City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						mit No: 09-0564	Issue Date:		CBL:	CBL: 309 D045001	
Location of Construction: Owner Name:				Pax: (207) 8/4-8/16 Owner Address:			Phone:				
			IZABETH A			68 ALDWORTH ST			207-212-9115		
Bus	iness Name:		Contractor Name: Butch Gagnor		Contractor Address: 84 Brydon Way Westbrook				Phone		
_								2076713184			
Lessee/Buyer's Name Phone:		Phone:		Permit Type: Garages - Attached		Zone:		Zone:			
	t Use: ngle Family Home		Home - Build 616 sqft ge		Permit Fee: Cost of Wo \$370.00 \$35,0		ork: CEO District: 000.00 5				
		Attached Gara			FIRE 1	FIRE DEPT: Approved Denied		INSPECTION: Use Group: Type			
							Denied				
-	posed Project Description: ild 616 sqft Attached Garag	ra			Si-mateure						
Du	na 010 squ / machea Garag	Ç			Signature: PEDESTRIAN ACTIVITIES DIST		Signature: (RICT (P.A.D.)				
						Action Approved Approved w/			/Condition Denied		
					Signat	ure:			Date:		
Permit Taken By: Date Applied For: 06/03/2009			Zoning Approval								
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
			Shoreland			☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review		
	False information may investigate permit and stop all work		Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Maj [Mino MM	☐ Denied				☐ Denied		
			Date:			Date:		D	ate:		
I ha juri: shal	ereby certify that I am the or tive been authorized by the of sdiction. In addition, if a pe Il have the authority to ente uch permit.	owner to make this appli ermit for work described	med procession a	as his authorized application is is:	ne prop d agent sued, I	and I agree t certify that th	o conform t se code offic	o all ap cial's au	plicable laws thorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE		P	НО	

Location of Construction:		Owner Name:		Phone:		
68 ALDWORTH ST	DELANO ELIZABETE	HA	68 ALDWORTH ST		207-212-9115	
Business Name:	Contractor Name:	Contractor Name:			Phone	
	Butch Gagnor		84 Brydon Way Westbro	ook	2076713184	
Lessee/Buyer's Name	Phone:	j	Permit Type:		Zone:	
			Garages - Attached			
Dept: Zoning Stat	tus: Approved with Condition	ns Reviewer:	Marge Schmuckal	Approval Date	e: 06/05/2009	
Note:			•		Ok to Issue: 🔽	
1) Separate permits shall be re	equired for future decks, sheds	, pools, and/or g	arages.			
2) This is NOT an approval fo	or an additional dwelling unit.	Vou SHALL NO	T add any additional kitch	nen equinment i	ncluding but not	
·	ves, microwaves, refrigerators		•		nerdanig, out not	
	a single family dwelling. Any o	change of use sha	all require a separate perm	it application fo	r review and	
approval.					i ioviow und	
• •	ved on the basis of plans subm	itted. Any devia	ations shall require a sepa	rate approval be		
4) This permit is being approved work.	ved on the basis of plans subm		ntions shall require a sepa Residential Plan Revie	rate approval be	efore starting that	
4) This permit is being approvious.	-			Approval Date	efore starting that	
4) This permit is being approved work. Dept: Building State	-			Approval Date	efore starting that	
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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	РНО