Form # P 04	DISPLAY	THIS	CARD	ON	PR	INCIP	AL	FRON	TAGE	E OF	WOF	RK	
Please Read Application And Notes, If Any, Attached		C	BU			POF RMI				rmit-Num	ber 0902	154	
This is to certify th	erick	SON CRYS	TAL N & C	OL	нц		jorn l	Eric n					
has permission to	Rebuild	the Second	Level Deck	5',	in th	xisting	otpr	int.			b		
AT 12 ELEANO	R ST							СВ 292	2 F0200	01			1
Apply to Publi and grade if r such informati	sions of th ction, main nent. Ic Works for s lature of work	e Statute tenance	es of Ma	f b f b d tio d w this or	nd of uildir n of vritte buil othe	the Q	d str	ast be recurred reof is n. 24	of the s, and A c	City of of the ertificate	Portla applic of occu	ation of the second sec	must be nis build-
OTHER R	EQUIRED APPR								L				
Health Dept.								Λ	1			1)
Appeal Board								A	tone -	~ h_1	M.c.	l.be	5/23/09
Other	Department Name								Dire	ctor - Building	& Inspection :	Services	
			PENALT	Y FOI	R REI	MOVIN	G Tł	115 CAR	D				

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City of Portl	and, Maine - Bui	lding or Use	Permi	t Annlicatio	n P	ermit No:	Issue Date:		CBL:	
•	Street, 04101 Tel: (U				09-0454			292 F0	20001
Location of Const	ruction:	Owner Name:		· · · · · · · · · · · · · · · · · · ·	Own	er Address:			Phone:	
12 ELEANOR ST ERICKSON C			CRYSTAL N & DOB		121	ELEANOR ST			207-400-9344	
Business Name: Contractor Name:		:		Cont	Contractor Address:			Phone		
Bjorn Erickson		n		10 Eleanor Street Portland				2074009344		
Lessee/Buyer's Name Phone:		Phone:			Permit Type:					Zone:
			_		Alt	terations - Dupl	ex		-	<u> </u>
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			O District:	55794	
Two Family Re	sidential	•	wo Family Residential - Rebuild			\$30.00 \$800.00			5	
		Existing Footp		k 8'x5', in the $\sqrt{2}$	FIR	FIRE DEPT: Approved INSI		NSPECTI	ION: DZ	
		Existing 1 00tp	лт. (S	aly	1		Denied	Use Group	R3	Type: 3B
				·)-				TR	C 71	m3
Proposed Project I	Description:							-9		0
	cond Level Deck 8'x5'	in the Existing	Footpri	nt /side 100	Sign	ature:		Signature:	In s	D3 1/28/09
		, in the Existing	Deck PEI		•	PEDESTRIAN ACTIVITIES DISTRICT		-	T (P.A.D.)	
					1					
					Action			wea w/Cor		Denied
					0:	nature:		Da	ate:	
					Sign			Da		
Permit Taken By:		pplied For:			Sign		Approval			
Permit Taken By: lmd		pplied For: 2/2009				Zoning				
Imd 1. This permi	t application does not	2/2009 preclude the	Spec	cial Zone or Revie		Zoning	Approval g Appeal		Historic Pres	servation
Imd 1. This permi Applicant(t application does not s) from meeting applie	2/2009 preclude the		cial Zone or Revie		Zoning			Historic Pres	servation ct or Landmark
Imd 1. This permi	t application does not s) from meeting applie	2/2009 preclude the				Zoning Zoning	g Appeal		Historic Pres	ct or Landmark
Imd1.This permi Applicant(Federal Ru2.Building p	t application does not s) from meeting applie les. ermits do not include	2/2009 preclude the cable State and	Sh			Zoning Zoning	g Appeal		Historic Pres	
Imd1.This permi Applicant(Federal Ru2.Building p septic or el	t application does not s) from meeting applie les. ermits do not include lectrical work.	2/2009 preclude the cable State and plumbing,	□ Sh	oreland etland		Zoning Zoning Variance	g Appeal		Historic Pres Not in Distri Does Not Re	ct or Landmark quire Review
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

ALLAND ALLAND A

If you or the property owner owes real estate or personal property taxes or user charges or any property within the **C**ity, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 10	12 Eleanor St							
Total Square Footage of Proposed Structure/A 43	0.128 aus	Number of Stories						
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer							
	Name CryStal Erickson	(207)400-9344						
292 F 020	Address le Eleanor St	201147						
	City, State & Zip Per Hand, ME							
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$ 800						
	Name Sme	WOIK. <u>\$ 0000</u>						
	Address	C of O Fee: \$						
	City, State & Zip	Total Fee: \$						
Current legal use (i.e. single family)	o Camily Number of Residentia	Ulpits						
If vacant what was the previous use?								
Proposed Specific use: <u>Service</u> Jerrie Jerr	6							
Is property part of a subdivision?	If yes, please name							
Project description: Ketailt scoond level	deek 8'25	5						
Contractor's name: Soin Likeson								
Address: 10 File								
City, State & Zip	Te	lephone: <u>~???~/5.?</u>						
Who should we contact when the permit is read	Tel Fickson Tel	lephone - 9344						
Mailing address: <u>Samc</u>								

