

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

			<u> </u>	No.	
	14 me	Charic	27	. Vo	
Total Square Footage of Proposed Struc	ture:	3720		City of Buil	" 3018
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 36 H \\	Applicant Address	Name: Elho	adi Adam ansc. 84	Telephone:	ilding inspect Irtland Main
	,	k Zip Portlan	nel, ME	Email:	· · · / · / ·
Lessee/Owner Name: (if different than applicant) Address:	Contracto (if different from Address: 15		elem	Cost of Work:	, , , , , , , , , , , , , , , , , , ,
City, State & Zip:		511 0006		C of O Fee: \$	
Telephone	1	MB OU *Zip: St	1101	Historic Rev \$	<u> </u>
E-mail:	Telephone	1-10		Total Fees: \$	
	E-mail:	1 101 101 1			
If vacant, what was the previous use?	Chit	dovertin	78		
Proposed Specific use: 50m2					
Is property part of a subdivision? If yes, p	lease Nama				
Project description:	icase manne_				
Project description: Charge Ey	115thy	, Dook To	Fier L	to K	
Tho should we contact when the permit is rea	ady:	Corraga	00K 2 0V	411 3 F16	2015)
ddress: Elhadi Adam					
ity, State & Zip: P.O 130x 37	I Do	Lland	ME at	1101	
-mail Address: darfur 203	(1) 1/0/10	TO CC ~	<u> </u>	110)	
elephone: 207 - 233 - 588	2 <u>9 yeur</u>	100.001	<i>!</i>		
Please submit all of the information of	utlined on t	he applicable	checklist B	ailura to J.	
causes and order to be sure the City fully understands to formation prior to the issuance of a permit. In plications visit the Department of Permitting om 315 City Hall or call 874-8703.	automatic pathe full scope of For further in	permit denial. of the project, the	e Department	may request ac	dditional
nereby certify that I am the Owner of record oposed work and that I have been authorized be conform to all applicable laws of this juris issued, I certify that the Code Official's authors permit at any reasonable hour to enforce the part of the p	y the owner to sdiction. In ad rized represen	make this application, if a period tative shall have	cation as his/he nit for work	er authorized age described in thi	ent. I agree
Signature:		Date:	7/7/2	016	
This is not a permit; you may n	ot commence	ANY work until	the permit is	issued.	
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