	y of Portland, Main Congress Street, 0410		0				09-0906	Issue Dat	e:	185 F00	5001
. ,			Owner Name:			Owner Address:				Phone:	
18 BANCROFT ST SO			SCHER JEFFREY S & KATHRINA P			18 BANCROFT ST					
Business Name:			Contractor Name: Sam Zuckerman			Contractor Address: 103 Beacon Street Portland			Phone 20771211	Phone 2077121187	
Lessee/Buyer's Name P			Phone:			Permit Type: Alterations - Dwellings				Zone:	
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:	1
Single Family Home Single I wall in open cr				le Family Home - remove knee		\$30.00		\$750.00		3	
			wall in upstairs bedroom at eave to open crawl space, making usebale floor space			FI		Approved		INSPECTION: Use Group: Type	
Dno	posed Project Description										
	nove knee wall in upstair		at eave to open	crawl s	pace, making	Sig	gnature:		Signatu	ıre:	
usebale floor space						PEDESTRIAN ACTIVITIES DISTRI				ICT (P.A.D.)	
						A	ction Approx	ved App	proved w	v/Condition	Denied
						Si	gnature:			Date:	
	mit Taken By:		pplied For:			Zoning Approval					
		08/21		C 117 D			7			Historic Preservation	
1.	 This permit application does not preclude th Applicant(s) from meeting applicable State ε Federal Rules. 		•	Special Zone or Revie			Zoning Appeal Variance			Not in District or Landn	
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland			☐ Miscella	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		
			a building	Subdivision			☐ Interpretatio			Approved	
			Site Plan			Approved		Approved w/Condition			
			Maj Mino MM			☐ Denied			☐ Denied		
				Date:			Date:			Date:	
I ha juri: shal	ereby certify that I am the tive been authorized by th sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	med procession a	as his authorized application is is:	ne p d ag	gent and I agree t d, I certify that th	o conform	to all ap	pplicable laws othorized repre	of this sentative
SIGNATURE OF APPLICAN				ADDRESS			DATE		E	РНО	

Location of Construction:	Owner Name:		Owner Address:		Phone:
18 BANCROFT ST	SCHER JEFFREY S &	KATHRINA P	18 BANCROFT ST		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Sam Zuckerman	1	103 Beacon Street Portlan	1d	2077121187
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
]	Alterations - Dwellings		
Dept: Zoning Statu	s: Approved with Conditio	ns Reviewer	: Marge Schmuckal	Approval Dat	te: 08/25/2009
Note:	11		C		Ok to Issue:
Separate permits shall be required.	uired for future decks, shed	s pools and/or	parages		
2) This is NOT an approval for a		•		nen equipment	including, but not
limited to items such as stove	es, microwaves, refrigerators	s, or kitchen sinl	s, etc. Without special app	provals.	
This permit is being approve work. It is understood that the and not the exterior.					
Dept: Building Statu	s: Pending	Reviewer	: Residential Plan Revie	Approval Dat	te•
Note:	s. Tending	Reviewer	. Residential Flan Revie		Ok to Issue:
Note.					OK to issue.
Comments:					
9/3/2009-tm: called and left mess	sages with owner at home an	d on cell and LN	If that I need info on ceiling	g heights before	e I can issue
permit Spoke to contractor Sam 2	•			,	
		CERTIFICATIO)NI		
T1 1 20 4 1 4				. 11 4	C 1 1.1
I hereby certify that I am the own I have been authorized by the own					
jurisdiction. In addition, if a perm					
shall have the authority to enter a					
to such permit.	, 1	•		•	· / * *
CICNATURE OF ARRIVAN		ADDRES	· ·		DIIO
SIGNATURE OF APPLICAN		ADDRES) <u>I</u>	DATE	РНО
RESPONSIBLE PERSON IN CHARG	E OF WORK, TIT		Ι	DATE	РНО