City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					Permit No: Issue Date: 07-0939		CBL: 352 A051001		
Location of Construction: 10 DOLE DR	Owner Name: MARTELL BU	Owner Name: MARTELL BUILDERS LLC		Owner Address: PO BOX 6631				Phone:	
Business Name:		Contractor Name: Martell Builders		Contractor Address: PO Box 66312 Portland				Phone 2076538510	
Lessee/Buyer's Name	Phone:				Permit Type: Additions - Dwellings				Zone:
Past Use: Single Family Home connected permit # 061465	ŭ .		new 10'x 10'	\$30.00 FIRE DEPT: Appro		Cost of Wo \$1,0 Approved Denied	rk: 0 00.00 INSPEC Use Gro		
Proposed Project Description: new 10'x 10' Deck				Signature: Sign PEDESTRIAN ACTIVITIES DISTRIC Action Approved Approve Signature:			proved w/	T (P.A.D.)	
Permit Taken By: ldobson	Date Applied For: 08/06/2007	Zoning Approval							
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		
2. Building permits do not include plumbing, septic or electrical work.			U Wetland		Miscellaneous			Does Not Require Revie	
 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 Subdivision		Conditional Us			 Requires Review Approved 	
		Si	te Plan		Approv	ed		Approved w/	Condition
		Maj [Mino MM		Denied			Denied	
		Date:			Date:		Da	ite:	

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

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Lessee/Buyer's Name		Phone:		Permit Type: Additions - Dwellings		Zone:	
Dept: Zoning Note: 1) Separate permits sh		Approved with Conditions ed for future decks, sheds,		5	Approval Date: Ok	08/08/2007	
Dept: Building Note:		Approved with Conditions			Approval Date: Ok	08/08/2007 a to Issue:	

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