	y of Portland, Mai Congress Street, 04		_			Pe	97-0841	Issue Dat	e:	083E A0	004001
Location of Construction: Owner Name:				` '		Owner Address:		Phone:			
70 WEST SHORE DR CONLON W				LLIAM B		461 BROOME ST					
Business Name:			Contractor Name: Samuel Vandam			Contractor Address: 66 West Street Portland			Phone 207775044	Phone 2077750443	
Lessee/Buyer's Name Phone:			Phone:	ne:		Permit Type: Single Family			<b>'</b>	Zone:	
Pas	t Use:		Proposed Use:			Permit Fee:		Cost of Work: CI		CEO District:	
_			Single Family I	umily Home		\$1,325.00		\$270,0	00.00	1	
						FIRE		Approved Denied	Use Gro		Type
Pro	posed Project Descripti	on:									
Sin	igle Family Home			Signature:		ature: Sign		Signatu	nature:		
						PEDESTRIAN ACTIVITIES DISTRI			TRICT (I	ICT (P.A.D.)	
						Actio	on Appro	ved App	proved w	/Condition	Denied
						Signa	nture:			Date:	
	Permit Taken By: Date Applied For: 08/05/1997					Zoning Approval					
1.	This permit application does not preclude the			Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		•	☐ Shoreland		☐ Variance			☐ Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneou			☐ Does Not Require Revie		
3.	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			Flood Zon			Conditional Us			Requires Review	
				Subdivision			☐ Interpretati			Approved	
				Site Plan			Approved			Approved w/Condition	
				Ma Mino M			Denied			☐ Denied	
				Date:			Date:		Date:		
I ha juri: shal	ereby certify that I am to twe been authorized by sdiction. In addition, is ll have the authority to uch permit.	the owner to f a permit fo	o make this appli r work described	med procession a	as his authorized application is iss	e prop agen ued, I	posed work is t and I agree t certify that th	to conform ne code offi	by the o to all ap cial's au	owner of recor plicable laws of thorized repre	of this sentative
	F										
SIC	SNATURE OF APPLICAN	1			ADDRESS	3		DATI	E	P	НО

ocation of Construction: Owner Name:		Owner Address:		Phone:		
70 WEST SHORE DR	CONLON WILLIAM	В	461 BROOME ST			
Business Name:	: Contractor Name:		Contractor Address:	Phone	Phone	
	Samuel Vandam		66 West Street Portland	et Portland 207775044		
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:		
			Single Family			

## 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО