

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--------------------|-----------------------------|
| Permit No: 09-0731 | Issue Date: | CBL: 386A B021001 |
|------------------------------|--------------------|-----------------------------|

| | | | |
|---|---|--|------------------------------|
| Location of Construction: 106 GARSOE DR | Owner Name: DANIEL & STEPHANIE E WILLIS | Owner Address: 106 GARSOE DRIVE | Phone: 207510-6655 |
| Business Name: | Contractor Name: E. G. Johnson Co. Inc. | Contractor Address: Portland | Phone |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Dwellings | Zone: |

| | | | | |
|--|---|---|---------------------------------------|---------------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home - 6'x24' Addition to the side of the Garge, to Include the addition of a Frost Wall. | Permit Fee: \$180.00 | Cost of Work: \$16,000.00 | CEO District: 5 |
| Proposed Project Description: 6'x24' Addition to the side of the Garge, to Include the addition of a Frost Wall. | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type | |
| | | Signature: | Signature: | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied | | | | |
| Signature: Date: | | | | |

| | | | | |
|--------------------------------|--|------------------------|--|--|
| Permit Taken By: lmd | Date Applied For: 07/09/2009 | Zoning Approval | | |
|--------------------------------|--|------------------------|--|--|

| | | | |
|--|--|--|--|
| 1. This permit application does not 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.. | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |
| | Date: | Date: | 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 APPLICAN | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | PHO |

| | | | |
|---|---|--|------------------------------|
| Location of Construction: 106 GARSOE DR | Owner Name: DANIEL & STEPHANIE E WILLIS | Owner Address: 106 GARSOE DRIVE | Phone: 207510-6655 |
| Business Name: | Contractor Name: E. G. Johnson Co. Inc. | Contractor Address: Portland | Phone |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Dwellings | Zone: |

| | | | |
|--|---|------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Ann Machado | Approval Date: 07/15/2009 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| <p>1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.</p> <p>2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</p> | | | |
| Dept: Building | Status: Pending | Reviewer: Tom Markley | Approval Date: |
| Note: | Ok to Issue: <input type="checkbox"/> | | |

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 | PHO |
|---|------|-----|