City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				Р	ermit No: 08-0551	Issue Date	e:	CBL: 344 E02	7001
Location of Construction: 7 SHORT ST	Owner Name: ORBETON JA	Owner Name: ORBETON JANE & JAMES A		Owner Address: 51 CENTRAL ST				Phone: 207-744-0330	
Business Name:	Contractor Nan Bruce Constru			Contractor Address: 20 Beacon Street, #2 Biddeford			d	Phone 6179433700	
Lessee/Buyer's Name Phone:				Permit Type: Additions - Dwellings				Zone:	
		Home - Replace rear entry deck &			mit Fee: \$60.00 E DEPT:	Cost of Wo \$3,39 Approved	rk: 94.00 INSPEC	CEO District: 5 CTION:	
		x12 reat	entry deck &	Denied		Use Gro	oup:	Туре	
Proposed Project Description: Replace existing 6'x 6' rear entry deck & stairs with a 6'x & stairs			x 12' rear entry deck		Signature: Sign PEDESTRIAN ACTIVITIES DISTRIC Action Approved Approve			× ,	
	1	1		Sign	nature:			Date:	
Permit Taken By: lmd	Date Applied For: 05/21/2008				Zoning Approval				
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		ews	ws Zoning Appeal			Historic Preservation	
 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. False information may invalidate a building permit and stop all work		Flood Zon			Conditional Us			Requires Review	
		Subdivision			Interpretatio			Approved	
		🗌 Sit	e Plan		Approve	ed		Approved w/	Condition
		Maj 🗌] Mino 🗌 MM		Denied			Denied	
		Date:			Date:		Da	ate:	

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	РНО

Location of Construction:	Owner Name:	Owner Name:]	Phone:	
7 SHORT ST	ORBETON JANE & JA	ORBETON JANE & JAMES A MCK			207-744-0330	
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:		
	Bruce Construction		20 Beacon Street, #2 Biddeford		6179433700	
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings		Zone	
Dept: Zoning State	us: Approved with Condition	ns Reviewer:	Ann Machado	Approval Date	e: 05/27/20	
Note:				(Ok to Issue: 🛛	
	single family dwelling. Any c	change of use sh	all require a separate perm			
 This property shall remain a approval. 	single family dwelling. Any c	C		it application for	r review and	
 This property shall remain a approval. This permit is being approve work. 		C	ations shall require a sepa	it application for	r review and	

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