	y of Portland, Main Congress Street, 0410		_				08-0749	Issue Dat	e:	179 B04	0001	
Location of Construction: Owner N				. , ,		Owner Address:				Phone:	Phone:	
92 HAMBLET AVE			WEIGEL ANNE D & JOHN J KWOK			92 HAMBLET AVE						
Bus	iness Name:		Contractor Name: Ken Stover			Co	Contractor Address:			Phone		
						4 Harrison Road Bridgton						
Less	see/Buyer's Name	Phone:	hone:			Permit Type:				Zone:		
						Α	Additions - Dwel	lings				
	t Use:		Proposed Use:			Permit Fee:				CEO District:		
Single Family Home				Home - new 16' x 28'		\$270.00		\$25,0	25,000.00 5			
			garage connected w/ permit #08- 0748		FI	RE DEPT:	Approved	INSPEC				
			0740					Denied	Use Gro	oup:	Type	
n	IDtt.D t.dt.											
_	posed Project Description w 16' x 28' garage connec		nit #08-0748 - re	move n	art of existing	a.			g: .			
dec	~ ~	ica w pen	mt #00 0740 Te	omove part of existing		Signature: PEDESTRIAN ACTIVITIES DIST		Signature:				
						A	ction Approx	ved App	oroved w/	Condition	Denied	
						Si	gnature:			Date:		
Peri	mit Taken By:	Date A ₁	pplied For:			Zoning Approval			1			
ldobson 06/24/2008			/2008				8		_			
1.	This permit application	n does not	preclude the	ide the Special		ews	zs Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting application Federal Rules.		•	Shoreland		☐ Variance	☐ Variance		Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscella	Miscellaneous		☐ Does Not Require Revie		
3.	•			☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			a building	☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
							Approved			Approved w/Condition		
				Maj Mino MM			Denied			☐ Denied		
				Date:			Date:		Da	Date:		
I ha juris shal	ereby certify that I am the tive been authorized by the sdiction. In addition, if a ll have the authority to e uch permit.	ne owner to a permit for	make this appli work described	med procession and the second	as his authorized application is is:	ne p d ag	ent and I agree t d, I certify that th	o conform	to all app cial's aut	plicable laws of horized representations.	of this sentative	
SIGNATURE OF APPLICAN				ADDRESS		DATE		РНО				

ocation of Construction:	Owner Name:		Owner Address:	Phone:		
92 HAMBLET AVE	WEIGEL ANNE D & JO	OHN J KWOK	92 HAMBLET AVE			
susiness Name:	Contractor Name:		Contractor Address:	Phone		
	Ken Stover		4 Harrison Road Bridgto	on		
essee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings		Zone	
Dept: Zoning Statu Note:	s: Approved with Condition	ns Reviewer	: Ann Machado	Approval Da	te: 07/02/20 Ok to Issue:	
As discussed during the review required setbacks must be estable located by a surveyor.					pliance with the	
This permit is being approve work.	d on the basis of plans submi	itted. Any devi	ations shall require a sepa	arate approval b	pefore starting tha	
 This property shall remain a sapproval. 	single family dwelling. Any c	change of use sh	nall require a separate pern	nit application f	for review and	
Dept: Building Statu	s: Pending	Reviewer	: Residential Plan Revie	Approval Da	te:	
Note:					Ok to Issue:	
Note:					Ok to Issue:	
					Ok to Issue:	
Note: Comments: 7/1/2008-amachado: Left messag deck when the new garage is buil		deck off rear c	onnects to the existing gar	rage. What is ha		
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Comments: 7/1/2008-amachado: Left messag deck when the new garage is buil	lt?			rage. What is ha		

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO