City of Portland, M	aine - Bu	ilding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	3716	2014-00883			013 J022001			
Location of Construction:	Owner Name:		Owne	er Address:		Phone:			
92 SHERIDAN ST		Thomas C Beluins & Alan B. Paonessa		92 SHERIDAN ST PORTLAND, M 04101		, ME	(415) 531-0412		
Business Name:		Contractor Name:		Contractor Address:				Phone	
		Home Installation Professionals		755 Banfield Road Portsmouth NH 03801			I	(866) 264-0761	
Lessee/Buyer's Name		Phone:		Permit Type: Sheds				Zone: R6	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Single Family		Same: Single	Family	\$50.00		\$3,000.00		1	
			J ,		INSPECTION:				
Proposed Project Description	:								
Construct 8' X 12' shed	PEDESTRIAN ACTIVITIES DISTRICT (P.		(D A D )	A D )					
				oved w/Conditions Denied  Date:					
Permit Taken By: bjs		pplied For: Zoning Approval 9/2014							
			Special Zone or Reviews		Zoni	ng Appeal	I	Historic Preservation	
1. This permit applicate Applicant(s) from n Federal Rules.			Shoreland		Variano	☐ Variance ☐		Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	cellaneous		Does Not Require Review	
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			Flood Zone		Conditi	Conditional Use		Requires Review	
			Subdivision		Interpretation			Approved	
			☐ Site Plan  Maj ☐ Minor ☐ MM ☐		Approv	Approved		Approved w/Conditions	
	Denied	☐ Denied			Denied				
	Date:		Date:	Date:		Date:			
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	y the owner if a permit	to make this appl for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all applicial's auth	icable laws of this norized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	