Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	Pe	rmit No:	Issue Dat	te:	CBL:	
	Congress Street, 04101		_				05-0241			194 C05	52001
Location of Construction: Owner Name:						Owner Address:			Phone:		
			Teal Limited L	Liability Company		662	East Bridge S	t			
Business Name:			Contractor Nan	ie:	<u> </u>	Conti	ractor Addres	s:		Phone	
			no contractor /	self		Portland					
Less	see/Buyer's Name	Phone:			Permit Type:				l	Zone:	
						Amendment to Single Family					
Past	t Use:		Proposed Use:		1	Permit Fee: Cost of Work:			ork:	CEO District:	
single family single family foundation cor						\$30.00		005001 773	\$0.00		
] A		SPECTION:	
						Approved			Use Group: Ty		
								Denied		•	, 1
Pro	posed Project Description:										
	l insulated foundation con	crete for	ms			Signa	iture:		Signati	ire:	
uuu	iniparacea roundation con	icrete for				Signature: Signature: PEDESTRIAN ACTIVITIES DISTRIC					
						Actio	on: Appro	ved Ap	proved v	v/Condition	Denied
					Sig		Signature:			Date:	
Perr	mit Taken By:	Date A	pplied For:			Zoning Approval					
tm	-	03/11					Zomie	Approva	ш		
1.	This permit application	does not	nreclude the	Special Zone or Review		ews	ws Zoning Appeal			Historic Preservation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance			☐ Not in District or Landm	
2.	Building permits do not include plumbing, septic or electrical work.			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		
			Site Plan			Approved			Approved w/Condition		
			Maj Minor MM[☐ Denied			☐ Denied			
				Date:			Date:		Г	Date:	
I hay juris shal	reby certify that I am the over the context of the secondary of the second	owner to permit fo	o make this appli r work described	med pro cation a l in the a	as his authorized application is iss	ne pro l agen ued, I	at and I agree of the certify that the	to conform he code offi	to all ap	oplicable laws of the state of	of this sentative
SIC	NATURE OF APPLICAN				ADDRESS			DATI	F.	D	НО
MODITURE OF ALLEICHA				ADDICESS			, DATE				

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:	
60 Eastfield Rd	Teal Limited Liability Company	662 East Bridge St		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	no contractor / self	Portland		
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Amendment to Single Family		

Dept:	Zoning	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval Date:	03/11/2005
Note:						Ok to	Issue: 🗹
1) This permit authorizes a material change only. It does NOT authorize any change in the previous approved building footprint.							
Dept:	Building	Status:	Approved	Reviewer:	Tammy Munson	Approval Date:	03/11/2005
Note:	Note: Ok to Issue:						Issue: 🗹

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	РНО