	y of Portland, Maine		_				rmit No: 04-1584	Issue Dat	e:	CBL:	
	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1364			411 A00	01003
	ation of Construction:		Owner Name:			Owner Address:				Phone:	
	Vildwood Cir		McKee Charles			PO Box 4116 Station A					
Business Name:			Contractor Name:			Contractor Address:			Phone		
			Maine Properties, Inc.			PO Box 368 Scarborough			207883375	1	
Less	see/Buyer's Name		Phone:			Permit Type:				Zone:	
						Add	ditions - Dwe	llings			<u> </u>
	t Use:		Proposed Use:			Permit Fee:		Cost of Wo	-	CEO District:	
Single Family Condominium				Condo/ renovate over				\$13,000.00		4	
			garage to create study, add two		y, add two			Approved			_
			skylights				☐ Denied Us		Use Gr	e Group: Typ	
	posed Project Description:										
ren	ovate over garage to crea	te study,	add two skyligh	its		<u> </u>		U	gnature:		
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT (Γ (P.A.D.)	
						Action: Approved Approved Approved			proved w	ed w/Condition Denied	
						Signa	nture:			Date:	
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval					
	obson		0/2004			Zoimig Approvai					
1.	This permit application	preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		☐ Sì	Shoreland		☐ Variance			☐ Not in District or Landm		
2.	Building permits do not include plumbing, septior electrical work.		olumbing, septic	☐ 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 invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			☐ Approved	
			Site Plan			☐ Approved			Approved w/Condition		
				Maj Minor MM			☐ Denied			☐ Denied	
				Date:	Date:		Date:		D	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a place the authority to enuch permit.	owner to	o make this appli r work described	med procation a	as his authorized application is is	ne pro d agen sued, I	t and I agree certify that t	to conform the code office	to all ap cial's au	oplicable laws of thorized repre	of this sentative
. 5											
SIG	GNATURE OF APPLICAN				ADDRES	S		DATE	E	P	НО

Location of Construction:	Owner Name:	Owner Address:	Phone:	
3 Wildwood Cir	McKee Charles	PO Box 4116 Station A		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Maine Properties, Inc.	PO Box 368 Scarborough	2078833753	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Additions - Dwellings		

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Jeanine Bourke
 Approval Date:
 11/02/2004

 Note:
 Ok to Issue:
 ✓

1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 11/02/2004

 Note:
 11/2/04 spoke w/Travis B. To confirm existing fire separation, condo assoc. Approval.
 Ok to Issue:
 ✓

Area to be a study, but suggested having skylight be egress. Also smoke detector protection.

1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	