Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

Department Name

PULLEDECTION

PERIM

Permit Number: 061312

This is to certify thatALLEN GAYLE H & ROB	F ALLEN JTS/Gayle Allen PERMIT ISSUED
has permission toAmmendment to permit #06	9 change and k
AT _101 RIVERS EDGE DR	217 B049001 OCT - 6 2006
provided that the person or persons of the provisions of the Statutes of	rm or grant ion a cepting this permit shall comply with al
the construction, maintenance and this department.	
Apply to Public Works for street line and grade if nature of work requires such information.	fication of inspection must be nandward en permit on proceed. A certificate of occupancy must be procured by owner before this building or part thereof is occupied. JR NOT ALCOUIRED.
OTHER REQUIRED APPROVALS	
Fire Dept	
Health Dept.	
Anneal Roam	

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND, MAINE

Department of Building Inspections

9-1 2006	
P. 7	
Received from	_
Location of Work 101 Riversedge Drive	
Cost of Construction \$	
Permit Fee \$	
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)	
Other	
CBL: 217 B 49-	
Check #: Total Collected \$ 3000	-

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

City of Portland, Maine - E	Building or Use 1	Permit	Application	Perm	ut No:	Issue Date:		CBL:	
389 Congress Street, 04101 Te	el: (207) 874-8703	, Fax: (207) 874-8716	i	06-1312			217 B04	19001
Location of Construction:	Owner Name:		(Owner A	Address:			Phone:	
101 RIVERS EDGE DR	ALLEN GAY!	LE H &	ROBERT F	PO BC	OX 4813				
Business Name:	Contractor Name	:	(Contractor Address:			Phone		
	Gayle Allen			183 Watkins Shore Casco				2077744000	
Lessee/Buyer's Name	Phone:		I	Permit 7					Zone:
				Amen	ndment to Sin		C-8		
Past Use:	Proposed Use:		2192	Pernuit 1	Fee: (Cost of Worl	c: CE	O District:	using R.
Single Family Home		Single Family Home/ Apple Amendment			\$30.00	\$3	0.00	3	reg
	to permit # 060 deck	0189 ch	ange patio to	FIRE D	DEPT:	Approved	INSPECTION	2	
	deck					Denied	Use Group:	162	Type: 5B
								20-	CPC 200
Proposed Project Description:							1	JT -	g p c
Animendment to permit #060189	change natio to decl	k		Signature.		Signature:	1 6/20/20		
The state of the s	enange patro to dee	X.		Signature: Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (- 1/	11.	
05127	V								
				Action	Approved	и Арр	roved w/Con	ditions	Denied
				Signatu	re:		Da	te:	
	te Applied For:				Zoning A	Approva	ŀ		
ldobson 0	09/07/2006								
1. This permit application does		Spe	eial Zone or Review	rs ()	Zoning	Appeal		Historic Pres	ervation
Applicant(s) from meeting ap	pplicable State and	☐ Sh	oreland CG		Variance		1	Not in Distric	et or Landmark
Federal Rules.			MILOTO	S 2	il				
2. Building permits do not inclu	ıde plumbing,	Shoteland Wetland		A Miscellaneous			Does Not Require Review		
septic or electrical work.		_ (chill	lm					
3. Building permits are void if v within six (6) months of the c		☐ Flood Zone		Conditional Use			Requires Review		
False information may invali		Subdivision Tou		☐ Interpretation			Approved		
permit and stop all work	2	Subdivision		- Site-preamon			Птрричес		
		Site Plan		Approved			Approved w/Conditions		
DEDLAIT	LIOOUED								
PERIVII	ISSUED	Maj [Minor MM		Denied			Denied (
		0	1 +3						>>
OCT -	6 2006	Date:	9/21/06		Date:		Date:		
			11 . 1					·	
CITY OF F	ODTI AND								
(1111)	ORTLAND								
		C	ERTIFICATIO	N					

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

AMENDMENT TO 060189
All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: /0/	RIVER'S EDGE DR	ZIVE
Total-Square-Footage-of-Proposed-Structu 2000 9F	reSquare-Footage-of-Lot-	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 217 13 049	Owner: Gayle & Bob Allen	Telephone: 774 - 4000
Lessee/Buyer's Name (If Applicable)	Applicant name, oddress & telephone: Gayle Allen 183 Watkins Share Rd Caoco ME 04015	Cost Of P Work: \$ -2000, -
Current use: 41N6LE FAMILY E If the location is currently vacant, what was Approximately how long has it been vacant. Proposed use: REVISE PERMIT Project description:	int:	
Contractor's name, address & telephone: Who should we contact when the permit Mailing address: 183 Watkins Caco ME We will contact you by phone when the permit review the requirements before starting and a \$100.00 fee if any work starts before	Share Rd 040(5 permit is ready. You must came in and no work, with a Plan Reviewer. A stop y	vork order will be issued

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued. I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant:	Mary chart	Date: 9-7-06	

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are In a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

City of Portland, Ma	aine - Bui	lding or Use Permit	:	Pernut No:	Date Applied For:	CBL:
		(207) 874-8703, Fax: (06-1312	09/07/2006	217 B049001
ocation of Construction:		Owner Name:		Owner Address:		Phone:
101 RIVERS EDGE DR		ALLEN GAYLE H &	ROBERT F A	PO BOX 4813		
Business Name:		Contractor Name:		Contractor Address:		Phone
		Gayle Allen		183 Watkins Shore	Casco	(207) 774-4000
essee/Buyer's Name		Phone:		Permit Type:		
				Amendment to Sin	gle Family	
roposed Use:			Propose	d Project Description:		
patio to deck						
Dept: Zoning	Status:	Approved with Condition	s Reviewer:	Marge Schmuckal	Approval D	ate: 09/21/2006
Dept: Zoning Note:	Status: /	Approved with Condition	s Reviewer:	Marge Schmuckal	Approval D	ate: 09/21/2006 Ok to Issue: ✓
-			s Reviewer:	Marge Schmuckai	Approval D	
Note:		ı force		Marge Schmuckai	Approval D	Ok to Issue:
Note: 1) all previous condition	ns are still ir	ı force				Ok to Issue:

and approrval prior to work.