Cit	y of Portland, Maine	- Building or Use	Permi	t Application	1 Per	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87					5	10-0346			375 A0	11001
Location of Construction: Owner Name:					Owner Address:		Phone:			
1495 WASHINGTON AVE LOIGNON KE			EVIN		1495 WASHINGTON AVE					
Business Name: Contractor Nan David Dipiet		<b>3</b> .		Contractor Address:			Phone	Phone		
		David Dipietro	ro		221 Virginia Street Portland			2078317914		
Lessee/Buyer's Name Phone:		Phone:			Permit Type:			•	Zone:	
			Additions - Dwellings							
Past Use: Proposed Use:					Permit Fee: Cost of Work: C		CEO District:			
Sin	gle Family Home	Single Family	Single Family Home - add full lormer (31') on rear for bath and to ncrease size of bedrooms			\$180.00	\$16,00	00.00	5	
					FIRE DEPT: Approved IN		INSPE	SPECTION:		
		increase size o					Use Gr	Use Group: Type:		
Prop	osed Project Description:				1					
add	full dormer (31') on rear fe	or bath and to increase	e		Signature:		Signature:			
					PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A			<b>P.A.D.</b> )	
					Action: Approved App		proved w	oved w/Conditions Denied		
					Signa	ture:			Date:	
Permit Taken By: Date Applied For:					Zoning Approval					
ldo	bson	04/07/2010								
1. This permit application does not preclude the		bes not preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Sh	Shoreland		Uariance			Not in District or Landmark	
2.	Building permits do not include plumbing, septic or electrical work.		U Wetland		Miscellaneous			Does Not Require Review		
3.	•		Flood Zone			Conditional Use			Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpretation		Approved	Approved			
			Site Plan		Approved		Approved w/Conditions			
			Maj [	Minor MM		Denied			Denied	
		Date:		Date: I		D	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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

	Owner Name:		Owner Address:		Phone:	
1495 WASHINGTON AVE	LOIGNON KEVIN		1495 WASHINGTON	NAVE .		
Business Name:	Contractor Name:		Contractor Address:		Phone	
	David Dipietro		221 Virginia Street Po	ortland	207831791	.4
essee/Buyer's Name	Phone:		Permit Type:			Zone:
			Additions - Dwelling	S		
Dept: Zoning Status	s: Approved with Condition	ns <b>Boviowor</b>	Ann Machado	Approval Dat	to: 0/1/0	8/2010
<ul> <li>from right side because h</li> <li>This is NOT an approval for a not limited to items such as si</li> </ul>		You SHALL N	OT add any additional	kitchen equipment	t including,	but
<ol> <li>This property shall remain a sapproval.</li> </ol>					for review a	ind
3) This permit is being approved	d on the basis of plans submit	itted. Any devia	tions shall require a se	parate approval be	fore starting	
work.					·	g that
work.	s: Approved with Conditior	ns <b>Reviewer:</b>	Tammy Munson	Approval Dat		g that 5/2010
work. Dept: Building Status	: Approved with Condition	ns <b>Reviewer:</b>	Tammy Munson	••		5/2010
work. Dept: Building Status Note:				(	te: 04/1: <b>Dk to Issue</b>	5/2010
work. Dept: Building Status Note: 1) Hardwired interconnected bar	ttery backup smoke detector for any electrical, plumbing	rs shall be install g, sprinkler, fire a	ed in all bedrooms, pro	tecting the bedroo	te: 04/1: Dk to Issue ms, and on s, commerc	5/2010 : 🗹

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE