Cit	y of Portland, Main	e - Build	ling or Use Pe	ermit .	Application	Pe	rmit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410)1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		03-1008			431 F00	6001
Location of Construction: Owner Name:			(Owner Address:				Phone:		
2 Kendall St Epright David				2 Kendall St							
				ontractor Name:		Contr	actor Addres	s:		Phone	
			Ron Pelkie JR			RR1	Box 426 Frye	burg		207890932	25
Lessee/Buyer's Name Phone:				F			it Type:				Zone:
						Alterations - Duplex					
Past	t Use:		Proposed Use:			Permit Fee: Cost of Work:		rk:	CEO District:		
Duplex Duplex						\$39.00	\$1,5	00.00	0 2		
					FIRE	TRE DEPT: Appro		d INSPECTION:			
								Denied	Use G	roup:	Type
							_				
Pro	posed Project Description	ı:									
ado	d two interior doorways t	to 2nd floo	or			Signature: Signature			ture:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)	
					Action: Approved Approved Approved		proved w	oved w/Condition Denied			
						Signa	iture:			Date:	
Peri	mit Taken By:	Date A	pplied For:			I	Zonino	Approva	<u> </u>		
kw		08/19					Zomig	Approva			
1	This permit application	n doos not	proclude the	Spec	cial Zone or Revi	ews	Zonir	ıg Appeal		Historic Preservation	
1.		This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules		Shoreland		☐ Variance			☐ Not in District or Landm		
2.	Building permits do no or electrical work.	Building permits do not include plumbing, septic		☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
3.	Building permits are vo	re void if work is not started hs 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 Maj Minor MM			Approved			Approved w/Condition		
						☐ Denied			☐ Denied		
				Date:			Date:		D	ate:	
I ha juris shal	reby certify that I am the ve been authorized by th sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	med procation a	as his authorized application is iss	ne prop l agen ued, I	t and I agree certify that the	to conform the code office	to all ap cial's au	oplicable laws of thorized repres	of this sentative
	NAME OF A STATE OF								,		
SIG	SNATURE OF APPLICAN				ADDRESS	S		DATE	S	P	НО

Location of Construction:	Owner Name:	Owner Address:	Phone:	
2 Kendall St	Epright David	2 Kendall St		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Ron Pelkie JR	RR1 Box 426 Fryeburg	2078909325	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Alterations - Duplex	Alterations - Duplex	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 08/25/2003

 Note:
 8/25/03 property is within 250' shoreland zone, however, property is over 200' from HWM
 Ok to Issue:
 ✓

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a two (2) dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept:	Building	Status:	Approved	Reviewer:	Tammy Munson	Approval Date:	08/26/2003
Note:						Ok to	Issue:

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	РНО
DECDONGIDI E DEDCON IN CILADOE OF WORK TIT		DATE	DITO