City of Portland, Maine - Build	0			Per	mit No: 08-0209	Issue Dat	e:	CBL: 085 F04	3001	
389 Congress Street, 04101 Tel: (2		Fax: (2	207) 874-8716		4.7.7				3001	
Location of Construction:  Owner Name:  CASSIDY THO			Owner Add DMAS P 10 MAPLI					Phone: 202-256-10	060	
Business Name: Contractor Nam Michael Lange		me:			actor Address	:		Phone		
				382 F	382 Pleasant Ave Peaks Island			207632822	29	
Lessee/Buyer's Name				Permit Type: Alterations - Dwellings			Zone			
Past Use: Single Family Home Proposed Use: Single Family		Home with renovation		Permit Fee: Cost of Wo. \$50.00 \$2,69						
						INSPECTION:				
						Denied	Use Gr	oup:	Type	
Proposed Project Description:				_						
Replace outside stairway, install new	support structur	e.		Signature: S			Signatu	Signature:		
				PEDESTRIAN ACTIVITIES DISTR			RICT (I	RICT (P.A.D.)		
				Action Approved Approve			proved w	ed w/Condition Denied		
			Signature:				Date:			
-	Date Applied For: 03/07/2008				Zoning Approval					
1. This permit application does not	preclude the	the Special Zone or Rev		ews Zoning Appeal			Historic Preservation			
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landn			
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 within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		☐ Flood Zon			Conditional Us			Requires Review		
		Subdivision			☐ Interpretatio			Approved		
		☐ Si	te Plan		Approve	ed		Approved w	/Condition	
			Maj Mino MM		☐ Denied		☐ Denied			
		Date:			Date:		Da	ate:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are to such permit.	o make this appl r work described	med proication a	as his authorized application is iss	ne prop d agent sued, I	and I agree to certify that the	o conform t e code offic	o all ap cial's au	plicable laws of thorized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRES:	S		DATE		Pl	НО	

Siness Name:    Contractor Name:   Michael Langella   382 Pleasant Ave Peaks Island   2076328229     See/Buyer's Name   Phone:   Permit Type:   Alterations - Dwellings   Zone:     Obept: Zoning   Status: Approved with Conditions   Reviewer: Ann Machado   Approval Date:   03/10/2008     Ok to Issue: ✓	Location of Construction:	Owner Name:		Owner Address:		Phone:	
Michael Langella  382 Pleasant Ave Peaks Island  2076328229  Permit Type: Alterations - Dwellings  Dept: Zoning  Status: Approved with Conditions  Reviewer: Ann Machado  Approval Date: 03/10/2008  Note:  Ok to Issue: ✓  This permit is being issued with the condition that all the work will take place within the existing footrpint.  This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.  This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.  Dept: Building  Status: Pending  Reviewer: Residential Plan Revie  Approval Date:	10 MAPLE ST, Peaks Island	CASSIDY THOMAS P		10 MAPLE ST		202-256-1060	
Permit Type: Alterations - Dwellings  Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 03/10/2008  Note: Ok to Issue: ✓  This permit is being issued with the condition that all the work will take place within the existing footrpint.  This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.  This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.  Dept: Building Status: Pending Reviewer: Residential Plan Revie Approval Date:	usiness Name:	Contractor Name:	(	Contractor Address:			
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		the basis of plans subm	itted. Any devia	tions shall require a separ	rate approval b	efore startin	g that
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	Note:					Ok to Issue	: 🗆

## **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