Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CIT	IY OF PORTLAN	
Please Read		PERMIT ISSUED
Application And Notes, If Any,	E	
Attached	PERMIT	Permit Number: 050645 JUN 1 7 2005
		JUN 1 / 2003
This is to certify that Johnson Margaret R/Tim	Po' \$	
has permissiontoAdd Triangle Deck		CITY OF PORTLAND
AT <u>0 Dakota St</u>	407	F029001
provided that the person or person	ns, am or an ention epting t	this permit shall comply with all
of the provisions of the Statutes of	of Name and of the same ances of	f the City of Portland regulating
the construction, maintenance an	due of buildings and streetures,	, and of the application on file in
this department.		
Apply to Public Works for street line	N ication inspec n must	
appligrade itunative res work treating	gi and wr n permis n procu	A certificate of occupancy must be
SHOOT PHATURE of work requires	be this to ding or thereo	procured by owner before this build-
such information.	la ed or o losed-in.	ing or part thereof is occupied.
	H R NOTICE IS REQUIRED.	
OTHER REQUIRED APPROVALS		7 1 II , /-
Fire Dept.		
Health Dept	_	1 6/13/00
Appeal Board		The l
OtherDepartmentName	<u></u>	Director - Building & Inspection Services
Departmentivame	NALTY FOR DEMOVING THIS CAR	9
PEI	NALTY FOR REMOVING THIS CARI	\)

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City of Portland, Maine	_			111	mit No:	Issue	Date: '	CBL		
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax:	(207) 874-871	6	05-0645		19327 T	- 200E - 1	F02 9 0	01
Location of Construction:	Owner Name:			1	r Address:		I NUC	Phone		
0 Dakota St		Johnson Margaret R			akota St					
Business Name:	Contractor Name:			actor Addres		OFP	ORT L'ANS)		
Lessee/Buyer's Name	Tim Powers Phone:		1	95 W	eymouth F	Koad Soul	n Porliai	1a 20/3	29312 8	
Lessee/Buyer's Name	Phone:			1	litions - Dv	vellings_				one: R3
Past Use:	Proposed Use:	1 · ·			it Fee:	Cost of		CEO Distri	ct:	
Single Family Home	Single Family Deck	Single Family Home/ Add Triangle Deck			\$39.00 \$2,000.00 4 FIRE DEPT: Approved INSPECTION: Use Group: \$\mathcal{L} - \mathcal{3} \tag{Type: 5a} \] The control of the control o				pe: 5 <i>B</i> 3	
Proposed Project Description:	· · · · · · · · · · · · · · · · · · ·			1 .,	/ //	<i>,</i> ,			. /	
Add Triangle Deck				Signat			Sigi	nature:	AL	
				PEDE Action	strian Ac	TIVITIES roved		T (P.A.D.) d w/Conditions	De	nied
				Signa	ture:			Date:		
Permit Taken By:	Date Applied For: 05/24/2005				Zonir	ng Appr	oval			
		Spe	ecial Zone or Revi	ews	Zo	ning Appea	ıI	Historic	Preserva	ation
 This permit application d Applicant(s) from meetin Federal Rules. 			horeland		Varia			Not in I	District or	Landmark
 Building permits do not include plumbing, septic or electrical work. 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 		☐ Wetland ☐ Flood Zone ☐ Subdivision		☐ Miscellaneous ☐ Conditional Use ☐ Interpretation			Does Not Require Review			
							Requires Review			
							Approved			
		☐ Si	ite Plan		Appro	oved		Approve	d w/Con	ditions
		Мај [Minor MM		☐ Denie	ed		Denied	121	/
		Date:	13/63		Ilate:			Date: 4/1	15 / 6	?') ———
			CERTIFICATI						,	
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.										

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE

City of Portland, Ma	ine - Building or Use Permi	t	Permit No: 05-0645	Date Applied For: 05/24/2005	CBL: 407 F029001	
Location of Construction:	Owner Name:	Owner Name:			Phone:	
0 Dakota St	Johnson Margaret R	Johnson Margaret R		40 Dakota St		
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:		
	Tim Powers		95 Weymouth Roa	(207) 329-3728		
Lessee/Buyer's Name	Phone:		Permit Type:			
			Additions - Dwell	lings		
Single Family Home/ Add	Triangle Deck	Add	Triangle Deck			
Dept: Zoning Note:	Status: Approved	Reviewer	: Tammy Munson	Approval D	ate: 06/15/2005 Okto Issue: ✓	
Dept: Building Note:	Status: Approved	Reviewer	: Tammy Munson	Approval D	ate: 06/15/2005 Okto Issue: ✓	
Dept: Fire Note:	Status:	Reviewer	:	- Approval D	ate: Ok to Issue:	

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kindare accepted.

Location/Address of Construction: 40	Dakota	Street	Portkyd.	ME			
Total Square Footage of Proposed Structu \mathcal{F}	ire	Square F	ootage of Lot				
Tax Assessor's Chart, Block & Lot Chart# Lot# Lot#	Owner: Margar	et Ju	ohnson		Telephone: 797-5460		
Lessee/Buyer's Name (If Applicable)	Applicant r telephone:	name, ado Margar a S Ince	lress& ef Johnson t	W	ost Of fork: \$ <u>2000</u>		
	Portland, MI	-	797.5460	Fe	ee: \$		
Owners Residence							
If the location is currently vacant, what was prior use:							
Approximately how long has it been vacant:							
Proposed use: Transpe Derk 15-52 × 15-55 Project description:							
Contractor's name address & telephone: Tim Powers 95 Wermuth Rd. So, Partland, ME 329-3729 Who should we contact when the permit is ready: Contractor Mailing address: a bout							
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00fee if any work starts before the permit is picked up. PHONE: 329-3729							
IF THE PEOLIDED INFORMATION IS NOT INCL		SI IBMISSIO	ONIS THE DEDIVITIVA	////			

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

n	
Signature of applicant: Margaret & Innson	Date: 5/24/5

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall