•	*	e - Building or Use			Permit No:	Issue Date:	CBL:	
389 Congress	Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2014-01354		083B F011001	
Location of Construction: 73 DIAMOND AVE, Great Diamond Island		Owner Name: WEBER ANN	Owner Name: WEBER ANNE E		Owner Address: PO BOX 7997 PORTLAND, ME 04112		Phone: (207) 766-3398	
Business Name:								
Lessee/Buyer's Name		Phone:	Phone:		it Type: rages - Detach	Zone:		
Past Use:		Proposed Use:	Proposed Use:		nit Fee:	Cost of Work:	CEO District:	
Single Family			Single Family		\$30.00	\$1,0	000.00	
					INSPECTION:			
Proposed Project Erect an "insta	•	yethylene tent (20' x 12') for generator					
garden equipm	0 1	yethylene tent (20 x 12	x 12) for generator,		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved Appro		proved Approv	ved w/Conditions Denied	
							Date:	
Permit Taken By: Date Applied For: bjs 06/20/2014				Zoning Approval				
	it application d	loes not preclude the	Special Zone or R	Reviews	Zo	oning Appeal	Historic Preservation	
	(s) from meetir	ng applicable State and	Shoreland		☐ Varia	ance	☐ Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Misc	ellaneous	Does Not Require Review	
3. Building partial within six	permits are voice (6) months of	d if work is not started the date of issuance.	Flood Zone		Cond	litional Use	Requires Review	
	rmation may in l stop all work.	validate a building	Subdivision		Interp	pretation	Approved	
			Site Plan		Appr	oved	Approved w/Conditions	
			Maj Minor MM] Denie	ed	Denied	
			Date:		Date:		Date:	
			CERTIFICA	\TIO!	N.			
I have been aut jurisdiction. In	horized by the addition, if a p	owner to make this appl permit for work describe	amed property, or the lication as his authored in the application	nat the rized a is issu	proposed wor agent and I ago ued, I certify th	ree to conform to nat the code office	by the owner of record and that of all applicable laws of this cial's authorized representative ion of the code(s) applicable to	
SIGNATURE OF	APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE P	ERSON IN CHAF	RGE OF WORK, TITLE				DATE	PHONE	