Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	I	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1209			399 A00	4001
Location of Construction: Owner Name:					Owner Address:			Phone:			
20 Tampa			PRUE DALE D & LESTER A JTS			605 ALLEN AVE					
			Contractor Name:			Contractor Address:			Phone		
			Advanced Building			92 Scotton Hill Rd Scarborough					
Lessee/Buyer's Name Phone:						Permit Type:			.	Zone:	
						A	mendment to Si	ngle Family			
Past Use: Proposed Use:					•	Permit Fee: Cost of Work:			rk: (CEO District:	1
Single family Single fami			_	amendment for permit rage to be stick built		\$210.00		\$21,0		00 4	
						FIRE DEPT:		Approved		SPECTION:	
			not modular					Approved	Use Group:		Type
							L	Denied			
Pro	posed Project Description:		<u> </u>								
_	nendment to permit # 04-1		ge to be stick but	ilt and n	ot modular	Signature:		Signature:			
	•					PEDESTRIAN ACTIVITIES DISTRIC					
						AC	tion: Appro	veu Ap	oroved w/	Condition	Denied
						Sig	nature:			Date:	
Peri	mit Taken By:	Date A	pplied For:		Zoning Approval				1		
dmartin 08/25/2			/2005			Zomig ripprova					
1.	This permit application does not preclude the					ews	s Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable Federal Rules.						☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		☐ Does Not Require Revie		
 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 invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
			☐ Site Plan Maj ☐ Minor☐ MM [☐ Approved		1	Approved w/Condition		
						☐ ☐ Denied		[☐ Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the vector of the vector of the section. In addition, if a pull have the authority to enuch permit.	owner to	o make this appli r work described	med procation a	as his authorized application is is	ne pr d age sued	ent and I agree , I certify that the	to conform the code office	to all app cial's aut	olicable laws of horized repres	of this sentative
SIG	NATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО

Location of Construction:	Owner Name:	Owner Address:	Phone:
20 Tampa PRUE DALE D & LESTER A JTS		A JTS 605 ALLEN AVE	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Advanced Building	92 Scotton Hill Rd Scarborough	ı
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Amendment to Single Family	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 08/31/2005

 Note:
 Ok to Issue:
 ✓

1) Conditions from previous permit apply

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 08/31/2005

Note: 8/31/05 left vm w/Lester P. & the contractor That the notes & plans had some discrepancies, ie the garage header must be a microlam, and sheet rock all surfaces of garage.
✓

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) The design load spec sheets for any engineered beam(s) must be submitted to this office.

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
DECDONGIDI E DEDCON IN CILADOE OF WORK TIT		DATE	DITO