Location of Construction: Owner:		Phone: {		Permit No:
17 Penwood Drive Owner Address:	Roger Gail: Lessee/Buyer's Name:	Phone:	*** 773-7061 ^{^^} BusinessName:	
Same	N/A	Thone.	Busiliessivalle.	
Contractor Name:	Address:	Phon)e:	Permit Issued:
Craig Hamlin		1	₩ 793-8426 —	
Past Use:	Proposed Use:	COST OF WOR	RK: PERMIT FEE:	JUL 2 4 2000
	1	\$2,600.00	\$42.00	
Single Family	Same	FIRE DEPT.		
			Denied Use Group 8-3 Type 5	3° C A-
		_	BOCA99	
		Signature:	Signature: Auffact	
Proposed Project Description:	· · · · · · · · · · · · · · · · · · ·		ACTIVITIES DISTRICT (P.A.D.)	Zoning Approval
		Action: Approved		of the
Replacing existing po	Approved with Conditions:			
Replacing enleting porch 12 x 11				
				□Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:	7 1 10 0000		🗆 Site Plan maj 🗆 minor 🗆 mm 🗆
Sayir NW	Gayte NW July 18, 2000 GG			Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				□ Variance
				☐ Miscellaneous □ Conditional Use
	:	** Call Roger Gaillette @ 773-7061		
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation
				□ Does Not Require Review
				□ Requires Review
				Action
			VVIIII ICLESSION	Action:
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				
				n, Denied
areas covered by such permit at any reasona	ble hour to enforce the provisions of the	code(s) applicable to such	n permit	Date:
	,			
		JU1y 18, 2000		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMIT ISSUED
		_ ,		WITH REQUIDENESS
				WITH REQUIREMENTS
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
Whi	te–Permit Desk Green–Assessor's	Canary-DPW Pink-P	ublic File Ivory Card-Inspector	

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector