

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

Location of Construction: 34 Deane Street		Owner: Craig S. Gilbert & Florence Young		Phone: 772-7357		Permit No: 981179	
Owner Address: Same		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Owner Build		Address: Same		Phone:		Permit Issued: PERMIT ISSUED OCT 14 1998 CITY OF PORTLAND	
Past Use:		Proposed Use: 8' x 12' tool shed, free standing on 4x6" pt. timbers change per owner 10/13/98		COST OF WORK: \$ 300.00		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: U Type: 5B Signature: [Signature] 10/13/98	
Proposed Project Description: 8' x 12' tool shed, free standing on 4x6" pt timbers change per owner 10/13/98				Signature:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: Approved Approved with Conditions: Denied		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				Signature:		Date:	
Permit Taken By: S.P.		Date Applied For: 10-6-98					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

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: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**PERMIT ISSUED
WITH REQUIREMENTS**

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]

CEO DISTRICT

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