•	y of Portland, Maine Congress Street, 04101	O			Per	rmit No: 09-0748	Issue Dat	e:	CBL: 284 E00	9001
Loca	tion of Construction:	Owner Name:	, , ,			Owner Address: 25 KENT ST			Phone: 207.774.5143	
Business Name:			Contractor Name:			Contractor Address:			Phone	
Lesso	ee/Buyer's Name	Phone:	Joy Ayes Phone:		15 Inverness St Portland  Permit Type: Additions - Dwellings				2079391734  Zone:	
Past Use: Single Family Residence		addition on left	Proposed Use: Single Family Residence - 16' x addition on left side for extra bedroom, first floor.		Permit Fee:   Cost of Work   \$170.00   \$14,500     FIRE DEPT:   Approved   I		00.00 INSPEC			
_	osed Project Description: x 20' addition on left side fo	or extra bedroom, first flo	oor.		Signature: PEDESTRIAN ACTIVITIES DIST			Signature:		
					Actio	n Approx	ed App	proved w	/Condition	Denied
					Signature:				Date:	
Perm jrio	nit Taken By: oux	Date Applied For: 07/17/2009				Zoning	Approva	1		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		_	ial Zone or Revi	ews	Zonin  Uariance	g Appeal		Historic Preservation  Not in District or Landa	
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland			Miscellaneous			Does Not Require Revie	
3.	Building permits are void within six (6) months of t		☐ Flood Zon		Conditional Us			Requires Review		
	False information may in permit and stop all work	validate a building	Subdivision		☐ Interpretatio			Approved		
			☐ Site Plan		Approved			Approved w	Condition (	
			Мај [	Mino MM		☐ Denied			Denied	
			Date:			Date:		Da	ate:	
I hav jurise shall	eby certify that I am the over been authorized by the odiction. In addition, if a position have the authority to entertich permit.	owner to make this appli ermit for work described	med procation a	as his authorized application is iss	ne prop l agen sued, I	t and I agree t certify that th	o conform t se code offic	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIGN	NATURE OF APPLICAN			ADDRES:	5		DATE	<u> </u>	P	НО

Business Name:  Contractor Name: Joy Ayes  Phone: Permit Type: Additions - Dwellings  Dept: Zoning  Status: Pending  Reviewer: Ann Machado  Approval Date: Ok to Issue:  This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.  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 work.  Dept: Building  Status: Pending  Reviewer: Tom Markley  Approval Date:	Contractor Name: Joy Ayes 15 Inverness St Portland 2079391734  Phone: Permit Type: Additions - Dwellings  Status: Pending Reviewer: Ann Machado Approval Date: 07/22/2009 Ok to Issue:  approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.  hall remain a single family dwelling. Any change of use shall require a separate permit application for review and eing approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that
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## **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
		D. 1	DVIO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO