	y of Portland, Mai Congress Street, 041		O			Pe	03-0449	Issue Dat	e:	309 B02	0001
	ation of Construction:		Owner Name:			Owne	er Address:	L		Phone:	
			Rozzi Margaret A &			1725 Forest Ave			797-8164		
Business Name: Contract			Contractor Nan	ie:		Contr	ractor Address	:		Phone	
			Samara, Keith	th		Bolton Street Portland				2077490737	
Lessee/Buyer's Name Phone:					Permit Type: Additions - Dwellings					Zone:	
D .	TT		D. LI		J					CEO D' 4 ' 4	<u> </u>
Past Use:Proposed Use:Single FamilySingle Family						Permit Fee: \$93.00		Cost of Wo	Vork: CEO District: 0,000.00 1		
OIII	gic I diffiny		Single I alliny					-			
						THE	<u> </u>	Approved	Use Gro		Type
								Denied			
_											
	posed Project Description dition of 10' x 12' Dinin					Ciono	t		Ciamatuu		
710	diddi of to x 12 Diffin	g Room				Signature: PEDESTRIAN ACTIVITIES DISTRIBUTED DISTRIBU		Signature: RICT (P.A.D.)			
						Actio	_			Condition	Denied
						710110	л Пррго	veu ripi	noved w	Condition	Demed
		1		ı		Signa	iture:			Date:	
Permit Taken By: Date Applied For: 94/30/2003					Zoning Approval						
1.	This permit application	This permit application does not preclude		lude the Special Zone		ws	Zoning Appeal		Historic Preservation		ervation
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			☐ Variance			☐ Not in District or Landr		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneou		☐ Does Not Require Revie				
3.	Building permits are within six (6) months			☐ Flood Zon			Conditional Us			Requires Review	
	False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretati		Approved		
			Site Plan			Approved		Approved w/Condition			
			Ma Mino M			Denied		☐ Denied			
			Date:			Date:		Da	Date:		
I ha juris shal	reby certify that I am the verties been authorized by the soliction. In addition, if the lawe the authority to uch permit.	the owner to a permit for	o make this appli r work described	med procation a	as his authorized application is iss	e prop agen ued, I	t and I agree t certify that th	o conform to ne code office	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRESS			DATE	E	P	НО

Location of Construction:	Owner Name:		Owner Address:		Phone:	Phone:	
1725 Forest Ave	Rozzi Margaret A &		1725 Forest Ave	797-8164			
Business Name:	Contractor Name:		Contractor Address:	Phone			
	Samara, Keith		Bolton Street Portland		207749073	7	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
]	Additions - Dwellings				
Dept: Zoning Stat	tus: Approved with Condition	ons Reviewer :	: Marge Schmuckal	Approval Dat	te: 05/	16/2003	
Note:			•		Ok to Issue	e: 🗸	
1) This is NOT an approval for limited to items such as stoy	r an additional dwelling unit. ves, microwaves, refrigerators				including, b	ut not	
This property shall remain a approval.	a single family dwelling. Any	change of use sh	all require a separate perr	nit application fo	or review an	ıd	
3) This permit is being approve that work.	ved on the basis of plans subn	nitted. Any devia	ations shall require a sepa	arate approval b	efore startin	ng	
Dept: Building Stat	tus: Pending	Reviewer	Tammy Munson	Approval Dat	te:		
-	tus: Pending	Reviewer	: Tammy Munson	Approval Dat		·	
Dept: Building Stat Note:	tus: Pending	Reviewer	: Tammy Munson		te: Ok to Issue	e: 🗆	
-	tus: Pending	Reviewer	: Tammy Munson			e: 🗆	
-	tus: Pending	Reviewer	: Tammy Munson			e: 🗆	
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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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO