Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

AT 25 CARON ST

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This is to certify that_ MCAULEY PENNY J /Clas Window Systems has permission to Replace existing windows w

388 BOO100PTY AF PARTIANA rm or lion a epting this permit shall comply with all

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication inspe n mus n and w en permi on proci re this ding or t there ed or osed-in JR NOTICE IS REQUIRED.

ine and of the

of buildings and

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Permit Number 66881ED

ances of the City of Portland regulating

ctures, and of the application on file in

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other Department Name

PENALTY FOR REMOVING THIS CARD

	Owner Name: MCAULEY P. Contractor Name Classic Windo Phone: Proposed Use:	ENNY J	ms C	Owner Addres 25 CARON Contractor Ad	ST			Phone:		
25 CARON ST Business Name: Lessee/Buyer's Name Past Use: Single Family Home Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	MCAULEY P Contractor Name Classic Windo Phone:	:	ms 1	25 CARON Contractor Ad	ST					
Business Name: Lessee/Buyer's Name Past Use: Single Family Home Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	Contractor Name Classic Windo Phone:	:	ms 1	Contractor Ad					8	
Past Use: Single Family Home Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	Classic Windo		ns 1	· ·				Phone		
Past Use: Single Family Home Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	Phone:			P.O. Box 1097 Portland				2077731950		
Past Use: Single Family Home Proposed Project Description: Replace existing windows with Permit Taken By: Idobson			l P	Permit Type:				Zone:		
Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	Proposed Use:			Alterations - Dwellings				0-/		
Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	i Proposea Use:				Permit Fee: Cost of Work:			CEO District:		
Proposed Project Description: Replace existing windows with Permit Taken By: Idobson	I -	Single Family Home/ Replace existing windows with new larger								
Replace existing windows with Permit Taken By: Idobson	, -				\$48.00 \$2,847 FIRE DEPT: Approved_II			INSPECTION:		
Replace existing windows with Permit Taken By: Idobson	windows	ws with	new larger	TIKE DEPT:		Approved	Use Gr	()	Type	
Replace existing windows with Permit Taken By: Idobson	,,,,,,					Denied	OSC GI	Out. 14 2	Type:5	
Replace existing windows with Permit Taken By: Idobson								Mak	- /6/2	
Replace existing windows with Permit Taken By: Idobson										
Permit Taken By: Idobson	,							a / lill / Jun ?		
ldobson	Replace existing windows with new larger windows				Signature: PEDESTRIAN ACTIVITIES DISTRIBUTED PROPERTY OF THE P			Signature (CM)		
ldobson				'EDESTRIAN	ACII	VITIES DIST	KICI (I	r.A.D.) /		
ldobson] .	Action:	Approv	ed App	roved w/	Conditions	Denied	
ldobson			:	Signature:				Date:		
	Date Applied For:			Zoning Approval						
1. This permit application doe	05/22/2006		Towns which was							
	es not preclude the	oreclude the Special Zone or Re			views Zoning Appeal			Historic Preservation		
Applicant(s) from meeting Federal Rules.				☐ Variance				Not in District or Landman		
2. Building permits do not inc septic or electrical work.	clude plumbing,	☐ We	N	Miscellaneous			Does Not Require Review			
3. Building permits are void it within six (6) months of the					Conditional Use			Requires Review		
False information may invapermit and stop all work		Subdivision		Interpretation				Approved		
		Site	Plan	A	Approve	ed		Approved	w/Conditions	
		Maj [√	Minor MM	M Denied				Denied		
		Date:	J. Polo	Date:			D.	ate:		
		Date.	- 4 COLOX	Date.						
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a per	vner to make this appli mit for work described	med pro cation as d in the a	s his authorized a pplication is issu	proposed wagent and I a ued, I certify	agree t	to conform t the code off	o all ap icial's a	oplicable lav outhorized re	ws of this epresentative	
shall have the authority to enter a such permit.	all areas covered by su	ch perm	it at any reasona	ble hour to 6	enforc		sion of			
SIGNATURE OF APPLICANT				DATE				PHONE		
RESPONSIBLE PERSON IN CHARGI			ADDRESS			DATE		P	HONE	