City of Portland, Maine - 389 Congress Street, 04101	0			Р	ermit No: 08-0862	Issue Dat	e:	CBL: 437 A08	8001
Location of Construction: 69 MONA RD				Owner Address: 69 MONA RD			Phone:		
Business Name:	ess Name: Contractor Name: Ronald Beaumont		Contractor Address: P.O. Box 385 Old Orchard			Phone 2075901892			
Lessee/Buyer's Name	s Name Phone:			Permit Type: Additions - Dwellings				Zone:	
Past Use: Proposed Use: Single Family Home Single Family Home w/ wheel chair w/			44 sq ft deck	Approved		00.00	CEO District: 4 CTION: roup:	Туре	
Proposed Project Description: 344 sq ft deck w/ wheel chair lift				PED Act	ature: ESTRIAN ACTI ion Appro nature:		,	P.A.D.)	Denied
Permit Taken By: ldobson				Zoning Approval					
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		_	Special Zone or Reviews			Zoning Appeal		Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Revie	
 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 			Flood Zon Subdivision		Conditional Us			Requires Review Approved	
		Site	e Plan		Approv	ed		Approved w/	Condition
		Maj 🗌] Mino 🗌 MM		Denied			Denied	
		Date:			Date:		D	Date:	

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

ation of Construction: Owner Name:		Owner Address:	Phone:		
YOUNG MAREE E		69 MONA RD			
Contractor Name:		Contractor Address:	Phone		
Ronald Beaumont		P.O. Box 385 Old Orchard	20759018	2075901892	
Phone:		Permit Type:		Zone:	
		Additions - Dwellings			
Approved with Condition	s Reviewer	• Ann Machado Annro	val Date: 07	//15/2008	
11		II III		//15/2008 Ie: ☑	
	YOUNG MAREE E Contractor Name: Ronald Beaumont Phone: Approved with Condition	YOUNG MAREE E Contractor Name: Ronald Beaumont Phone: Approved with Conditions Reviewer	YOUNG MAREE E 69 MONA RD Contractor Name: Contractor Address: Ronald Beaumont P.O. Box 385 Old Orchard Phone: Permit Type: Additions - Dwellings	YOUNG MAREE E 69 MONA RD Contractor Name: Contractor Address: Phone Ronald Beaumont P.O. Box 385 Old Orchard 20759018 Phone: Permit Type: Additions - Dwellings Your Sector	

2) 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 with Conditions	Reviewer:	Tammy Munson	Approval Date:	07/16/2008	
Note:						Ok te	o Issue: 🔽	
1) Sep	1) Separate permits are required for any electrical, plumbing, or HVAC systems.							
Sep	arate plans may	need to be s	ubmitted for approval as a pa	art of this proc	cess.			

Comments:

7/15/2008-amachado: Left message for Ronald Geaumont. Need to know the size of the deck and steps that wrap around the side of the house yowards the front.

7/16/2008-jmb: Routed permit to Tammy to expedite review

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
RESPONSIBLE PERSON IN CHARGE OF WORK. TIT		DATE	РНО