Congress Street, 04	101 Tel: (2	07) 074 0702							CBL:		
	(-	207) 874-8703,	Fax: (2	207) 874-8716		05-1820			192 K07	4001	
Location of Construction: Owner Name:					Owner	Owner Address:			Phone:		
		True Manda R	True Manda R			122 Colonial Rd			415-7668		
Business Name: Contra		Contractor Nam	ontractor Name:		Contra	Contractor Address:			Phone		
Lessee/Buyer's Name P		Phone:			Permit Type:				Zone:		
					Ame	ndment to Si	ngle Family				
Use:		Proposed Use:			Permi	it Fee:	Cost of Wo	rk:	CEO District:		
0680 for			80 for structural roof changes, 11' porch & 10'x36' rear deck			\$156.00 \$15,00		00.00	.00 3		
		6'x11' porch &			Approved						
and Ductor December											
-		roof changes 6's	v11' nor	rch & 10'v36'	Cianata	140.1		Cianatu	****		
-	ioi siructurar	1001 changes, 07	x11 poten & 10 x30								
					1101101	🔲pp.o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, condition	Domea	
			ı	Signature:			Date:				
· ·					Zoning Approval						
This permit applicat	ion does not	preclude the	Special Zone or Review		iews	vs Zoning Appeal			Historic Preservation		
			Shoreland		☐ Variance			☐ Not in District or Landm			
2. Building permits do not include plumbing, septic		☐ 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		Approved			Approved w/Condition		
			Maj Minor MM[☐ Denied			☐ Denied			
			Date:			Date:		Da	Date:		
we been authorized by diction. In addition, in the lathority to	the owner to f a permit for	make this appli work described	med procession a	operty, or that the as his authorized application is iss	he prop d agent sued, I o	and I agree to certify that the	to conform t ne code offic	o all ap cial's au	plicable laws of thorized repres	of this sentative	
	Use: gle Family Dosed Project Description and permit # 05-0680 k w/shed This permit applicat Applicant(s) from m Federal Rules. Building permits do or electrical work. Building permits are within six (6) month False information mapermit and stop all we have been authorized by sdiction. In addition, is	Use: gle Family Dosed Project Description: nend permit # 05-0680 for structural k w/shed This permit application does not Applicant(s) from meeting application Federal Rules. Building permits do not include por electrical work. Building permits are void if work within six (6) months of the date of False information may invalidate permit and stop all work	Use: gle Family Date Applied For: 12/21/2005 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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	Use: gle Family Date Applied For: 12/21/2005 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 Treby certify that I am the owner of record of the named prove been authorized by the owner to make this application of the date of issuance. The proposed Use: Single Family to amendows of x11' por 6x11' por 6x11' por 6x11' por 12/21/2005 Date: Spector Project Description: Interpose Use: Single Family to amendows of x11' por 6x11' por 6	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 CERTIFICATION To amend permit may reason the application as his authorize to ebeen authorized by the owner to make this application as his authorized diction. In addition, if a permit for work described in the application is is I have the authority to enter all areas covered by such permit at any reason.	Contractor Name: Contractor Name: Contractor Name: Contractor Name: Contractor Name: Permit	Contractor Name: Contractor Name: Contractor Address	Contractor Name: Contractor Name: Contractor Address: Cont	Contractor Address Contractor Name Phone Permit Type Amendment to Single Family	Contractor Name Contractor Name Phone Permit Type: Amendment to Single Family Permit Type: Amendment to Single Family Permit Type: Single Family to amend permit # 05-0680 for structural roof changes, 6x11 porch & 10x36 rear deck Signature: Signature: Signature: Signature: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Date: Permit Type: Signature: Signature: Date: Permit Type: Signature: Signature: Date: Permit Type: Signature: Signature: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Permit Type: Signature: Date: Signature: Signature: Date: Signature: S	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:		Owner Address:		Phone:		
122 Colonial Rd	True Manda R		122 Colonial Rd		415-7668		
Business Name:	Contractor Name:		Contractor Address:		Phone	Phone	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:		
			Amendment to Single Fan	nily			
Dept: Zoning Status: A	pproved with Conditions	Reviewer:	Jeanine Bourke	Approval Date	e• 12/	22/2005	
Note:	pproved with conditions	Reviewer	Jeannie Bourke		Ok to Issue	_	
				·	OK to Issue		
1) All previous conditions apply							
Dept: Building Status: A	pproved with Conditions	Reviewer:	Jeanine Bourke	Approval Date	e: 12/2	22/2005	
Note:				(Ok to Issue	: 	
1) A detailed drawing of the structural roof connectors & fasteners must be submitted prior to roof construction							
2) Design load specs on all engineered products must be submitted to this office							
3) All previous conditions apply							
4) The plans for the deck and porch must be submitted prior to their construction							

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO