<b>City of Portland, Maine - Building or Use Permit Applicat</b> 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	Issue Date:		CBL:
					2014-00543	04/04/2	2014	4 341 H011001
<b>Location of Construction:</b>	Owner Name:		Owner Address:				Phone:	
92 PLYMOUTH ST		SARNACKI L JOSEPHINE	SARNACKI LINDA JOSEPHINE		92 PLYMOUTH ST PORTLAN 04103		D, ME (207) 415-9882	
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone
					ME			
Lessee/Buyer's Name		Phone:			Permit Type:			Zone:
					Additions - Single Family			R3
Past Use:		Proposed Use:	_		t Fee: Cost of Work:		CEO District:	
Single Family		Same Single F	amily	INSPI	\$520.00 ECTION:	\$50,00	0.00	8
Proposed Project Description		. 1 1	1	1				
18' X 20' addition cont	and sunroom.	PEDESTRIAN ACTIVITIES DISTRIC		IES DISTRICT (I	T (P.A.D.)			
					oved w/Conditions Denied  Date:			
Permit Taken By: bjs		ate Applied For: 03/21/2014		Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zonin	Zoning Appeal		listoric Preservation
		applicable State and	Shoreland		☐ Variance	☐ Variance ☐		Not in District or Landman
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>			Wetland		Miscella	Miscellaneous		Does Not Require Review
			Flood Zone		Conditio	Conditional Use		Requires Review
			Subdivision		Interpreta	_ Interpretation _		Approved
			Site Plan		Approve	Approved		Approved w/Conditions
	Maj Minor MM		Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
			CERTIFICA	ATION	1			
I hereby certify that I at I have been authorized jurisdiction. In additionshall have the authority such permit.	by the ow n, if a peri	ner to make this appl nit for work describe	ication as his autho d in the application	rized a is issu	gent and I agree ed, I certify that	to conform to a the code official	ıll appli ıl's auth	cable laws of this norized representative
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE
RESPONSIBLE PERSON II	N CHARGE	OF WORK, TITLE				DATE		PHONE