	y of Portland, Maine - Congress Street, 04101			Permit No: 08-1281		Issue Date:		CBL: 084 U00	CBL: 084 U003001		
Location of Construction: Owner Name:				C		Owner Address: 17 TORRINGTON PT			Phone:		
	ness Name:		Contractor Name:			eactor Address Terman Ave Pe		Phone 2077665780			
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Amendment to Single Family			Zone:			
Past Use: Single Family Home		#080958 to inci	Proposed Use: Single Family Home - A #080958 to increase size to 10' x 20' Mudroom				30.00 INSPEC	CEO District: 1 PECTION: e Group: Type			
Proposed Project Description: Amend permit #080958 to increase size from 8' x 20' to				10' x 20' Mudroom		Signature: PEDESTRIAN ACTIVITIES DISTE Action					
					Signature:				Date:		
	nit Taken By: obson	Date Applied For: 10/10/2008	Zoning Approval					l			
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation 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 invapermit and stop all work		Subdivision Site Plan		☐ Interpretatio			Approved			
						Approved			Approved w/Condition		
			Maj Mino MM			Denied			☐ Denied		
			Date:			Date:		Da	ate:		
I hav juris shal	reby certify that I am the ow we been authorized by the ov diction. In addition, if a per I have the authority to enter ach permit.	wner to make this appli mit for work described	med procation a	as his authorized application is iss	ne prop l agen sued, I	t and I agree t certify that th	o conform t se code offic	o all ap	plicable laws thorized repre	of this sentative	
SIG	NATURE OF APPLICAN			ADDRESS	5		DATE	,	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:		
17 TORRINGTON PT PEAKS ISLAN	POWERS MARJORIE J & DAVID B		17 TORRINGTON PT			
Business Name:	Contractor Name:		Contractor Address:	Phone		
1	Keith Hults		95 Herman Ave Peaks Is	2077665780		
Lessee/Buyer's Name	Phone:		Permit Type:		Zon	e:
1			Amendment to Single Fa	mily		
					•	
Dept: Zoning Status: A	pproved with Condition	ns Reviewer	: Ann Machado	Approval Dat	e: 10/10/20)08
Note:					Ok to Issue:	/
As discussed during the review pr required setbacks must be establis located by a surveyor.						
2) This property shall remain a single approval.	e family dwelling. Any	change of use sh	all require a separate perm	nit application fo	or review and	
3) This permit is being approved on work.	the basis of plans subm	itted. Any devi	ations shall require a sepa	rate approval b	efore starting tha	at
Dept: Building Status: Po	ending	Reviewer	: Residential Plan Revie	Approval Dat	e:	—
Note:	onomg	210 (10 (101)			Ok to Issue:	7
11000						_
		CERTIFICATIO	DN			
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit.	make this application a work described in the a	as his authorized application is iss	I agent and I agree to confoued, I certify that the code	orm to all applic official's autho	cable laws of thi	
					e code(s) applica	s tive