						PERMIT ISSUED					
City of Portland, N 389 Congress Street,		_			1011	rmit No: 01-1111	Issue Date	e:	CBL:	001001	
Location of Construction: Owner Name:				<u> </u>	=	r Address:	1		Ph ne:		
145 Harris Ave Esposito Robe			ert & Julie E		145	Harris Ave	ITY OF	PORT	LAND	-5042	
Business Name: Contractor N		Contractor Name			Contr	actor Address	711		Phone		
n/a Churchill, Cl			ris		Gre	y					
essee/Buyer's Name Phone:					1	Permit Type:				Zone:	
n/a	n/a					Additions - Dwellings				<u> </u>	
		Proposed Use:			Perm	it Fee:	Cost of Wo		CEO District	i:	
Single Family		Same			ļ- <u></u>	\$120.00	\$16,0	00.00	1		
					FIRE	EDEPT:	Approved Denied	INSPEC Use Gro	up: R	Type:	
Proposed Project Description:										,	
Construct Dormer for Existing 2nd floor Bedrooms					Signature: Signature:						
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
				Action: Appro			ved A	proved w/g	anditions [ Date:	Denied	
Permit Taken By:				Zoning Approval							
		nreclude the	Special Zone or Review		eviews	S Zoning Appeal			Historic Preservation		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance			Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland			☐ Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone			Conditional Use			Requires Review		
False information permit and stop al	a building	Su	Subdivision		Interpretation			Approved			
				Site Plan		Approved			Approved w/Conditions		
			Maj [	Minor [ ]	мм 🗀	Denied			☐ Denied		
			Date: 10/15/01 V			Date: WA			Date:  0(15/01 XC		
I hereby certify that I at I have been authorized jurisdiction. In additionshall have the authority such permit.	by the owner to n, if a permit fo to enter all are	o make this appl or work describe	med pro ication a d in the	as his author application nit at any rea	at the propized agen is issued, asonable h	t and I agree I certify that	to conform the code of ce the prov	n to all ap fficial's au vision of t	plicable la athorized r he code(s)	ws of this epresentative applicable to	
SIGNATURE OF APPLICANT			ADDRESS				DATE			PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE PHON				HONE	