Cit	y of Portland, Main	e - Buil	ding or Use 1	Permi	t Application	n	Permit No:	Issue Date	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703	, Fax: ((207) 874-871	6	10-0349			084 K0	06001
Loca	tion of Construction:		Owner Name:			Ow	ner Address:			Phone:	
46	Welch St. Peaks Island		Carver Margaret M			2267 Island Cove Cir			239-287-	239-287-9277	
Business Name:			Contractor Name: Shed Solutions			Contractor Address:			Phone	Phone	
						80 Spare Mill Road Cushing			20770178	2077017802	
Less	ee/Buyer's Name		Phone:			Permit Type:				Zone:	
						S	heds				
Past	Use:		Proposed Use:			Permit Fee:		Cost of Wo	rk:	CEO District:	
Sin	gle Family		Single Family	8' x 12' cedar		\$40.00	\$1,9	80.00	1		
			shed.		FIRE DEPT:		Approved				
								Denied	Use Gr	oup:	Type:
_	osed Project Description:								ignature:		
Bui	ild 8' x 12' cedar shed.					-					
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT (I	(P.A.D.)	
						Ac	etion: Appr	oved Ap	proved w	/Conditions	Denied
						Signature:				Date:	
Pern	nit Taken By:	Date An	oplied For:	1					al		
Permit Taken By: gg Date Applied For: 04/08/2010						Zoning Approval					
1.	This permit application does not preclude the Applicant(s) from meeting applicable State an Federal Rules.		preclude the	Spe	Special Zone or Review		vs Zoning Appeal			Historic Preservation	
1.				Shoreland			☐ Variance			☐ Not in District or Landmar	
2.	Building permits do not septic or electrical work	olumbing,	Wetland			Miscellaneous			Does Not Require Review		
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone			Condi	Conditional Use		Requires Review	
False information may invalidate a be permit and stop all work				Subdivision			Interpretation			Approved	
			Site Pla		Site Plan		Appro	Approved		Approved w/Conditions	
				Maj Minor MM			Denied			Denied	
				Date:			Date:		D	Date:	
that this repr	reby certify that I am the I have been authorized b jurisdiction. In addition, esentative shall have the e(s) applicable to such pe	y the owr , if a perm authority	ner to make this nit for work desc	Camed pr applica cribed in	tion as his authon the application	he poriza	proposed work ed agent and I issued, I certif	agree to cor y that the co	ed by the aform to	e owner of reco all applicable ial's authorized	laws o i
CIC	NATURE OF ARRIVANCE				ADDDEC	<u> </u>		T. A (TI)		DIJO	NIE .
SIG	NATURE OF APPLICANT				ADDRES	S		DAT	E		РНО

Location of Construction:	Owner Name:		Owner Address:	Phone:	
46 Welch St. Peaks Island	Carver Margaret M		2267 Island Cove Cir	239-287-9277	
Business Name:	me: Contractor Name:		Contractor Address:	Phone	
	Shed Solutions		80 Spare Mill Road Cushing	20770178	02
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
			Sheds		

Note: Per conversation with Wayne Carver 4/9/10 the shed will be located 10' from the rear property line. 4/9/10 - This property has lost its legally nonconforming use as two single family homes and it has lost the legally nonconforming footprint of the front, larger structure. Section 14-385(c) states that the restoration or reconstruction of a nonconforming building damaged by fire must occur within one (1) year of the the intial damage where the damage was sudden and accidental. Since the fire was on 2/10/2009, the ability to reconstruct it in the same footprint and shell has been lost. The use of the property was also nonconforming since it was two single family homes. This nonconforming use has also been lost since "the use" was discontinued for more than a year.

- 1) This permit is being issued with the condition that the shed must be located a minimum of 10' from the rear property line and 15' from the side property line.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

 Dept:
 Building
 Status:
 Approved
 Reviewer:
 Tammy Munson
 Approval Date:
 04/14/2010

 Note:
 Ok to Issue:
 ✓

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 APPLICANT	ADDRESS	DATE	PHONE