City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 000468 67 Winding Way Portland 04102 *** Mary Gedaro *** *** 772-3945 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Same Permit Issued: Phone: Contractor Name: Address: 115 Narragansett Rd. Gorham 04038 839-3748 John Peters MAY 15 **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$ 2.000.00 \$ 36.00 Single Family Same FIRE DEPT. □ Approved INSPECTION: Use Group: A-3 Type: 5/ ☐ Denied CBL: BOCA 99 225-C-028 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.M.D.) Action: Approved Special Zone of Review Approved with Conditions: ∆Shoreland ∰ ≱ণ Construct a 14x24 Deck on back of house Denied П `□ Wetland ☐ Flood Zone ~ OA □ Subdivision Signature: Date: Date Applied For: GD ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: GD May 3,2000 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied ******please call for P/U Mary-772-3945 **Historic Preservation** ☑Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEPTITUES REDUMENTS

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector