Location of Construction:	Owner:		Phone:	Pormit No 0 0 / 1/
30 Washington Ave	Timothy So	eavev	I none.	Permit No: 9 7 0 3 4 1
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
SAA Ptld, ME 04101		828-6575		PERMIT ISSUED
Contractor Name:	Address:	Phone	:	Permi Issued:
D II				<b>800 2 4 1997</b>
Past Use:	Proposed Use:	COST OF WORK		
		\$ 900.00	\$ 25.00	OLTY OF BODELAND
		FIRE DEPT. 🗗 A		CITY OF PORTLAND
Furniture Store	Same		enigd Use Group: // Type:	Zone: CBL:
		S: 700	111 BOCA96-16.1	Zone: CBL: 013-F-007
Proposed Project Description:		Signature:	Signature: FAX (CIVITIES DISTRICT PAD)	Zoning Approval:
		I IN	approved	1 1 0K - 8 41239/
		l l	Approved with Conditions:	Special Zone of Reviewsk
Install Utility Shed (10 x 10)			Denied	□ □ Shoreland □ □ □ Wetland
				□ Flood Zone
		Signature:	Date:	□Subdivision
Permit Taken By: Mary Gresi	Date Applied For:	17 April 1997		☐ Site Plan maj ☐minor ☐mm ☐
That's oreon		- 1/ APIII 199/		Zoning Appeal
1. This permit application does not prec	lude the Applicant(s) from meeting applical	ole State and Federal rules		□ Variance
2. Building permits do not include plumbing, septic or electrical work.			□Miscellaneous	
				☐ Conditional Use
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				□ Interpretation
tion may invandate a building permit	and stop an work			☐ Approved☐ Denied
				a beined
		lean F	PERMIT ISSUED REQUIREMENTS	Historic Preservation
		HTIVY	DON'T ISON	☐Not in District or Landmark ☐Does Not Require Review
			QUIPPUED	☐ Requires Review
			EMENT	
			12	Action:
	CERTIFICATION			□Appoved
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				een DApproved with Conditions
authorized by the owner to make this app	lication as his authorized agent and I agree	to conform to all applicable	laws of this jurisdiction. In additi	on, Denied
if a permit for work described in the appli	cation is issued, I certify that the code offici	ial's authorized representativ	e shall have the authority to enter	
areas covered by such permit at any reason	nable hour to enforce the provisions of the	code(s) applicable to such p	permit	Date:
		_		
		17 April 1997	7 828-6575	
SIGNATURE OF APPLICANT Tim Se	ADDRESS:	DATE:	7 <b>828-6575</b> PHONE:	-115.74014435
7 11m 38	avey		1110112.	10 1000
DECONCIDI E DEDCON IN CHARGE O	E WORK THE P			
RESPONSIBLE PERSON IN CHARGE O	F WUKK, TITLE		PHONE:	CEO DISTRICT
W	/hite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-Puh	dic File Ivory Card-Inenector	
		,	Julia-mapector	1 7

COMMENTS					
	-				
•					
	-				
6-3097 Beneated shell in som	Ame to				
6-3-97 Properted shed in rear of More the needed set druck OK	min'				
mu sun muni - ser vines on					
Inspection Record					
Type  Foundation:	Date				
Foundation:Framing:					
Plumbing:					

Final: \_\_\_\_\_Other: \_\_\_\_

## Additional Plans or Technical Submissions may not be shown in this format.

If you wish to see additional information, Please ask the support staff.