•	y of Portland, Maine -	0		11	ermit No:	Issue Date:	CB		
389	Congress Street, 04101	Tel: (207) 874-8703,	Fax: (207) 874-87	16	06-1342		27	78A D00	01001
Location of Construction: Owner Name:			Own	Owner Address:		Pho	Phone:		
25 ASPEN DR GIKAS MATT		IEW P & SUZANNE 25 ASPEN DR							
Business Name: Co		Contractor Nam	Contractor Name:		Contractor Address:			Phone	
		Chuck Varney	Chuck Varney		Windham			2078389539	
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type:				Zone:
					Additions - Dwellings				
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work: C			strict:]
Sing	gle Family	Single Family	12 x 10 addition		\$360.00	\$34,000.0	00 3	;	
				FIRE	DEPT:	Approved IN	SPECTION:		
							se Group:		Туре
					L	Demed			
Prop	oosed Project Description:	·							
12 >	x 10 addition			Signa	Signature: Sig		gnature:	nature:	
				PEDI	PEDESTRIAN ACTIVITIES DISTRICT			(P.A.D.)	
			Ac		Action: Approved Approved w/Condition Denied				Denied
				Sign	Signature:		Date:		
Pern	nit Taken By:	Date Applied For:		C					
		09/11/2006	Zoning Approval						
1. This permit application does not pre		pes not preclude the	Special Zone or F	Reviews	ws Zoning Appeal		Histor	Historic Preservation	
Applicant(s) from meeting applicable State Federal Rules.					Variance		Not	Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		clude nlumbing sentic	Wetland		Miscellaneous		Does	Does Not Require Revie	
3.		if work is not started	☐ Flood Zon		Conditional Us		Requ	Requires Review	
2.	3. Building permits are void if work is not started within six (6) months of the date of issuance.						1	1	
False information may invalidate a building permit and stop all work				Interpretatio		App	Approved		
			Site Plan		Approv	ed	Appi	roved w/	Condition
		Maj 🗌 Minor 🗌 MM 🗌		Denied		Deni	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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	

Location of Construction:	Owner Name:	Owner Address:	Phone:			
25 ASPEN DR	GIKAS MATTHEW P & SUZANNE	25 ASPEN DR				
Business Name:	Contractor Name:	Contractor Address:	Phone			
	Chuck Varney	Windham	2078389539			
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:			
		Additions - Dwellings				
Note:	pproved with Conditions Reviewer		Ok to Issue: 🗹			
 This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 						
3) This permit is being issued based on the information provided by the property owner. If the property lines are not clearly identifiable and/or the setbacks seem close at the footings inspection then a survey may be needed.						
Dept: Building Status: A Note:	pproved Reviewer	5 11	e: 09/29/2006 Ok to Issue: 🗹			

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	