Form # P 04 DISPLAY THIS CARI	O ON PRINCIPAL FRO	NTAGE OF WORK
Please Read Application And Notes, If Any,		ND Permit Number: 080817
Attached		
This is to certify thatLEVESQUE RINO L & AL.	CJTS (Atlantic Pool	PERMIT ISSUED
has permission to Install 24' Round - 54" High	ove grou Pool	
AT _43 FOUR WINDS RD	- 21	83 B001001
provided that the person or persons, of the provisions of the Statutes of I		ng this permit shall comply with all of the City of Portland regulating
the construction, maintenance and u this department.		es, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	fication of inspection must hand ween permition procu- re this ding or int thereo ed or compared by the bosed-in. UR NOTICE TO REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Health Dept		
Appeal Board		Arn
Other Department Name	-	Director - Building & Inspection Services
PENA	LTY FOR REMOVING THIS CA	

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City of Portland, Maine - Bu	uilding or Use	Permit Applicatio	n Peri	mit No:	Issue Date:	T	CBL:	
389 Congress Street, 04101 Tel				283 B001001				
Location of Construction:	Owner Name:		Owner	Address:		I	Phone:	
43 FOUR WINDS RD	LEVESQUE F	RINO L & ALICE C J	43 FOUR WINDS RD 207-871-5867			5867		
Business Name:	Contractor Name	:	Contractor Address: Phone					
	Atlantic Pool		7 Union St. Biddeford 2072841505		05			
Lessee/Buyer's Name	Phone:		Permit Type: Zone: Swimming Pools			Zone: 7		
						K-5		
Past Use:	Proposed Use:		Permi	t Fee:	Cost of Work:	CEO	District:	7
Single Family Home	Single Family Home Single Family H		\$40.00 \$1,400.00				3	
		ligh Above ground					ION:	
	Pool.		Use Grou				s: [? .5] U'Type:	
			1				10N: p: [2: 3] U'Type: # 120 [20] 7.00 3	
				$\langle / / \rangle$			20 2	20 17
Proposed Project Description:				$\sim$ $/l$	V	$\bigcirc$	-1	
Install 24' Round - 54" High Above	e ground Pool.		Signature: Signature:					
			PEDES	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approv		ved Approved	i w/Conditions Denied			
	Signature: Date:				$ \rightarrow  $			
Permit Taken By: Date	Applied For:			Zoning	Approval			
lmd 07	/07/2008							
1. This permit application does n	ot preclude the	Special Zone or Revi	ews	vs Zoning Appeal		Н	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland					Not in District or Landmark	
2. Building permits do not includ septic or electrical work.				Miscellaneous		Does Not Require Review		
<ol> <li>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</li> </ol>		Flood Zone		Conditional Use		Requires Review		
		Subdivision		Interpretation		A	Approved	
PERMIT ISSUED		Site Plan			ed	- A	approved w/C	Conditions
<ul> <li>And a set of a set of the set o</li></ul>		Maj Minor MM		- INT / -			Denied	
$(A^{*})_{i=1}^{k} = (A^{*})_{i=1}^{k}$		Date With	Con	Date:	> 	Date:		
CITY OF FURTLAS		~ 7/15	109	)				

## 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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE