Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:	
	Congress Street, 0410		U				04-1456			427 D00	7001
Loc	ation of Construction:		Owner Name:			Own	er Address:			Phone:	
42	Hawthorne St		Kurasz Edward	1 M &		42 H	Hawthorne St				
Bus	iness Name:		Contractor Nam	ie:		Cont	ractor Addres	s:		Phone	
			CBS Enterprise	es /Marc	2	71 R	Route 133 Wir	throp		207377873	33
Less	see/Buyer's Name		Phone:			Perm	it Type:			•	Zone:
						Alt	erations - Dw	ellings			
Past	t Use:		Proposed Use:		-	Pern	nit Fee:	Cost of Wo	rk:	CEO District:	1
Sin	gle Family Home			Home / Raise roof add		\$255.00		\$26,0	00.00	00 4	
			25x 25 addition	1		FIRE	DEPT:	Approved	INSPE	CTION:	
								Denied	Use Gr	oup:	Type
								] Deliled			
Proj	posed Project Description:					1					
Rai	ise roof add 25x 25 addition	n				Signa	ature:		Signatu	ire:	
						PEDE	ESTRIAN ACT	IVITIES DIST	TRICT (1	<b>P.A.D.</b> )	
						Acti	on: Appro	ved App	proved w	/Condition	Denied
				I		Signa	ature:			Date:	
	mit Taken By:		pplied For:				Zoning	Approva	l		
Id	obson		3/2004	G 117 P 1						Historic Preservation	
1.	This permit application	•	Spec	ial Zone or Revi	ne or Reviews		Zoning Appeal		— Historic Freservation		
	Applicant(s) from meeti Federal Rules.	ng applic	cable State and	☐ Sì	noreland		☐ Varianc	e		Not in Distr	ict or Landm
2.	Building permits do not or electrical work.	include p	olumbing, septic	□w	etland		Miscell	aneous		Does Not Re	quire Revie
3.	Building permits are voi within six (6) months of			☐ Fl	ood Zon		Conditi	onal Us		Requires Rev	view
	False information may in permit and stop all work	nvalidate		☐ Su	abdivision		☐ Interpre	etatio		Approved	
				☐ Si	te Plan		☐ Approv	ed		Approved w	/Condition
				Maj [	Minor MM		☐ Denied			Denied	
				Date:			Date:		D	ate:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	owner to	o make this appli r work described	med procession and the second	as his authorized application is iss	e pro l agen ued, l	nt and I agree of the control of the	to conform t ne code offic	o all ap cial's au	plicable laws of thorized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRESS	3		DATE	2	P	НО

<b>Location of Construction:</b>	Owner Name:	Owner Address:	Phone:	
42 Hawthorne St	Kurasz Edward M &	42 Hawthorne St		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	CBS Enterprises /Marc	71 Route 133 Winthrop	2073778733	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Alterations - Dwellings		

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Tammy Munson
 Approval Date:
 10/27/2004

 Note:
 Ok to Issue:
 ✓

Total

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 10/27/2004

Note: Ok to Issue: ✓

- 1) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, on every level, and in a common area.
- 2) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 3) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

## **Comments:**

10/19/04-tmm: Left messages for builder and owner - plans are very inadequate - need better detailed framing plans and elevations.

10/19/04-tmm: spoke w/owner - went over req. and went over in detail w/builder.

## **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