City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Pe	Permit No: Issue Date: 09-0620		e:	CBL: 207 A001001	
Location of Construction: 26 COBB AVE	Owner Name: BUCKNAM C	Owner Name: BUCKNAM CORY L & JAMES N B			Owner Address: 26 COBB AVE			Phone:	
Business Name:	Contractor Nam Corrine Bailey	Contractor Name: Corrine Bailey		Contractor Address: 75 Manchester Road Steep Falls			lls	Phone 2076425174	
Lessee/Buyer's Name	Phone:				e rmit Type: Additions - Dwellings				Zone:
Past Use: Proposed Use: Single Family Home Single Family I structure to ma size connected		Home - build new			nit Fee: \$160.00	0 \$13,150.00		CEO District: 3	
						Approved Denied		BPECTION: e Group: Type	
Proposed Project Description: build new structure to match existing building size conn 0619			v/ permit#09-	Signature: Sign PEDESTRIAN ACTIVITIES DISTRIC Action Approved Approve			T (P.A.D.)		
				Signature:		1	Date:		
Permit Taken By: D Ldobson	06/15/2009	Zoning Approval			l				
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation	
		Shoreland			Uariance			Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie		
 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	
				Approved			Approved w/Condition		
		Maj 🗌 Mino 🗌 MM 🗌] Denied			Denied	
		Date:			Date:		Dat	te:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 26 COBB AVE	Owner Name: BUCKNAM CORY L & JAMES N B		Owner Address: 26 COBB AVE		Phone:	
Business Name:	Contractor Name: Corrine Bailey		Contractor Address: 75 Manchester Road Steep Falls		Phone 2076425174	
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings		Z	Zone:
Dept:ZoningStatus:ANote:1)1)This property shall remain a single approval.2)This permit is being issued with the permitted and cannot be rebuilt.3)This permit is being approved on work.	ne condition that only the	hange of use sh 14' x 24' garag	all require a separate perm e can be rebuilt. The 8' x 1	it application fo 4' "moveable s	Ok to Issue: or review and hed" was not	
Dept: Building Status: P Note:	ending	Reviewer:	Residential Plan Revie	Approval Dat	e: Ok to Issue:	
Comments: 6/17/2009-amachado: Left message for walls and the height of the existing ri- 6/17/2009-amachado: Spoke to Corrin permit. The elevation from grade to the	dge. The cross section same Bailey. Les Wilson &	ays that the elev	vation is 14'. The elevation	n gives the elev	vation as 12'.	C

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО