

Location of Construction: 130 Lynn St		Owner: Karl, William F.		Phone: 878-6200 X103	
Owner Address: SAA 04103		Lessee/Buyer's Name:		Phone:	
Contractor Name: SAA		Address:		BusinessName:	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 950.00 PERMIT FEE: \$ 25.00	
Proposed Project Description: Build detached (10 x 12) deck at rear of house, reconstruct stair landing on existing posts, enlarging slightly and placing stairs at rear		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>5 B</i> <i>DOC 496</i> Signature: <i>Hoffman</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: SP		Date Applied For: 09 Sept 98			

Permit No: **981084**

PERMIT ISSUED

Permit Issued:
SEP 25 1998

CITY OF PORTLAND

Zone: *R-2* CBL: 337-C-082

Zoning Approval: *OK [Signature] 9/23/98*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

10 Sept 98

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT *[Signature]* **1**