	y of Portland, Mair Congress Street, 041		0			Pe	07-0866	Issue Dat	e:	284 B02	0001
			Owner Name:				Owner Address:			Phone:	
			Roy Nicola Jar	loy Nicola Jane		105 Dorset St					
Business Name:			Contractor Name: TrueNorth Home System			Contractor Address: 91 Industrial Park Rd Saco			Phone 2079852300		
			Phone:		Permit Type: Alterations - Dwellings				- 1	Zone:	
Past	Use:		Proposed Use:			Permit Fee: Cost of Wo		ork: CEO District:		1	
sing	gle family		single family - change and		and alter				00.00	3	
			window openings on sunporch		FIRE	Approved			INSPECTION: Use Group: Type		
Pro	posed Project Description	n•									
_	ange and alter window of		n sunporch		Signature:			Signature:			
		1 0	1	•		PEDESTRIAN ACTIVITIES DISTRI					
						Action Approved Approved			proved w/0	d w/Condition Denied	
						Signature:]	Date:	
Permit Taken By: tmm Date Applied For: 07/18/2007						Zoning Approval					
1.	This permit application	n does not	preclude the	Spec	ial Zone or Revi	ews	Zoning Appeal			Historic Preservation	
	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland ☐		☐ Miscella	Miscellaneous [Does Not Require Revie		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
				Site Plan			Approved			Approved w/Condition	
			Maj Mino MM			Denied			Denied		
				Date:			Date:		Da	te:	
I ha juris shal	reby certify that I am th ve been authorized by t sdiction. In addition, if I have the authority to s uch permit.	he owner to a permit for	o make this appli r work described	med procession and the second	as his authorized application is iss	e prop l agen ued, I	t and I agree to certify that th	o conform t e code offic	to all app cial's autl	olicable laws of horized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRESS	3		DATE	3	Pl	НО

Location of Construction: 105 Dorset St	Owner Name: Roy Nicola Jane	Owner Address: 105 Dorset St	Phone:	
Business Name:	Contractor Name: TrueNorth Home System	Contractor Address: 91 Industrial Park Rd Saco	Phone 2079852300	
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:	

Dept:	Zoning	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval Date:	07/18/2007
Note:						Ok to	o Issue: 🔽

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 07/18/2007

 Note:
 Ok to Issue:
 ✓

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 3) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

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	PHO
DECDONCIDI E DEDCON IN CHARCE OF WORK TIT	DATE	DIIO	