	y of Portland, Maine - Congress Street, 04101	Permit No: 09-1184		Issue Dat	Issue Date:		CBL: 083E G220001				
	ation of Construction:	Owner Name:			Owner Address:			Phone:			
181 DIAMOND AVE Great Diamond CLEM DAVID						10 PARKWAY			rnone:		
Bus	iness Name:	Contractor Nan	Contractor Name:			Contractor Address:			Phone		
		Northeast Con	Northeast Construction LLC / Floyd			Box 2404 Lev	viston		2077848484		
Less	see/Buyer's Name	Phone:	Phone:		Permit Type: Demolitions - Building			Zone			
	t Use:	Proposed Use:				Permit Fee: Cost of W					
Sin	gle Family Home	-	Home - demolish and		\$100.00		\$8,0	00.00			
		remove water t	ank	K		FIRE DEPT:			NSPECTION: Jse Group: Type		
						□ D		Use G	roup:	Type	
Pro	posed Project Description:										
	molish and remove water tan	k			Signature:		Signature:				
						PEDESTRIAN ACTIVITIES DISTI			RICT (P.A.D.)		
					Action Approved Approv			proved w	oved w/Condition Denied Date:		
Permit Taken By: Date Applied For Ldobson 10/21/2009			Zoning Approval								
1.	This permit application do	es not preclude the	Special Zone or Reviews Shoreland		ews	vs Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.	-				☐ Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	•			☐ Flood Zon		Conditional Us			Requires Review		
	False information may invapermit and stop all work		Subdivision		☐ Interpretatio			Approved			
			Site Plan			Approved			Approved w/Condition		
				Mino MM		Denied			☐ Denied		
				Date:		Date:		D	Date:		
I ha juri: shal	reby certify that I am the ow ve been authorized by the ov sdiction. In addition, if a per Il have the authority to enter uch permit.	wner to make this appli mit for work described	med procession and the second	as his authorized application is iss	ne prop l agen sued, I	t and I agree t certify that th	o conform to ne code office	to all ap	oplicable laws othorized repre	of this sentative	
SIC	NATURE OF APPLICAN			ADDRESS	S		DATE	E	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:								
181 DIAMOND AVE Great Diamond	CLEM DAVID E TRUS	SIEE	10 PARKWAY	DI.								
Business Name:	Contractor Name: Northeast Constructio	n I I C / Floyd	Contractor Address: P.O. Box 2404 Lewiston		Phone 207784848	2 4						
Lessee/Buyer's Name	Phone:	LECTION	Permit Type:		20170-10-10	Zone:						
Desset/Buyer's Name	none.		Demolitions - Building			Zonc.						
Dept: Historic Status: A	pproved	Reviewer	: Deborah Andrews	Approval Dat	te: 10/	30/2009						
Note: Based on site visit, Building considered a dangerous build contributing structure within	ing. Accordingly, the a	pplicant has rec			Ok to Issue	e: 🔽						
Dept: Zoning Status: A	pproved with Condition	ns Reviewer	: Marge Schmuckal	Approval Dat	te: 10/	28/2009						
Note:					Ok to Issue	e: 🗸						
1) This is NOT an approval for an ad	ditional dwelling unit.	You SHALL NO	OT add any additional kitcl	hen equipment i	including, b	ut not						
limited to items such as stoves, m	_		•		Ç.							
2) This property shall remain a single approval.	e family dwelling. Any	change of use sh	all require a separate perm	nit application fo	or review an	ıd						
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.												
Dept: Building Status: P	ending	Reviewer	<u> </u>	Approval Dat	te:							
Note:					Ok to Issue	e: 🗆						
Dept: Fire Status: A	pproved	Reviewer	: Capt Keith Gautreau	Approval Dat		02/2009						
Note:					Ok to Issue	e: 🔽						
Comments:												
10/30/2009-gg: received permit from hi	storic on 10/30/09. Gg											
See												
		CERTIFICATIO	N									
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are to such permit.	make this application a work described in the a	as his authorized application is iss	I agent and I agree to confound, I certify that the code	orm to all applic official's autho	cable laws o	of this sentative						
SIGNATURE OF APPLICAN		ADDRESS	S I	DATE	PI	НО						

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO