	y of Portland, Maine - Congress Street, 04101	0			Per	rmit No: 05-0440	Issue Dat	e:	CBL: 344 G00	1001
Location of Construction: Owner Name:				Owner Address:			Phone:			
47 Cypress St Lyden Catherin		ne M 47 (47 C	7 Cypress St					
		Contractor Nam	ne:		Contractor Address:				Phone	
Ne		Newton Towle	Newton Towle		163 E Main St Falmouth			2078464707		
Lessee/Buyer's Name Phone:		Phone:	Phone:		Permit Type:				Zone:	
					Alterations - Dwellings					
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			rk:	CEO District:	1
Sin	gle Family	Single Family 1	Single Family 12x12 deckw/ a 3x4			\$39.00	\$2,0	00.00	5	
bumpout		bumpout			FIRE DEPT: Approved		INSPE Use G	CTION: broup:	Туре	
Prop	oosed Project Description:									
-	12 deck w/ a 3x4 bumpout				Signature: S		Signat	anature:		
r					PEDESTRIAN ACTIVITIES DISTRIC		FRICT (T (P.A.D.)		
					Action: Approved Approved			proved v	lw/Condition Denied	
					Signa	ture:			Date:	
Permit Taken By: dmartinDate Applied For: 04/21/2005			Zoning Approval							
1.	1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Shoreland		U Variance			Not in District or Landma		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous			Does Not Require Revie		
3.	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 Site Plan Maj Minor MM		Interpretatio			Approved		
					Approved			Approved w/Condition		
						Denied			Denied	
			Date:			Date:		E	Date:	

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

Owner Name:	Owner Name:		Owner Address:		
Lyden Catherine M	Lyden Catherine M		47 Cypress St		
Contractor Name:	Contractor Name: Newton Towle		Contractor Address: 163 E Main St Falmouth		
Newton Towle					
Phone:	Phone:		Permit Type:		
		Alterations - Dwelling	s		
				Ok to Issue	: ⊻
s: Approved with Conditions	Reviewer:	Tammy Munson	Approval Date	e: 05/	05/2005
				Ok to Issue	· 🗸
	Lyden Catherine M Contractor Name: Newton Towle Phone:	Lyden Catherine M Contractor Name: Newton Towle Phone: Is: Approved Reviewer:	Lyden Catherine M 47 Cypress St Contractor Name: Contractor Address: Newton Towle 163 E Main St Falmouth Phone: Permit Type: Alterations - Dwelling is: Approved Reviewer: Tammy Munson	Lyden Catherine M 47 Cypress St Contractor Name: Contractor Address: Newton Towle 163 E Main St Falmouth Phone: Permit Type: Alterations - Dwellings as: Approved Reviewer: Tammy Munson Approval Date	Lyden Catherine M 47 Cypress St Contractor Name: Contractor Address: Newton Towle 163 E Main St Falmouth Phone: Permit Type: Alterations - Dwellings rs: Approved Reviewer: Tammy Munson Approval Date: 05/4 Ok to Issue

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	