City of Portland, Maine -	- C			2014-01458	Issue Date:		212 A056001	
389 Congress Street, 04101		, Fax: (207) 874-8						
Location of Construction:  68 TIDE MILL RD  FOSTER JAN CLAUDETTE		IES C & E M MIMEAULT	Owner Address: 68 TIDE MILL RD PORTLAND, 04102		Phone: (207) 415-5945			
Business Name: Contracto		ntractor Name: egasus Carpentry		Contractor Address: 293 Falmouth Road Windham ME 04062			<b>Phone:</b> (407) 729-1316	
Lessee/Buyer's Name Phone:				Permit Type: Additions - Single Family			Zone: R2	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
Single Family	Same: Single l	Same: Single Family		\$322.00 SINSPECTION:		8,000.00 6		
Proposed Project Description:			-	20110.11				
Building a12' x 24' rear deck								
Building a12 x 21 fear deck		PEDESTRIAN ACTIVITIES DISTRICT (P.A.		P.A.D.)				
		Action: Approved Approved w/Con						
n. 4m.l. n	1	8			Da	te:		
Permit Taken By: bjs	en By: Date Applied For: 07/07/2014			Zoning Approval				
		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	nce		Not in District or Landmar	
2. Building permits do not inc septic or electrical work.	☐ Wetland		Miscella	aneous		Does Not Require Review		
3. Building permits are void i within six (6) months of th	Flood Zone		Condition	onditional Use		Requires Review		
False information may invapermit and stop all work	Subdivision		Interpre	Interpretation		Approved		
		Site Plan		Approv	ed		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied ☐		Denied		
		Date:		Date:		Date:		
I hereby certify that I am the ow I have been authorized by the ov jurisdiction. In addition, if a per shall have the authority to enter such permit.	wner to make this appl rmit for work describe	ication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all appl al's aut	icable laws of this horized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE