City of Portland, Maine	- Building or Use	Permit Annlicat	ion Per	rmit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			013-01722		388A A015001
Location of Construction:	Owner Name:	, (,	Owner Ad	ldress:	4	Phone:
55 ABBY LN	COHEN DON CAROLYN B		55 ABBY LN PORTLAND, ME 04103			103 (207) 838-6233
Business Name: Contractor Name David Kenney dkbinc@roadr		: Contra		tor Address:		Phone
			9 Wildr	idge Road St	4 (207) 642-2906	
Lessee/Buyer's Name	Phone:	Permit		Туре:		Zone:
			Additions -		Family	R2
Past Use:	Proposed Use:		Permit Fe		Cost of Work:	CEO District:
Single Family	Same: Single l	Family	INSPECT	\$320.00	\$30,000	.00 8
Proposed Project Description: Construct 3 season sun room/p		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied				
		Signature:			Date:	
Permit Taken By:	Zoning Approval					
bjs	08/06/2013	Special Zone or Re	views	Zoni	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland				Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of the	Flood Zone		Conditional Use		Requires Review	
False information may inv permit and stop all work	 Subdivision Site Plan 		Interpretation		Approved	
			Approved		Approved w/Conditions	
		Maj 🗌 Minor 🗌 M	ИМ	Denied		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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE