Proposed Use: Single Family Home		y of Portland, Maine - Congress Street, 04101	O			Per	rmit No: 09-0663	Issue Dat	e:	CBL: 432A A	006001
Lessee/Buyer's Name				Owner Name:							
Past Use: Single Family Home Proposed Use: Single Family Home Proposed Use: Single Family Home - Three Replacement Windows with Construction and size changes. Proposed Project Description: Three Replacement Windows with Construction and size changes. Proposed Project Description: Three Replacement Windows with Construction and size changes. Proposed Project Description: Signature: Signature: Signature: Signature: Date: Type Signature: Date: Signature: Signature: Date: Signature: Date: Signature: Date: Signature: Signature: Date: Signature: Signature: Date: Signature: Date: Signature: Signatur	Bus	iness Name:								Phone	
Proposed Use: Single Family Home						Permit Type:					Zone:
Three Replacement Windows with Construction and size changes. Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			Single Family I Replacement V	Single Family Home - Three Replacement Windows with			\$50.00 \$2,500. FIRE DEPT: Approved IN		00.00 INSPE	.00 4 NSPECTION:	
Signature: Date:					size changes.		E				
Permit Taken By:						Action Approved Approv			proved w	ed w/Condition Denied	
In this permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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. 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. 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 at 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 the jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized represents shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applic to such permit.						Signature:				Date:	
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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 Site Plan	·			Zoning Approval				l			
2. Building permits do not include plumbing, septic or electrical work. 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. Site Plan	1.	Applicant(s) from meeting	-	_					Historic Preservation Not in District or Landn		
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 Site Plan	2.	Building permits do not in	nclude plumbing,	☐ Wetland		Miscellaneous			Does Not Require Revie		
Permit and stop all work Site Plan	3.	Building permits are void if work is not started		☐ Flood Zon		Conditional Us			Requires Review		
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SIGNATURE OF APPLICAN ADDRESS DATE PHO	I ha juris shal	ve been authorized by the obsciction. In addition, if a pell have the authority to ente	owner to make this appliermit for work described	med pro cation a l in the a	operty, or that the as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	o conform to ne code office	o all ap cial's au	pplicable laws othorized repre	of this sentative
1110	SIG	NATURE OF APPLICAN			ADDRES	S		DATE	<u> </u>	P	НО

Location of Construction: 60 SULLIVAN ST	Owner Name: WOODHEAD JOHN	Owner Name: WOODHEAD JOHN M Contractor Name: homeowner			Phone: 954-292-6966 Phone	
Business Name:				Phon		
essee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings		Zone:	
Dept: Zoning State Note:	tus: Approved with Condit	ions Reviewer	: Marge Schmuckal	Approval Date: Ok to	06/24/2009 • Issue: 🗹	
1) Separate permits shall be re	equired for future decks, she	eds, pools, and/or g	garages.			
limited to items such as sto	r an additional dwelling unit ves, microwaves, refrigerato	ors, or kitchen sink	s, etc. Without special app	provals.		
This property shall remain a approval.	a single family dwelling. An	y change of use sh	all require a separate perm	it application for rev	iew and	
 This permit is being approved work. 	ved on the basis of plans sub	omitted. Any devi	ations shall require a sepa	rate approval before	starting that	
-	tus: Pending	Reviewer	: Residential Plan Revie	Approval Date:		
Note:				Ok to	Issue:	

CERTIFICATION

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO