City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8710				Permit No: Issue Date: 06-1495		CBL: 397 C012001		
Location of Construction:Owner Name:75 DEEPWOOD DRRYAN STEVEN		N D & GERALYN M J	Owner Address: 75 DEEPWOOD DR			Phone:		
Business Name: Contractor Nam Maine Window				Contractor Address: 71 Portland Rd. Kennebunk			Phone 2079852300	
Lessee/Buyer's Name Phone:				Permit Type: Additions - Dwellings				Zone:
nonconformin		Home- Remove	Pern	nit Fee: \$190.00	Cost of Wo \$16,73	50.00	CEO District: 5	
		a 11' deck with an 15' x		Approved Denied		PECTION: Group: Type		
Proposed Project Description: Remove nonconforming sunro an15' x 11' sunroom on the dec	20'7" x 11' deck with	PEDE	PEDESTRIAN ACTIVITIES DISTRIC		,			
			Signa	Signature:			Date:	
Permit Taken By: ldobson	Date Applied For: 10/12/2006	Zoning Approval						
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zoning Appeal			Historic Preservation	
		Shoreland		Variance			Not in District or Landma	
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. False information may invalidate a building permit and stop all work		Flood Zon		Conditional Us			Requires Review	
		Subdivision		Interpretatio			Approved	
		Site Plan		Approv	ed		Approved w/	Condition
		Maj 🗌 Mino 🗌 Mi	И 🗌	Denied			Denied	
		Date:		Date:		D	ate:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:		Owner Address:		Phone:	
75 DEEPWOOD DR	RYAN STEVEN D & O	GERALYN M J	75 DEEPWOOD DR			
Business Name:	Contractor Name:	(Contractor Address:]	Phone	
	Maine Window & Sur	nroom	71 Portland Rd. Kennebunk 2079		2079852300	
Lessee/Buyer's Name	Phone:]	Permit Type:		Zone	
		ļ	Additions - Dwellings	8		
Dept: Zoning Stat	us: Approved with Condition	ns Reviewer:	Ann Machado	Approval Date	e: 10/25/200	
Note:				(Ok to Issue: 🔽	
1) This permit is being approv	ed on the basis of plans subm	itted. Any devia	ations shall require a se	parate approval be	fore starting that	
work.	1	2	1	1 11	U	
	single family dwelling. Any o	change of use sha	all require a separate pe	ermit application for	r review and	
approval.						
3) As discussed during the rev	iew process, the property mus stablished. Due to the proxim	•	1 1 0	1		
 As discussed during the reverse required setbacks must be en located by a surveyor. 		ity of the setback	1 1 0	1	uired to be	
 As discussed during the reverse required setbacks must be en located by a surveyor. 	stablished. Due to the proxim	ity of the setback	cs of the proposed addi	tion, it may be request	uired to be	
 3) As discussed during the reverse required setbacks must be enclocated by a surveyor. Dept: Building State Note: 1) Separate permits are required 	stablished. Due to the proxim	ity of the setback Reviewer: or HVAC system	ts of the proposed addi Tom Markley	tion, it may be request	uired to be	
 3) As discussed during the reverse required setbacks must be enclocated by a surveyor. Dept: Building State Note: 1) Separate permits are required Separate plans may need to be a surveyor. 	stablished. Due to the proxim us: Approved d for any electrical, plumbing, be submitted for approval as upon information provided b	ity of the setback Reviewer: or HVAC system a part of this pro	Tom Markley	tion, it may be requestion of the second sec	uired to be 2: 11/02/200 Ok to Issue: 🗹	
 3) As discussed during the reverse required setbacks must be enclocated by a surveyor. Dept: Building State Note: Separate permits are required Separate plans may need to Application approval based 	stablished. Due to the proxim us: Approved d for any electrical, plumbing, be submitted for approval as upon information provided b	ity of the setback Reviewer: or HVAC system a part of this pro	Tom Markley	tion, it may be requestion of the second sec	uired to be 2: 11/02/200 Ok to Issue: 🗹	
 3) As discussed during the reverse required setbacks must be enclocated by a surveyor. Dept: Building State Note: Separate permits are required Separate plans may need to Application approval based and approrval prior to work. 	stablished. Due to the proxim us: Approved d for any electrical, plumbing, be submitted for approval as upon information provided b sage with Erin Fogg at True N l not meet zoning requirement	or HVAC system a part of this pro y applicant. Any	ts of the proposed addi Tom Markley ns. ocess. deviation from approv ms. Permit 06-1006 wa	Approval Date Approval Date (ved plans requires s	uired to be 11/02/200 Ok to Issue: separate review a 11'x 15' deck to	

0/24/2006-amachado: Erin Fogg submitted a revised application and site plan that meets the zoning requirements.

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 APPLICAN	ADDRESS	DATE	РНО