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

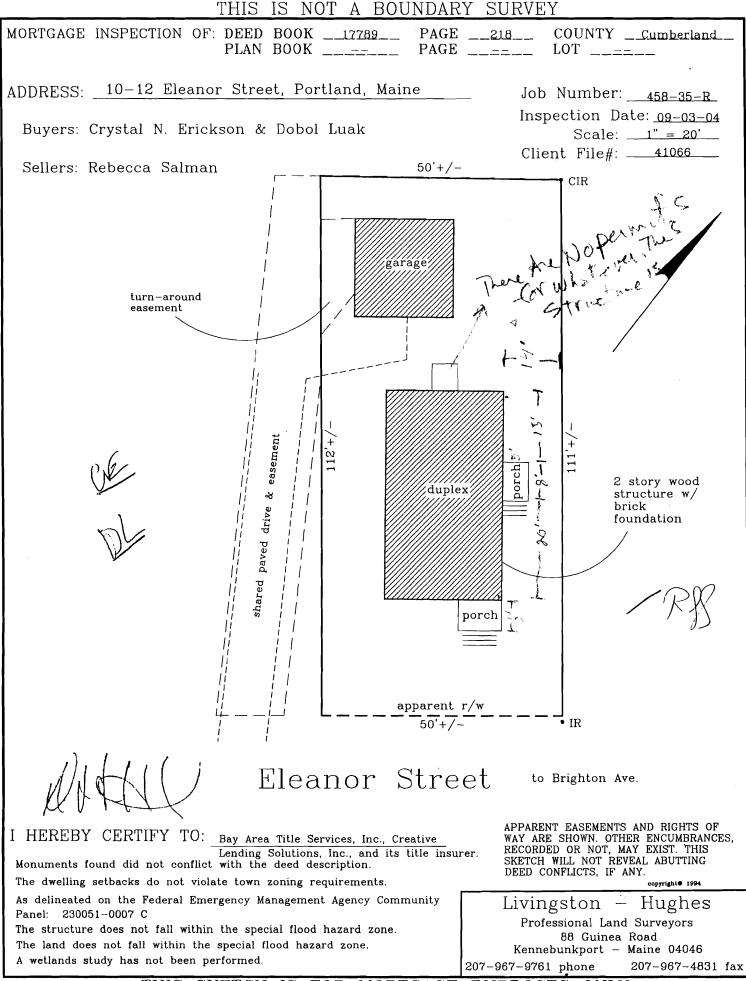
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

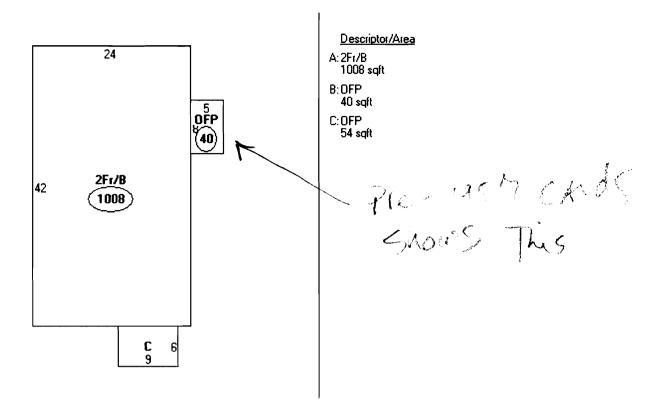
Signature:	Cupt	Gm	Date: 5-3-09	
		V		

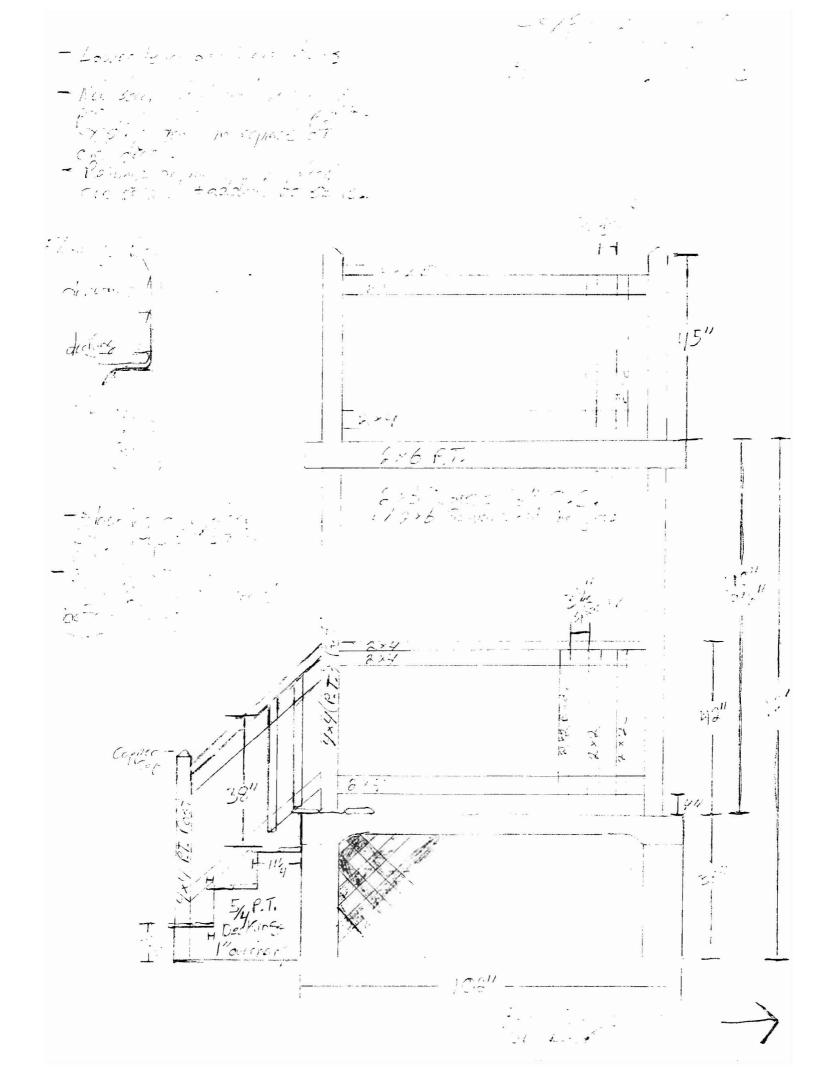
This is not a permit; you may not commence ANY work until the permit is issue

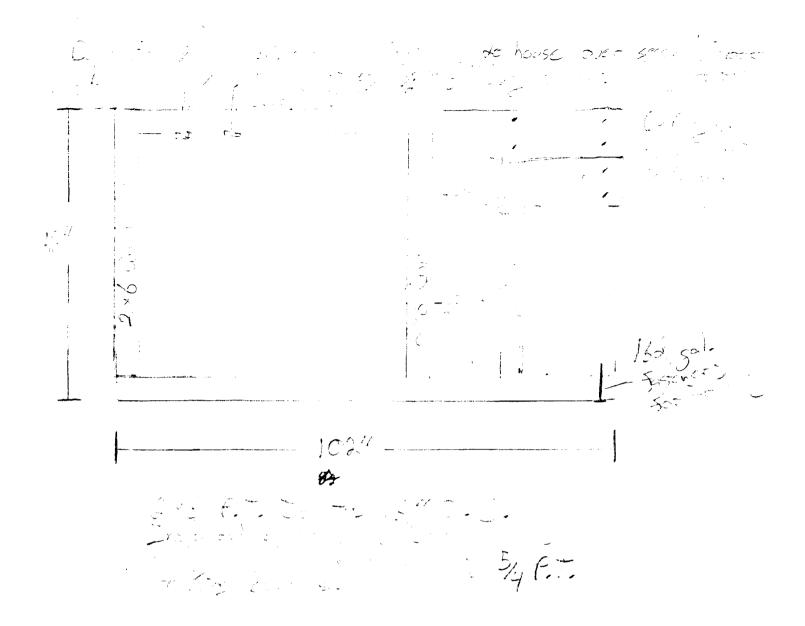
City of Portland, Maine - Bui	lding or Use Permi	t		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (0		4-8716	6 09-0454	05/11/2009	292 F020001	
Location of Construction:	Owner Name:			Owner Address:	<u> </u>	Phone:	
12 ELEANOR ST	ERICKSON CRYSTAL N & DOB			12 ELEANOR ST		207-400-9344	
Business Name:	Contractor Name:			Contractor Address:		Phone	
	Bjorn Erickson			10 Eleanor Street I	Portland	(207) 400-9344	
Lessee/Buyer's Name	Phone:			Permit Type:			
				Alterations - Dup	lex		
Proposed Use:	- <u> </u>		Propose	ed Project Description:			
Two Family Residential - Rebuild the Second Level Deck 8'x5', in the Existing Footprint. Rebuild the Second Level Deck 8'x5', in the Existing Footprint.							
Dept:ZoningStatus:ANote:1)Separate permits shall be required	Approved with Condition I for future decks, sheds			: Marge Schmucka arages.	al Approval D	eate: 05/15/2009 Ok to Issue: ☑	
 This is NOT an approval for an a not limited to items such as stove 						nt including, but	
 This property shall remain a two approval. 	(2) family dwelling. Any	y change	of use s	hall require a separ	ate permit applicatio	on for review and	
 This permit is being approved on work. It is understood that it is the approved. 							
Dept: Building Status: A	Approved with Condition	ns Re	viewer	Tom Markley	Approval D	oate: 05/28/2009	
Note:						Ok to Issue: 🗹	
 Application approval based upon and approrval prior to work. 	information provided by	y applicar	nt. Any	deviation from app	roved plans requires	separate review	



THIS SKETCH IS FOR MORTGAGE PURPOSES ONLY







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