

Location of Construction: 105 Alpine Rd.		Owner: Eula Hilbinger		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: * R. Taylor		Address: 27 Farrington Rd Gorham, ME		Phone: 04038 839-2602	
Past Use: 1-fam		Proposed Use: Same		<b>COST OF WORK:</b> \$ 7,500.00 <b>PERMIT FEE:</b> \$ 60.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type: Signature: Signature:	
Proposed Project Description: Remove existing deck Construct enclosed porch Reduction of footprint		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:		Signature: Date:	
Permit Taken By: Mary Gresik		Date Applied For: 10 October 1996			

Permit No: **961032**

**PERMIT ISSUED**  
OCT 17 1996  
CITY OF PORTLAND

Zone: **R-3** CBL: 380-A-C-002

Zoning Approval: *okw. In condition*

**Special Zone or Reviews:**

Shoreland *10/15/96*  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

**PERMIT ISSUED WITH REQUIREMENTS**

**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 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 provisions of the code(s) applicable to such permit

*Reuben A Taylor*  
 SIGNATURE OF APPLICANT Reuben Taylor ADDRESS: DATE: 10 October 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *10/10/96*

*D. Audunson*

**CEO DISTRICT** 7  
*K. Carroll*