residence with home occupation		\$516.00	\$30,000	.00	5	
		occupation			DEPT:	Approved IN	ISPECTI	ON:	
							Jse Group	:	Туре
						Demea			
Prop	oosed Project Description:	·							
add	1/2 bath, renovate bath & 1	kitchen,add deck & stor	rage shed	Signa	Signature: Signature:		ignature:	nature:	
				PEDE	PEDESTRIAN ACTIVITIES DISTRICT (ICT (P.A.	(P.A.D.)	
				Actio	Action: Approved Approved w/			Condition Denied	
				Signa	Signature:		Da	Date:	
Permit Taken By: Date Applied For:		Date Applied For:	Zoning Approval						
jodinea 06/14/2004		06/14/2004							
1.	This permit application de	bes not preclude the	Special Zone or Re	views	Zoning Appeal		Н	Historic Preservation	
	Applicant(s) from meeting applicable State an Federal Rules.		Shoreland		Variance			Not in District or Landma	
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
3.	Building permits are void if work is not started		Flood Zon Subdivision		Conditional Us			Requires Review	
	within six (6) months of the False information may inverse permit and stop all work	Interpretatio				Approved			
			Site Plan		Approved			Approved w/Condition	
			Maj 🗌 Minor 🗌 Mi	M	Denied			Denied	
			Date:		Date:		Date:		

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:		Owner Address:	Phone:			
607 Brighton Ave	Flynn E Lyle		61 Lawn Ave	773-2631			
Business Name:	Contractor Name:		Contractor Address:	Phone			
	Stephen Brann		Freeport	2073290910			
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:			
			Change of Use Home Occupation				
			_				
Dept: Zoning Status: A	Approved with Condition	ns Reviewer	: Marge Schmuckal Approval Dat	te: 07/13/2004			
 Note: 7/8/04 everything is ok except the shed which is over 100 sq ft and would need to be 8' from the side and 25' Ok to Issue: ✓ from the rear - I left a message with Mr. Flynn 7/13/04 I received a letter reducing the shed to 8 x 12 so it could have a 5' min setback on rear and side 1) During its existence, all aspects of the Home Occupations criteria, Section 14-410, shall be maintained. 2) This property shall remain a single family dwelling with a home occupation for a professional financial consulting services after the issuance of this permit. Any change of use shall require a separate permit application for review and approval. 							
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.							
4) Separate permits shall be required for any new signage under the home occupation guidelines. The existing free standing sign shall be removed with this change of use permit.							
Dept: Building Status: P	ending	Reviewer	: Approval Dat	te:			
Note:				Ok to Issue:			

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
			NUO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	