City of Portland, Maine	- Building or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-01060		273 E008001
Location of Construction:	Owner Name:	Owner Name:		r Address:	Phone:	
159 TAFT AVE	HARRIS KAT	HARRIS KATE B		TAFT AVE PO 02	(207) 232-5245	
Business Name: Contractor Name:		: Contract		actor Address:		Phone
	Home Owner					
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
				erations - Single	R3	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:
Single-family	Single-family			\$40.00	\$1,400	0.00 7
Proposed Project Description: Build a 8' x 16' deck on rear						
	PEDESTRIAN ACTIVITIES DISTRICT (P.			.A.D.)		
		Action: Approved Approved w/C				
		Signature:			Date:	
Permit Taken By: dmc	Date Applied For: 05/19/2014		Zoning Approval			
1. This permit application d	oes not preclude the	Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			2	Not in District or Landmark
2. Building permits do not in septic or electrical work.			Wetland		neous	Does Not Require Review
3. Building permits are void within six (6) months of t	Flood Zone		Conditional Use		Requires Review	
False information may in permit and stop all work.	Subdivision		Interpre	ation	Approved	
		Site Plan  Maj Minor MM		Approved		Approved w/Conditions
				Denied		Denied
		Date:		Date:		Date:

## 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 APPLICANT	ADDRESS	DATE	PHONE
DESDONSIDI E DEDSON IN CLUADCE OF WORK TITLE		DATE	DUONE