City of Portland, Maine - Bu	U			Permit No:	Issue Date:		UBL:
389 Congress Street, 04101 Tel		s, Fax: (207) 874-8		2013-02399			194 C005001
Location of Construction: 62 STEVENS AVE MULLEN PA MARCO A D			Owner Address: 62 STEVENS AVE PORTLANI 04102		PORTLAND	Phone: (207) 318-3381	
Business Name:	Ryan Lessard	Contractor Name: Ryan Lessard elevatedawareness@gmail.com		Contractor Address: 50 University St Saco ME 04103			Phone (619) 990-5213
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Additions - Single Family			Zone:
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
Single Family	Single Family	Single Family		\$160.00 \$14,0 INSPECTION:		000.00 6	
Proposed Project Description:			1				
Build new hip roof dormer (10,75'	xisitng bathroom						
Install new closet, knee walls and s space. Install two skylights.	sheetrock in existir	etrock in existing unfinished attic		ESTRIAN ACTIVI			
space. histan two skynghts.				Action: Approved Approved w/Conditions Denied Signature: Date:			
Permit Taken By: Date	1	Zoning Approval			Date		
bjs 10	Zoming Approvai						
This permit application does n	ot preclude the	Special Zone or Reviews Shoreland		Zoni	Zoning Appeal Variance		istoric Preservation
Applicant(s) from meeting appreciate Rules.	olicable State and			☐ Variano			Not in District or Landmar
2. Building permits do not includ septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Revie		
3. Building permits are void if w within six (6) months of the da	ate of issuance.	Flood Zone		Conditi	onal Use	1 Use Requires	
False information may invalidate permit and stop all work	ate a building	☐ Subdivision ☐ Site Plan		Interpre	Interpretation		approved
				Approv	Approved		approved w/Conditions
	Maj Minor MM		Denied	_ Denied _ [Denied	
	Date:		Date:	Date:		Date:	
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	r to make this appl for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to a	all applic al's autho	cable laws of this orized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE