Citer of Desetless J. Mains	D	D	Pe	ermit No:	Issue Date:	CBL:	
City of Portland, Maine	0				15540 2 4000		
389 Congress Street, 04101		, Fax: (207) 874-8		2013-01592		016 E006001	
Location of Construction:	Owner Name:			Address:	Phone:		
58 ATLANTIC ST	C ST LETOURNEAU LISA & F CHICK JTS		58 ATLANTIC ST PORTLAND, ME 04101			E (207) 415-4044	
Business Name: Contractor Name Malcolm Pott		:	Contractor Address:		Phone		
		e	28 Burnham Road Scarborough ME 04074		(207) 883-4547		
Lessee/Buyer's Name Phone:			Permit Type:			Zone:	
			Sheds			R6	
Past Use:	Proposed Use:	Proposed Use:		Fee:	Cost of Work:	CEO District:	
Single Family Dwelling	Same: Single I	Same: Single Family Dwelling		\$70.00	\$4,500	0.00 1	
Proposed Project Description:			INSPEC				
Removing existing 8' x 10' det	tached storage shed and	l replacing with					
larger shed 10' x 14'		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			Action: Approved Approved w/Conditions Denied				
		Signature:		Date:			
Permit Taken By: Date Applied For:			Zoning Approval				
bjs	07/24/2013						
1. This permit application de	oes not preclude the	Special Zone or R	eviews	Zonii	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review	
3. Building permits are void within six (6) months of t	Flood Zone		Conditional Use		Requires Review		
False information may in permit and stop all work.	Subdivision Site Plan Maj Minor MM		Interpretation		Approved		
			Approved		Approved w/Conditions		
			Denied		Denied		
		Date:		Date:		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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE