	y of Portland, Maine	Ü			Per	mit No: 06-0773	Issue Dat	e:	CBL: 388 B00	01001	
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name:			Fax: (2	207) 874-8716	Owner Address:			Phone:			
	CARON ST		MCAULEY PENNY J		25 CARON ST		Phone:				
Bus	iness Name:		Contractor Name: Classic Window Systems		Contractor Address: P.O. Box 1097 Portland				Phone		
•	(D. 1. N.								2077731950		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Dwellings				Zone:		
Past Use:		Proposed Use:			Perm	it Fee:	Cost of Wo		CEO District:		
Single Family Home		Single Family						847.00 5			
		windows	existing windows with new windows		FIRE	Approved			NSPECTION: Use Group: Type		
-	<pre>posed Project Description: place existing windows witl</pre>	h naw largar windows	<u> </u>								
IXC <sub>1</sub>	place existing windows with	ir new larger windows			Signature: PEDESTRIAN ACTIVITIES DIST		Signature:				
					Action Approved Approved						
					Signat	ure:			Date:		
Permit Taken By: Date Applied For: 05/22/2006			Zoning Approval				l				
1.	This permit application d	oes not preclude the	reclude the Special Zone or Re		ews Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance			☐ Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland			Miscellaneous		Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review		
	False information may investigate permit and stop all work	validate a building	Subdivision			☐ Interpretatio			Approved		
			☐ Si	te Plan	Approved			Approved w/Condition			
			Maj Mino MM			☐ Denied			☐ Denied		
			Date:			Date:		D	ate:		
I ha juri: shal	ereby certify that I am the of twe been authorized by the of sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this apple ermit for work described	med projection in the	as his authorized application is iss	ne prop d agent sued, I	and I agree t certify that th	o conform to ne code office	to all ap cial's au	plicable laws thorized repre	of this sentative	
					~			,			
SIC	SNATURE OF APPLICAN			ADDRES:	S		DATE	i.	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:		
25 CARON ST	MCAULEY PENNY	J	25 CARON ST			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Classic Window Sy	stems	P.O. Box 1097 Portland		207773195	0
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
			Alterations - Dwellings			
Dept: Zoning	Status: Approved	Reviewer	Marge Schmuckal	Approval Date	e: 06/0	06/2006
Note:				(	Ok to Issue	

**Reviewer:** 

Mike Nugent

1) All new framing must be at least 2 inches away from the existing chimney.

Dept:

Note:

Building

**Status:** Approved with Conditions

## **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	РНО
DECDONGIDI E DEDCON IN CHARCE OF WORK TIT		DATE	DITO

**Approval Date:** 

07/05/2006

Ok to Issue: