City of Portland, M	Iaine	- Building or U	J se]	Permit Applicat	tion	1	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874							2013-01216			273 B018001	
Location of Construction: Owner Name:					Owner A		Address:			Phone:	
158 TAFT AVE		JOVCIC MILORAD & ANDJELKA JOVCIC JTS			158 TAFT AVE PORTLAND, ME 04102				(207) 828-7955		
Business Name:	Contractor N	Contractor Name:			Contractor Address:				Phone		
					ME						
Lessee/Buyer's Name	Phone:			Permit Type:				Zone: R3			
						tions - Single Family					
Past Use:	Proposed Use		3 11	Permit F					CEO District:		
Single Family		Same. Sin	Same: Single Family		\$30.00 \$1,000.00 7 INSPECTION:						
Proposed Project Description					1						
Rebuilding side deck entry from 5' x 9' to 8' x 12'									1 (D 1 D)		
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
				Action: Approved Approved Signature:					nditions Denied		
Permit Taken By: Date Applied For: 06/12/2013					Zoning Approval			Annroval			
							Zomig Approva				
This permit application does not preclude the			e	Special Zone or Revi		ews Zoning Appeal		ng Appeal	Historic Preservation		
Applicant(s) from a Federal Rules.			Shoreland			☐ Varianc	e		Not in District or Landman		
2. Building permits do not include plumbing, septic or electrical work.				Wetland		Miscella	Miscellaneous [Does Not Require Review		
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 permit and stop all work			ce.				Conditional Use			Requires Review	
			building Sub		Subdivision			Interpretation		Approved	
				Site Plan			Approve	ed		Approved w/Conditions	
				Maj Minor Mi		M Denied			Denied		
				Date:			Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the o	owner to make this ermit for work desc	appl cribe	ication as his authord in the application	at the rized a is issu	e p ag ue	gent and I agreed, I certify that	to conform to the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICAL	NT			ADDI	RESS			DATE		PHONE	