Cit	y of Portland, Mair	ne - Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:		
	Congress Street, 041		_				06-0080			341 B01	2001	
Location of Construction: Owner Name:				0		Own	Owner Address:			Phone:		
			Sawtelle Julie A	A		46 I	Broadway					
Business Name: Lessee/Buyer's Name			Contractor Name:			Contractor Address:				Phone		
			True Craft Carpentry			19 Scottland Rd Windham				207310815	2073108159	
			Phone:		Permit Type:					Zone:		
						Ad	ditions - Dwe	llings				
Past	t Use:		Proposed Use:		Permit Fee: Cost of Wor		rk:	CEO District:				
single family			single family -	add sunroom on		\$210.00		\$20,5	45.00	0 5		
			existing deck and build additional deck		FIRE DEPT:		Approved	INSPE	PECTION:			
								Denied	Use Gr	se Group: Type		
							_	_ Domea				
Proj	posed Project Description	n:										
ado	l sunroom on existing d	eck and but	ild additional de	ck	:k				Signatu	gnature:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)		
						Action: Approved Approved w/O				/Condition	Condition Denied	
						Signature:				Date:		
Don	mit Taken By:	Data A	pplied For:			Sigii						
tm	-	01/18					Zoning	Approva	l			
			Special Zone or Reviews		ews	vs Zoning Appeal			Historic Preservation			
1.	This permit application does not preclude the			<u>_</u>		_			<u> </u>			
	Federal Rules.	Applicant(s) from meeting applicable State and Federal Rules.		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.	- 1	ilding permits are void if work is not started hin six (6) months of the date of issuance.			ood Zon	Conditional Us			Requires Review			
False information may invalidate a b permit and stop all work				Subdivision		☐ Interpretatio			Approved			
				Site Plan			Approved			Approved w/Condition		
				Maj ☐ Minor☐ MM ☐			☐ Denied			☐ Denied		
				Date:			Date:		D	Date:		
I ha juris shal	reby certify that I am th ve been authorized by the sdiction. In addition, if Il have the authority to e uch permit.	he owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	e pro ager ued,	nt and I agree I certify that the	to conform the code office	o all ap cial's au	plicable laws of thorized repres	of this sentative	
_												
SIG	NATURE OF APPLICAN				ADDRESS	5		DATE	l .	P	НО	

Location of Construction:		Owner Name:		Owner Address:	Phone:		
46 Broadway	Sawtelle Julie A	wtelle Julie A		46 Broadway			
Business Name:		Contractor Name: True Craft Carpentry		Contractor Address:	Phone 2073108159		
				19 Scottland Rd Wind			
Lessee/Buyer's Name		Phone:		Permit Type:	Zoi	Zone:	
				Additions - Dwellings	S		
Dept: Zoning Status: Approved Note:		Reviewer	: Tammy Munson	Approval Date: 01/15 Ok to Issue:		18/2006	
Dept: Building	Statuc	Approved	Reviewer	: Tammy Munson	Approval Date	o• 01/	18/2006
Dept. Dunuing	Blatus.	ripproved	110 / 10 // 01 /	i i unining munison	Approvai Dan	01/	10/2000

1) 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	РНО
			_
RESPONSIBLE PERSON IN CHARGE OF WORK. TIT	DATE	PHO	