	y of Portland, Maine				rmit No: 07-0256	Issue Dat	Issue Date:		CBL: 398 B012001		
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name:				, ,		Owner Address:			Phone:		
	5 ALLEN AVE		BOOTHBY TIMOTHY J & MALGO			14 WARRENS WAY # 2			i none.		
Business Name: Contrac			tor Name:		Contractor Address:				Phone		
Lessee/Buyer's Name Phone:					Permit Type: Additions - Dwellings				Zone:		
	t Use: gle Family Home		Proposed Use: Single Family Home - add roof over existing deck				00.00 5				
		existing deck			FIRE	ripproved			NSPECTION: Use Group: Type		
Proposed Project Description: add roof over existing deck						Signature:			Signature:		
					PEDESTRIAN ACTIVITIES DISTR			TRICT (1	ICT (P.A.D.)		
					Action Approved Approv			proved w	ved w/Condition Denied		
					Signa	ture:			Date:		
		Date Applied For: 03/13/2007				Zoning	Approval	l			
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation			
			Shoreland			☐ Variance			Not in District or Landm		
2.			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.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may investigate permit and stop all work	validate a building	Subdivision		☐ Interpretatio			Approved			
		Site Plan			Approved			Approved w/Condition			
			Maj Mino MM			Denied			☐ Denied		
			Date:			Date:			Date:		
I ha juri sha	reby certify that I am the or we been authorized by the o sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this appliermit for work described	med prication	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	o conform t e code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	SNATURE OF APPLICAN			ADDRES	S		DATE		P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:			
685 ALLEN AVE		IOTHY J & MALGO	14 WARRENS WAY				
Business Name:	Contractor Name:		Contractor Address:		Phone		
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwelling	SS		Zone:	
Dept: Zoning Status: I	Panding	Reviewer	••	Approval I)oto:		
Note:	Tending Review		•	Approvari		Ok to Issue:	
						_	
Dept: Building Status: I	Pending	Reviewe	Tom Markley	Approval I	Date:		
Note:	conding	Tieviewe.	· Tom Manney	ripproviii i	Ok to Issue:		
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit fo	o make this applic	ation as his authorize	he proposed work is aut d agent and I agree to co	onform to all app	plicable laws	of this	
shall have the authority to enter all are	eas covered by suc	ch permit at any reaso	onable hour to enforce t	the provision of	the code(s) ap	pplicable	
to such permit.							