City of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	O			2014-01518		430 A006001	
Location of Construction:		Owner Address:		Phone:			
21 LENNOX ST VOLK KIMBI TONYA D SP		ERLY L & 21 LEN AULDING JTS 04103		ENNOX ST PO 03	ORTLAND, ME		
			Contractor Address:			Phone:	
		MBERLY L & SPAULDING JTS		LENNOX ST PO 03	(207) 838-3939		
Lessee/Buyer's Name Phone:				it Type:	Zone:		
				ditions - Single F	R3		
Past Use: Proposed Use:		Permit F		it Fee:	Cost of Work:	CEO District:	
Single Family Home Single Family		Home		\$91.00	\$7,00	00.00 5	
			INSP	ECTION:			
Proposed Project Description:	140 0 0 110	2.6. 1.1					
Reconfigure back deck (maintaining	st upper deck	DEDECTION AND A CONTINUE DISCOUNT (D.A. D.)					
	PEDESTRIAN ACTIVITIES DISTRIC  Action: Approved			d w/Conditions Denied			
		Signature:			Date:		
	Applied For: 11/2014		Zoning Approval				
This permit application does not preclude the		Special Zone or R	e or Reviews		ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.				☐ Variance	e	Not in District or Landman	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		☐ Wetland		Miscella	nneous	Does Not Require Review	
		Flood Zone		Condition	onal Use	al Use Requires Review	
		Subdivision		☐ Interpret	tion Approved		
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	ication as his autho d in the application	nat the rized a is issu	proposed work in agree and I agree along that	to conform to a the code officia	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	