Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND Please Read В Application And Notes, If Any

**PERMIT ISSUED** 

Permit Number: 051103 AUG 2 5 2005

epting this permit shall comply with all

ences of the City of Portland regulating

192 H061001

of buildings and structures, and of the application on file in

Attached

This is to certify that \_\_\_Conley Cheryl L & /R A Coo

and Son

ingle fa y resid e, and co

ration

ert the space to a county OF PORTLAND

AT \_\_113 Colonial Rd \_\_

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

has permission to \_\_\_\_\_remove walls of family room

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

ication insped must n permis and w gi n procu b e this t t thered la d or d Josed-in. Н R NOTICE IS REQUIRED.

ne and of the

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

Director - Building & Inspection Services

8/25/05

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other \_

Department Name

PENALTY FOR REMOVING THIS CARD

MADRAW

City of Portland, Maine	- Building or Use	Permit Application	on Permit No	: Iste Rave	11 1220 EMF:
389 Congress Street, 04101	•		ı	1103	192 H061001
Location of Construction: Owner Name:			Owner Addre	ess AUG	2 5 2005 hone:
113 Colonial Rd	al Rd Conley Cheryl L &		113 Colon		781-0752
Business Name:	Contractor Name	e:	Contractor A	dd ess:	Phone
	R A Cooke an	nd Son	PO Box 79	98 PortaldY OF	PORTLAND 62422
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
			Alteration	s Dwelligs	R-3
Past Use:	Proposed Use:		Permit R	Cost of War	k: CEO District:
single family residence	1 -	residence with fam A	A.	6.00 \$34,50	\
	room valls re		FIRE DEPT		INSUM-THIN:
	room to a dec	k	4	Approved Defined	Use Group: 12-3 Type: 50
		_ \ /	1 1	Demed	
			$\perp$	1/4	TRC 2003
Proposed Project Description:			$\dashv$ $/$ $\setminus$		
remove walls of family room o	ce, all convert the	Signature:	/ '	Signature:	
space to a deck		,		N ACTIVITIES DIST	<u> </u>
•	1. 1		Ì		
<b>•</b> •	11		Action:	Approved App	proved w/Conditions Denied
			Signature:		Date:
Permit Taken By:	Date Applied For:		7.	oning Approva	1
jharris	08/08/2005		23	omig ripprova	•
1. This permit application do	es not preclude the	Special Zone or Rev	iews	Zoning Appeal	Historic Preservation
Applicant(s) from meeting		Shoreland		Variance	Not in District or Landma
Federal Rules.	, 11	) /		Variance	2 Not in Bisulet of Emiliana
2. Building permits do not in	clude plumbing	Wetland /		Miscellaneous	Does Not Require Review
septic or electrical work.	clude plumoing,		-	Miscenaneous	Boes Not Require Review
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		Flood Zore Conditional Use		Conditional Use	Requires Review
		Subdivision		Interpretation	Approved
permit and stop all work	_			<b>F</b>	
		Site Plan		Approved	Approved w/Conditions
		Maj ∏ Minior ∏ MN		Denied	Denied /
			_   _		
		Date: 0 05 04	Date:		Date: 8/25/05
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		( '			
				HDF	$\Delta M$
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			भूग एउँ श्री कि	_	
		CERTIFICAT	ION		
hereby certify that I am the ow	mer of record of the na			work is authorized	by the owner of record and that
I have been authorized by the ov	wner to make this appli	ication as his authorize	ed agent and I	agree to conform t	o all applicable laws of this
urisdiction. In addition, if a per	rmit for work described	d in the application is i	ssued, I certif	y that the code offi	icial's authorized representative
shall have the authority to enter	all areas covered by su	ich permit at any reaso	nable hour to	enforce the provis	sion of the code(s) applicable to
such permit.					
SIGNATURE OF APPLICANT		ADDRES	SS	DATE	PHONE
				<del>-</del>	
					_ <del>_</del>
RESPONSIBLE PERSON IN CHARG	E OF WORK, TITLE			DATE	PHONE