Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application		Permit No:	Issue Dat	e:	CBL:	
	Congress Street, 04101		0				05-0532			384 A02	27001
Location of Construction: Owner Name:						Ov	Owner Address:			Phone:	
127 Lester Dr Worden Will			Worden William	ım L		127 Lester Dr					
			Contractor Name:			Co	Contractor Address:			Phone	
			Brush & Hammer Remodeling			10	10 Lester Drive Portland			2078072586	
			Phone:			Permit Type:					Zone:
						Α	Additions - Dwe	ellings			
Past Use:			Proposed Use:			Permit Fee:		Cost of Wo	Cost of Work: CI		
Single Family Home			Single Family I	Home/ install 22'x22'		\$201.0		\$20,0	00.00	00 5	
			Garage w/ room abo				RE DEPT:	Approved	INSPE	CTION:	.•
			attached mudr	oom	om			Denied	Use G	roup:	Type
							_				
-	posed Project Description:										
inst	tall 22'x22' Garage w/ room	above/	& an attached m	udroom					ignature:		
						PEDESTRIAN ACTIVITIES DISTRICT				Γ (P.A.D.)	
						Action: Approved Approved				d w/Condition Denied	
							Signature:			Date:	
Dorr	nit Taken By:	Data A	pplied For:			1 -			•	Bute.	
	obson		/2005				Zoning	g Approva	I		
		1		Special Zone or Re			iews Zoning Appeal			Historic Preservation	
1.	 This permit application does not preclude the Applicant(s) from meeting applicable State a Federal Rules. 			Shoreland			☐ Variance			Not in District or Landm	
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		☐ Miscell	Miscellaneous		Does Not Require Revie		
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				☐ Flood Zon			☐ Condit	☐ Conditional Us		Requires Review	
							☐ Interpretatio			Approved	
							☐ Approved			Approved w/Condition	
				Maj ☐ Minor☐ MM ☐			Denied			☐ Denied	
				Date:			Date:			Date:	
I ha juris shal	reby certify that I am the ove been authorized by the obdiction. In addition, if a poly layer the authority to entertach permit.	owner to ermit fo	o make this appli r work described	med procation a	as his authorize application is is	he p d ag suec	ent and I agree l, I certify that t	to conform the code office	to all ap cial's au	oplicable laws of thorized representations.	of this sentative
SIGNATURE OF APPLICAN				ADDRESS			DATE		3	РНО	

Location of Construction:	Owner Name:	Owner Address:	Phone:	
127 Lester Dr	Worden William L	127 Lester Dr		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Brush & Hammer Remodeling	10 Lester Drive Portland	2078072586	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Additions - Dwellings		

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Tammy Munson
 Approval Date:
 05/13/2005

 Note:
 Ok to Issue:
 ✓

Note: Ok to Issue: ✓

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Tammy Munson
 Approval Date:
 05/13/2005

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.
- 2) Separate permits are required for any electrical, plumbing, or heating.

Comments:

5/12/05-tmm: need header schedule, fire sep. detail, stair/guard details, rafters need to be 2x12's 12"oc, ventilation & access for crawl space, egress windows. - called builder

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	