	<b>y of Portland, Main</b> Congress Street, 0410		_			Per	08-0864	Issue Dat	e:	125 N02	5001
Location of Construction: 90 WOODFORD ST			Owner Name: KOLPACK ANDREA B			Owner Address: 90 WOODFORD ST				Phone: 207-272-7447	
Business Name:			Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name Phone:			Phone:	e:		Permit Type: Additions - Dwellings					Zone:
Past Use: Single Family Home		Proposed Use: Single Family Home - 10'x12' Deck, Replace windows with 6'x8' Fre		existing	\$80.00		Cost of Wo \$6,0 Approved Denied	INSPEC		3 ION:	
_	posed Project Description dition of 10'x12' Deck, R		sting windows w	ith 6'x8'	French Doors.	Action	TRIAN ACTION Approv		proved w/		Denied
Permit Taken By:         Date Applied For 107/16/2008						Zoning Approval				Date.	
			Special Zone or Reviews			Zoning Appeal			Historic Preservation		
1.	This permit application Applicant(s) from meet Federal Rules.	officerade the			c ws	☐ Variance		[	Not in District or Landm		
2.	Building permits do no septic or electrical work		lumbing,	☐ Wetland ☐ Miscellaneous		neous		☐ Does Not Require Revie			
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				Flood Zon			Conditional Us			Requires Review	
				☐ Su	ıbdivision		☐ Interpretatio			Approved	
		p all work			Approved			Approved w/Condition			
					Mino MM	Denied				☐ Denied	
				Date:			Date:		Da		
I ha juris shal	reby certify that I am the ve been authorized by th sdiction. In addition, if a I have the authority to en uch permit.	e owner to permit for	o make this appli r work described	med procession and the second	as his authorized application is iss	ne prop l agent sued, I	and I agree to certify that the	o conform t e code offic	to all app cial's aut	plicable laws of horized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRESS	S		DATE	3	Pl	НО

Location of Construction:	Owner Name:	Owner	Address:	Phone:		
90 WOODFORD ST	KOLPACK ANDREA	B 90 WC	OODFORD ST	207-272-7447		
Business Name:	Contractor Name:	Contra	ctor Address:	Phone		
Lessee/Buyer's Name	Phone:	Permit Addit	Type: ions - Dwellings	Zone:		
Dept: Zoning Sta	itus: Pending	Reviewer:	Appro	oval Date: Ok to Issue:		
Dept: Building Sta	atus: Pending	Reviewer:	Appro	oval Date: Ok to Issue:		
Comments: 7/16/2008-lmd: Permit by appt	with Tom Markley. No zoning.					
		OEDWEIGA TION				
I hereby certify that I am the ov I have been authorized by the of jurisdiction. In addition, if a pershall have the authority to ente to such permit.	wner of record of the named pro- wner to make this application a ermit for work described in the	as his authorized agent a application is issued, I c	and I agree to conform to a ertify that the code official	ll applicable laws of this 's authorized representative		
SIGNATURE OF APPLICAN		ADDRESS	DATE	РНО		