City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	Issue Date:	CBL:
04-1489		339 D003001

Location of Construction:	Owner Name:	Owner Address:	Phone:
107 Harris Ave	Boyle Luke I	107 Harris Ave	878-4678

Business Name:	Contractor Name:	Contractor Address:	Phone
	Owner	Portland	0000000000

Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
			Additions - Dwellings	

Past Use:	Proposed Use:	Permit Fee:	Cost of Work:	CEO District:
Single family home	Single family home w/12'x27' two story addition	$84.00	$7,000.00	5

FIRE DEPT: ☐ Approved ☐ Denied

INSPECTION: Use Group: Type

Signature: Signature:

Proposed Project Description:
Build 12'x27' two story addition on single family home

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Condition ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:	Zoning Approval
dmm	10/05/2004	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.

2. Building permits do not include plumbing, septic or electrical work.

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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☐ Not in District or Landma
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Revie
☐ Flood Zon	☐ Conditional Us	☐ Requires Review
☐ Subdivision	☐ Interpretatio	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Condition
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date:	Date:	Date:

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   PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT   DATE   PHO

Location of Construction:	Owner Name:	Owner Address:	Phone:
107 Harris Ave	Boyle Luke I	107 Harris Ave	878-4678
Business Name:	**Contractor Name:**	**Contractor Address:**	**Phone**
	Owner	Portland	0000000000
Lessee/Buyer's Name	**Phone:**	**Permit Type:**	**Zone:**
		Additions - Dwellings	

Dept: Zoning   **Status:** Approved   **Reviewer:** Jeanine Bourke   **Approval Date:** 11/04/2004

Note: 10/25/04 left vm w/Luke B. To call for additional info on plot plan and construction details.   **Ok to Issue:** ☑
11/04 Luke B. Called, discussed setbacks & construction details, notes on plans, ok to issue

1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building   **Status:** Approved with Conditions   **Reviewer:** Jeanine Bourke   **Approval Date:** 11/04/2004

Note: **Ok to Issue:** ☑

1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

2) Separate permits are required for any electrical, plumbing, or heating.

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   PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT   DATE   PHO