Location of Construction:	Owner:	Owner:			Permit No.9 8 1 2 3 2	
120 Capisic St	Donald & Gladys	Cummings	Phone: 773–8277			
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	Business	Name:	PERMIT ISSUED Permit Issued:	
Contractor Name:	Address:	Phone				
**** G.L. Trynor Co., Inc.		orham, ME 04038 839-2212			OCT 2 9 1998	
Past Use:	Proposed Use:	COST OF WOR		\$ 70.00	1	
		\$ 10,000.00			CITY OF PORTLAND	
1-fam	Same	FIRE DEPT. 🗖	Approved Denied	INSPECTION: Use Group: 13 Type:	GITTOFTORTEANS	
				BOCA961101	Zone: CBL: 195-B-041	
Proposed Project Description:		Signature: PEDESTRIAN A	CTIVITIE	Signature: HOLD	Zoning Approval: [7]	
			Approved	0/23/9		
Construct 3 Season con-	coom (10 X 10) on existing deck	Approved with Conditions:			Special Zuliezor Reviews:	
Constituet 5 Season Suni	dom (10 x 10) on existing deck		Denied		□ Shoreland □ □ Wetland	
				_	☐ Flood Zone	
		Signature:		Date:	□Subdivision	
Permit Taken By: UB	Date Applied For:	22 October 19	998		☐ Site Plan maj ☐minor ☐mm ☐	
 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. 					Zoning Appeal	
					☐ Variance ☐ Miscellaneous	
					□ Conditional Use	
					□ Interpretation	
					□ Approved	
			WINFED	_	□ Denied	
		WITH REQUISSUED		1/2.	Historic Preservation	
			150	11.551	DNot in District or Landmark	
			• •	REMED	☐ Does Not Require Review	
				ENT	☐ Requires Review	
				75	Action:	
	CERTIFICATION				□Appoved	
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						
	application as his authorized agent and I agree to o					
•	pplication is issued, I certify that the code official's	-		ve the authority to enter a	II Date:	
areas covered by such permit at any re	asonable hour to enforce the provisions of the cod	de(s) applicable to such	permit		Date:	
		23 October 199	08			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:		
					_	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				PHONE:	CEO DISTRICT	
	White-Permit Desk Green-Assessor's Ca	nary-D.P.W. Pink-Pu	blic File	vory Card-Inspector	$\mid m_{II} \rangle$	
				•	IIIV	