PHRMI

DATE

PHONE

•	Maine - Building or Use 04101 Tel: (207) 874-870.		1 03-0581	Issue Date:	CBL: 016 E0	06001	
Location of Construction: Owner Name:		3, rax. (207) 674-671	Owner Address:	<u> </u>	Phone:		
58 Atlantic St Paolino Grace		2	2.2.		1		
Business Name:		Contractor Name:		58 Atlantic St CTV OF PORT AW 207- Contractor Address: Phone			
	Sheds, U.S.A	Sheds, U.S.A.		P.O.Box 6622 Porthsmouth 6038681300			
Lessee/Buyer's Name	Phone:		Permit Type:		·	Zone:	
			Sheds			R=6	
Past Use:	Proposed Use:	I	Permit Fee:	Cost of Work:	CEO District:	40005	
single family	single /	- add 8' x if	\$37.00 \$1,599.00 1				
Project Descripti p Project Descripti	ion:		FIRE DEPT:	Approved	PECTION: Group BOCK ature	Type: 5E	
add 8' x 12' shed	ر. ۱۰ ا	Signature V		Signature			
	, , ,		PEDESTRIAN ACTI	VITIES DISTRICT	CT (P.A.D.)		
	**************************************		Action: Approved Approved		l w/Conditions Denied		
			Signature:		Date:		
Permit Taken By:	Date Applied For:		Zoning Approval				
gg	0512912003		Zonnig Approvai				
1.		Special Zone or Revie	ws Zonin	ng Appeal	Historic Preservation		
•		Shoreland	Variance	,	Not in Distric	et or Landmarl	
2. Building permits of septic or electrical	lo not include plumbing, l work.	☐ Weitand	Miscella	Miscellaneous		Does Not Require Review	
	are void if work is not started aths of the date of issuance.		Conditio	Conditional Use		Requires Review	
	may invalidate a building		Interpreta	ation	Approved		
		Site Plan	Approve	d	Approved w/6	Conditions	
		Maj \square Minor \square MM	Denied		Denied /		
		late: 79/4	3 Date:		Date: 5/29	03	
					1		
I have been authorized lurisdiction. In addition	n the owner of record of the naby the owner to make this applen, if a permit for work describe to enter all areas covered by so	ication as his authorized d in the application is is	e proposed work is I agent and I agree t sued, I certify that t	o conform to all he code official's	applicable laws of authorized representations.	of this esentative	
SIGNATURE OF APPLICANT		ADDRESS	ADDRESS DAT		PHONE		

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

-120103 Checker Setbach och D Seen. Ok to close out permet. Jany Pernut 03 CBI# 16-E-6