Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

GIIY	UF	POR ₁	NU

Please Read Application And

such information.

CRECTION

DESCRIPTION OF A

Notes, If Any, Attached	PERIM	Permit Number: 080235
This is to certify that REALI ARDUINO & FELI	MILLER ITS/P A Renovati	M/R 2 5
has permission to Remodel kitchen, 9' x 28' liv	space a non, ruct 500 t deck	01:14.6.5.000
AT 403 CAPISIC ST	L 259 B	001001 CHY OF POINT AND

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires

rm or tion 2 epting this permit shall comply with all nances of the City of Portland regulating ine and or the uctures, and of the application on file in e of buildings and

ificatio of insp on mu n and v en perm on prod bre this ilding o rt there ed or osed-in UR NO EQUIRED

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER	REQUIRED APPROVALS	

Fire Dept. Health Dept. Appeal Board _ Other _ Department Name

PENALTY FOR REMOVING THIS CARD



City of Portland, N	Maine - Buil	lding or Use	Permi	t Application	Perm	it No:	Issue Date	::	CBL:	
389 Congress Street,		0			1	08-0235			259 BO	001001
Location of Construction: Owner Name:				Owner Address:			Phone:			
403 CAPISIC ST REALI ARD		JINO &	JINO & FELICIA MI 403		APISIC ST	,		}		
Business Name:		Contractor Name	::		Contrac	tor Address:			Phone	
		P A Renovation	ons, Inc		POB	ox # 1288 \$	Scarboroug	h	2074504	440
Lessee/Buyer's Name		Phone:				Permit Type:				Zone:
					Addit	ions - Dwe	llings			1R-3
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		rk:	CEO District:		
Single Family Home		Single Family Home - Remodel		Remodel	\$840.00 \$82,000.			0 3		
			itchen, 9' x 28' living space		FIDE DEPT			SPECTION:		
		addition, conti	ntruct 500 sq ft deck		Approved		1	se Group: Type:		
					İ	L	Denied		•	
Proposed Project Description		<u> </u>			}					
Remodel kitchen, 9' x 2		e addition contr	uct 500	sa ft deck	Signatur	e.		Signati	ire.	
Tromodor Ritorion, 7 X 2	so mang space	dadition, conti	act 300 sq It ucck		PEDESTRIAN ACTIVITIES DISTRIC				<u> </u>	
					Action:	Appro	ved Ap	proved w	/Conditions	Denied
					Signatur	·e:			Date:	
Permit Taken By:	Date Au	pplied For:	Ţ							
ldobson	_	7/2008				Zoning	Approva	aı		
			Spe	cial Zone or Revie	ws	Zoni	ng Appeal	<u>-</u> -	Historic Pres	servation
1. This permit applic Applicant(s) from			ł `		į.	_				
Federal Rules.	meeting appine	aule State and	Shoreland		☐ Variance				Not in District or Landmar	
2. Building permits d		olumbing,	□ w	etland	Miscellaneous				Does Not Require Review	
septic or electrical										
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building		Flood Zone		Conditional Use		İ	Requires Review			
					[] Take a second					
permit and stop all	•	a ounding	Subdivision		[Interpretation			Approved		
F				. Di		┌ .			Π	10 P.
				te Plan		Approve	ed		Approved w	Conditions
		١			[
		\	Maj Minor MM		Denied			Denied C		
	THEO .	\	OK V	ich conau	7					7
	1000	\	Date:	\rightarrow 3/18/	09 D	Pate:		D	pate:	
	\	\		' / '						
/ '	_ \	, \								
		7 /								
7										
	and the second	<i>-</i>								
an remain				ERTIFICATION						
I hereby certify that I an	n the owner of	record of the na	med pro	perty, or that th	e propos	sed work is	authorized	by the	owner of reco	rd and that
I have been authorized b	by the owner to	make this appli	ication a	s his authorized	agent a	nd I agree	to conform	to all a	pplicable laws	of this
jurisdiction. In addition	, if a permit to	r work described	d in the	application is is	sued, l c	ertify that	the code of	ficial's a	authorized repr	resentative
shall have the authority to such permit.	io enter an area	as covered by st	ich pern	int at any reason	abie not	ir to enforc	e the provi	ision of	the code(s) ap	plicable to
onen permit.										
		- <u></u> -					·			
SIGNATURE OF APPLICA	NT			ADDRESS			DATE		PHO	NE
DECDONCIDI E DEDGOVED	I CHARGE OF "	ODV TITLE								
RESPONSIBLE PERSON IN	CHARGE OF W	ONN, TITLE					DATE		PHO	INE

3/28/ce + Footing - Settack's C.K. Strong Sideline - 9" Needed & OK - Jans Set. - walls placed to existing. 5/7/08 - Checked Framum/plumBus/ electronic plumbing test on + C.K. No other 1 faco Deen- OK to choise on ful 5/20/08- Electrical Service lepprade - UK + called into Con Hall as a Pass france 9/11/08- Final Insp- Oll to close out primit Am