

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 11 Summer Street		Owner: **** Peter Green		Phone: 882-6509		Permit No: 000526	
Owner Address: *** P.O. Box 235 Wiscasset ME 04578		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: SAA		Address:		Phone:		Permit Issued: MAY 22	
Past Use: single family		Proposed Use: same		COST OF WORK: \$ 2,000		PERMIT FEE: \$ 36.00	
Proposed Project Description: replace shed in existing spot		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 4 Type: 53 BOCA 99 Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	
Permit Taken By: K		Date Applied For: April 24 2000 K					

Zone: *R-2* CBL: 058-B-022
 Zoning Approval: *OK with conditions*
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm
5/19/00

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: _____ *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

 SIGNATURE OF APPLICANT ADDRESS: _____ DATE: April 24 2000 PHONE: _____

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS