City of Portland, M	Iaine -	- Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-01386			389 E012001		
Location of Construction: 52 STURDIVANT DR			Owner Name: GUIMOND JOSEPH D & MARIA L JTS		Owner Address: 52 STURDIVANT DR PORTLANI ME 04103		ND,	Phone:	
Business Name:			Contractor Name:		actor Address:	Phone			
		Daniel Fisher	Daniel Fisher danielfisher207@gmail.com		79 Longwood Drive Portland ME 04102			(207) 939-5537	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type:			Zone: R2	
Past Use:		Proposed Use:	Proposed Use:		Additions - Single Family  Permit Fee: Cost of Work:			CEO District:	
Single Family		Same: Single l	Family	Term	\$140.00 \$12		000.00		
					INSPECTION:				
Proposed Project Description Building new rear deck	victing building								
footprint.	12 x 20 within the e	xisting building	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
-		Action: Approved Approved Approved			ved w/Coi				
Daniel Talana Dan	D-4- A	Т	Signature:			Da	ate:		
ermit Taken By:  bjs  Date Applied For:  07/03/2013				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
	g applicable State and			☐ Variance		Not in District or Landmar			
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not s within six (6) months of the date of issua False information may invalidate a building			issuance.		Conditi	Conditional Use		Requires Review	
permit and stop all	alidate a building	Subdivision		Interpre	Interpretation		Approved		
			Site Plan		Approv	ed		Approved w/Conditions	
		Maj Minor MM		Denied	Denied		Denied		
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the o	wner to make this appl ermit for work describe	ication as his authord in the application	at the rized a is issu	proposed work agent and I agreded, I certify that	e to conform to t the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADDI	RESS		DATE		PHONE	