<b>City of Portland, Maine - Building or Use Permit Application</b> 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Pe	ermit No: Issue Date: 08-0285		<b>CBL:</b> 040 C016001			
Location of Construction:Owner Name:31 HIGH STBERNOTAVIC			Owner Address:       Z PROPERTIES LLC       31 HIGH ST			Phone:				
			Contractor Name: Ron Wheeler		Contractor Address: P.O. Box 1122 Wells			<b>Phone</b> 2073371432		
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: Additions - Duplex				Zone:	
	Use: mily		2 family - Replace existing 1st f		Pern	nit Fee: \$100.00	Cost of Wo \$8,0	rk: 00.00	CEO District: 1	
			deck and add second floor deck (134 sf over existing first floor deck)		Approved				PECTION: e Group: Type	
Proposed Project Description: Replace existing 1st floor deck and add second floor d				Signature: Sign PEDESTRIAN ACTIVITIES DISTRIC Action Approved Approve		,	T (P.A.D.)			
				Signature:		noveu w/	Date:			
Permit Taken By:Date Applied For:ldobson03/31/2008			Zoning Approval							
1.	Applicant(s) from meeting applicable State and		Special Zone or Reviews		<b>Zoning Appeal</b>			Historic Preservation		
2.	<ol> <li>Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			U Wetland		Miscellaneous			Does Not Require Revie	
<ul><li>3. 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></ul>			Flood Zon			Conditional Us			Requires Review	
			Subdivision					Approved		
			☐ Site Plan Maj ☐ Mino ☐ MM ☐		Approved			Approved w/Condition		
					Denied			Denied		
			Date:			Date:		Da	ate:	

## 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:	
31 HIGH ST	BERNOTAVICZ PROPERTIES LLC		31 HIGH ST			
Business Name:	Contractor Name: Ron Wheeler		Contractor Address: P.O. Box 1122 Wells		<b>Phone</b> 2073371432	
Lessee/Buyer's Name	Phone:	]	Permit Type: Additions - Duplex			Zone:
Dept:       Historic       Status:       Approved with Conditions       Reviewer:       Scott Hanson       Approval Date:       04/23/2008         Note:       Ok to Issue:       ✓         1)       Approval subject to final inspection once project is completed.       ✓         2)       All visible surfaces must be finished with paint or opaque stain.         3)       The staircase shown on the plan is to be eliminated as it is not required for egress.						
<ul> <li>Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 04/07/2008</li> <li>Note: Spoke to Barbara. Although this is a two family, she said that since the second floor deck is going over the Ok to Issue: </li> <li>I) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.</li> <li>2) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval.</li> <li>3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ul>						
Dept: Building Status: P Note:	ending	Reviewer:	Chris Hanson	Approval Dat	e: Ok to Issue	* 🗆
Comments:						
4/7/2008-amachado: Permit was route	d to commercial basket	with plan review	ers. Given to zoning toda	y.		

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