Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	F	Permit No:	Issue Dat	te:	CBL:		
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1019			350 B02	6001	
Location of Construction: Owner Name:			C		Owi	Owner Address:			Phone:			
117 Regan Ln Macdonald Fra			ancis R 1		117	117 Regan Ln			828-2130			
Business Name: Contractor Nam			ne:		Con	tractor Addres	ss:		Phone			
			self			Po	ortland					
Lessee/Buyer's Name Phone:						Peri	mit Type:				Zone:	
						A	dditions - Dwe	ellings				
Past Use: Proposed Use:					•	Permit Fee: Cost of Work:			ork:	CEO District:	i i	
					v/14' x 16' deck &		\$57.00		00.00	5		
rebuild existing						FIRE DEPT:		Approved		NSPECTION:		
								_	Hse Gro		Type	
							L	Denied				
Proj	posed Project Description	:										
14'	x 16' rear deck, rebuild ex	isting 5' x	6' side entry			Signature: Si			Signatu	Signature:		
			·			PEDESTRIAN ACTIVITIES DISTRI			TRICT (ICT (P.A.D.)		
									proved w	ved w/Condition Denied		
						Act	поп Аррг	oved Ap	proved w	/Condition	Dellieu	
						Sign	nature:			Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
jm	b	07/21	/2004									
1.	This permit application	does not	preclude the	Spec	ial Zone or Revi	ews	Zoni	Zoning Appeal		Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varian	☐ Variance		☐ Not in District or Landm				
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		☐ Miscel	Miscellaneous		Does Not Require Revie			
3.	Building permits are vowithin six (6) months of			☐ Flood Zon		Condit	☐ Conditional Us		Requires Rev	view		
False information may invalidate a building permit and stop all work				Subdivision		☐ Interpr	☐ Interpretatio		Approved			
				☐ Si	te Plan		☐ Appro	ved		Approved w	/Condition	
				Maj [Minor MM		☐ Denied	l		Denied		
				Date:			Date:		D	ate:		
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to er uch permit.	e owner to permit fo	o make this appli r work described	med procession a	as his authorized application is iss	ne pr l age sued,	ent and I agree, I certify that	to conform	to all ap cial's au	oplicable laws of thorized representations of the control of the c	of this sentative	
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	Ξ	P	НО	

Location of Construction:	Owner Name:	Owner Address:	Phone:	
117 Regan Ln	Macdonald Francis R	117 Regan Ln	828-2130	
Business Name:	Contractor Name:	Contractor Address:	Phone	
	self	Portland		
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:
		Additions - Dwellings		

Dept:	Zoning	Status:	Approved with Conditions	Reviewer:	Jeanine Bourke	Approval Date:	07/21	/2004
Note:						O	ok to Issue:	✓

- 1) It is the responsibility of the owner to locate and string the property lines for the required setback inspection
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work

Dept:	Building	Status:	Approved with Conditions	Reviewer:	Jeanine Bourke	Approval Date:	07/21/2004
Note:						Ok to	Issue:

1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

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
DECDONGIDI E DEDCON IN CHARCE OF WORK TIT		DATE	DITO