	y of Portland, Maine Congress Street, 04101	- C				03-0475	Issue Dat	e:	061 G01:	5001	
	ation of Construction:	Owner Name:	1 421. (2	207) 07 1 0710	O	wner Address:			Phone:		
	Storer St	Skwire Daniel D				0 Grayhurst Pk			874-2934		
Bus	iness Name:	Contractor Nam	e:			ontractor Address	:		Phone		
		Forrest Alden			148 Sebago Lake Road Gorham				2078927014		
Less	see/Buyer's Name	Phone:			Pe	ermit Type:			•	Zone:	
					A	Additions - Dwellin	gs				
Past	t Use:	Proposed Use:			P	ermit Fee:	Cost of Wo	rk:	CEO District:		
Single Family		Single Family			\$37.00		\$1,9	00.00	2		
					F	IRE DEPT:	Approved		CTION:		
							Denied	Use Gr	oup:	Type	
	posed Project Description:										
Construct 4' x8 Garden Shed						Signature: Sign PEDESTRIAN ACTIVITIES DISTRICT			nature:		
					PE	EDESTRIAN ACTI	VITIES DIST	RICT (P.A.D.)		
							App	proved w	/Condition		
		Date Applied For:									
gao	d	Tr									
This permit application does not preclude the				Special Zone or Revi		ews			Historic Preservation		
1.	Applicant(s) from meeting applicable State and Federal Rules.						☐ Not in		☐ Not in Distri	ct or Landma	
										et of Landin	
2.	Building permits do not include plumbing, septic or electrical work.								☐ Does Not Require Revie		
ے.									•		
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					_			_		
									Approved w/Condition		
								_		1	
			Maj	MM							
I hai	reby certify that I am the owr	ner of record of the named t	aronarts	or that the prope	200	d work is authorize	nd by the ow	nor of re	acord and that I k	nava haan	
	orized by the owner to make										
	nit for work described in the										
SIG	NATURE OF APPLICAN			ADDRESS	S		DATE	l .	PI	Ю	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:		Owner Name:	Owner	Address:	Phone: 874-2934	
21 Storer St		Skwire Daniel D	10 Gra	10 Grayhurst Pk		
Business Name:		Contractor Name:	Contra	ctor Address:	Phone	
		Forrest Alden	148 Se	bago Lake Road Gorham	207892701	4
Lessee/Buyer's Name		Phone:	Permit	Type:	<u> </u>	Zone:
			Addit	ions - Dwellings		
	a					
•	Status: D				oval Date:	
	called back t	o give more info on shed	& I told him I would check	C	Ok to Issue	: ⊔
Dept: Building	Status: D	enied	Reviewer:	Appro	oval Date:	
Note:					Ok to Issue	: 🗆
Comments:						
05/27/2003-jmb: Permit denie	d due to zor	ning issues JMB				
I hereby certify that I am the o authorized by the owner to ma permit for work described in the	ke this appli	cation as his authorized a	gent and I agree to conform	m to all applicable laws of this	s jurisdiction. In add	ition, if a
SIGNATURE OF APPLICAN			ADDRESS	DATE	PI	НО
RESPONSIBLE PERSON IN C	HARGE OF	WORK, TIT		DATE	PI	НО