			Permit		CBL:		
					388 B/2	124001	
Location of Construction:	Owner Name:		Owner Address:	Owner Address: Phone			
20 CARON ST	KYLE JOHN	L II & HEATHER L	20 CARON ST	20 CARON ST			
Business Name:	Contractor Name:		Contractor Address:				
	Home owner		Portland				
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Additions - Dw	ellings		1 B2	
Past Use:	Proposed Use:		Permit Fee:	Cost of Work	CEO District:	<u> </u>	
Single Family	Single Family living room		\$336.00	\$35,000.0	00 5		
, ,	expansion 13'x19' and 26'x24'		FIRE DEPT:	Approved INSPECTION:			
	master bedroom addition			Depted U	se Group:	Type:	
			İ				
	•		٦	/			
			Signature:				
			PEDESTRIANAC	TIVITIES DISTRI	CT (P.A.D.)		
		(Action: Appr	oved 🗀 Approv	ved w/Conditions	Denied	
			Signature:		:		
1	05/26/2006	ı					
dmartin 05/26/2006 1 This permit application does not proclude the Special Zone or Revi			rio 7 or	Zoning Annual		Historic Preservation	
1. This permit application does not preclude the		Special Zone of Key		Zoning Appeal		1 1	
Applicant(s) from meeting Federal Rules.	g applicable State and		☐ Variar	nce	Not in Distri	ict or Landma	
2. Building permits do not include plumbing,		Wetland	Miscellaneous		Does Not Require Review		
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		Flood Zone	Condi	Conditional Use		Requires Review	
		Subdivision	[Interpretation				
permit and stop all work	randate a banding	Supdivision	interp	retation	Approved		
1		Site Plan	Appro	vad	Approved w/	/Conditions	
		3 Site Flair	Аррго	ved	Approved w/	Conditions	
		Maj ☐ Minor ☐ M	M Denie	d.	Denied		
	/	1			1 Francis		
		Date:	late:) inter		
		Date.	Tate.		Date:		
	l l		THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR			
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					d I have b	30.5	
		CERTIFICAT	TION				
I hereby certify that I am the ov	vner of record of the na			is authorized by	the owner of reco	rd and that	
I have been authorized by the o							
jurisdiction. In addition, if a pe							
shall have the authority to enter	all areas covered by s	uch permit at any reas	onable hour to enfo	rce the provision	n of the code(s) ap	plicable to	
such permit.							
SIGNATURE OF APPLICANT		ADDRE	SS	DATE PHONE)NE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				DATE	PHC	ONE	