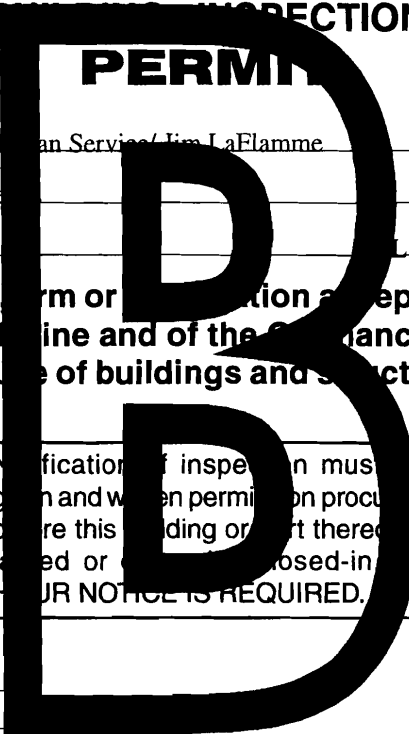
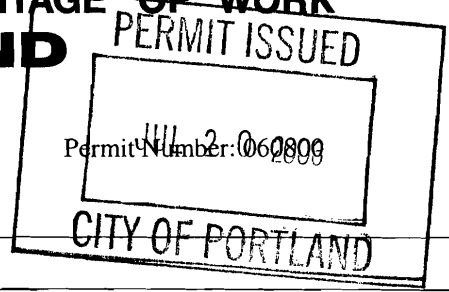


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT



Please Read Application And Notes, If Any, Attached

This is to certify that CASEY MARYANN /Handyman Services/ Jim LaFlamme
has permission to Repair & replace existing deck
AT 15 MITTON ST L 191 A004001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permit is procured before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James M. Warkley 7/18/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 06-0800	Issue Date: JUL 2 2006	EBL: 191 A004001
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Location of Construction: 15 MITTON ST	Owner Name: CASEY MARYANN	Owner Address: 15 MITTON ST	Phone:
Business Name:	Contractor Name: Handyman Service/ Jim LaFlamme	Contractor Address: 7 Leona Ave Hollis	Phone: 2072474022
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Single Family Home	Proposed Use: Single Family Home/ Repair & replace existing decks	Permit Fee: \$156.00	Cost of Work: \$15,000.00	CEO District: 3
Proposed Project Description: Repair & replace existing decks <i>Re-deck has already been replaced - permit after fact.</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>IDCC 2003</i>
		Signature: _____		Signature: <i>Jim 7/18/06</i>

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____		Date: _____

Permit Taken By: Idobson	Date Applied For: 05/25/2006	Zoning Approval
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<ol style="list-style-type: none"> 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. 	<p style="text-align: center; font-weight: bold;">Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>or w/conditions</i> Date: <i>6/15/06 ABM</i>	<p style="text-align: center; font-weight: bold;">Zoning Appeal</p> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<p style="text-align: center; font-weight: bold;">Historic Preservation</p> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ABM</i> Date: _____
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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