	04101 Tel: (207) 874-8703	, Fax: (207) 874-87.		al dunce	APR 2	8 2004	176 F02		
Location of Construction: 49 Montrose Ave	Ol W. & 1831 Washington			thone: 207-712-3741					
49 Montrose Ave Anderson Dani Business Name: Contractor Name:				207-71 Contractor Address:				7/41	
Dusiness Name.		Adam Flaherty JR.		20 Smith St. Portland			2077742951		
Lessee/Buyer's Name	Phone:	· · · · · · · · · · · · · · · · · · ·		Permit Type:			Zone:		
n/a	n/a		Alterations - Commercial				1.85		
Past Use:	Proposed Use:		Permit Fee:		Cost of Work: CEO District:		O District:	┧	
Multi Family / 3 Unit	-	ace three story deck		\$57.00 \$3,900.00			3	1	
•		·	FIRE DI	EPT:	Approved	INSPECTI			
					Denied	Use Group	: K2	Type:	
		\sim \sim \sim					211	relie	
Lengt WSC:	5 tamily Dweller	<u>~ mol</u>					3/2	18/04	
Proposed Project Descriptio	0			111] <i>(</i>	11	\[] L		
Replace three story dec	k	<u></u>		Signature Signature Signature PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			TEDESI	INIANACIIV		`	,	V	
			Action:	Approve	d App	proved w/Cor	nditions [Denied	
			Signatur	e:		Da	ate:		
Permit Taken By:	Date Applied For:	Zoning Approval							
gg	04/07/2004	<u> </u>							
1. This permit applica	ation does not preclude the	Special Zone or Revi	iews	Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State a Federal Rules.		Shoreland		☐ Variance			Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Review		
3. Building permits as within six (6) mont	☐ Flood Zone	Conditional Use			Requires Review				
False information may invalidate a building permit and stop all work		Subdivision		Interpretation			Approved		
		Site Plan		Approved			Approved w/	Conditions	
		Maj Minor MM Del		Denied	enied S		Denied		
		Date: A	26/24	Date:		Date:	-		
		'	relet-				$\overline{}$		
									
		CERTIFICAT					_		
	n the owner of record of the na by the owner to make this appl								
	n, if a permit for work describe								
shall have the authority	to enter all areas covered by si								
such permit.									
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				DATE			PHONE		