Cit	y of Portland, Maine	e - Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:		
389	Congress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2014-01927		407 H03300	407 H033001	
Loca	ation of Construction:	Owner Name:	Owner Name:		Owner Address:		Phone:		
89 MAINE AVE			CARPENTER RACHEL L & PHILIP J CARPENTER JR JTS		89 MAINE AVE PORTLAND, N 04103		IE (207) 450-0800)	
Busi	iness Name:								
Less	ee/Buyer's Name	Phone:			it Type:	Zone:			
					ditions - Single	R3			
	Use:	Proposed Use:	1		Permit Fee: Cost of Work:		CEO District: 5		
Sir	igle-Family Home	Same: Single-	Same: Single-Family Home		\$69.00 ECTION:				
_	posed Project Description:								
Fo	r the construction of a 14':	x 20' (280 SF) deck.							
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved		oved Approv	pproved w/Conditions Denied			
				S	ignature:		Date:		
Peri dr	nit Taken By:	Date Applied For: 08/26/2014		Zoning Approval					
			Special Zone or R	eviews	Zon	ing Appeal	Historic Preservation	on	
 This permit application does not a Applicant(s) from meeting application Federal Rules. 			Shoreland		☐ Varian		Not in District or La	andmar	
2.	Building permits do not septic or electrical work.	☐ Wetland		☐ Miscel	laneous	Does Not Require F	leview		
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 Zone		Condit	ional Use	Requires Review		
			Subdivision		Interpr	etation	Approved		
			Site Plan		Appro	Approved		tions	
			Maj Minor MM		Denied	☐ Denied ☐			
			Date:		Date:		Date:		
					_				
T 1	1 (6.4.1.4	C 1 C.1	CERTIFICA				4 6 1	1.1	
	reby certify that I am the cover been authorized by the								
juri	sdiction. In addition, if a p	permit for work describe	ed in the application	is issu	ued, I certify tha	at the code offic	cial's authorized represen	ıtative	
	Il have the authority to ent	er all areas covered by s	uch permit at any re	asona	ble hour to enfo	orce the provisi	on of the code(s) applica	able to	
suc	h permit.								
SIGNATURE OF APPLICANT			ADDRESS			DATE			
	DONGINI E DEDGON DA GELLA	DOE OF WORK TWO				D. (
KE.	SPONSIBLE PERSON IN CHAI	KGE OF WORK, TITLE				DATE	PHONE		