City of Portland, Maine - Buil	lding or Use I	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (	O			2013-01564		087 B002001
Location of Construction:	Owner Name:	. , ,		r Address:	•	Phone:
85 PLEASANT AVE PI ROBERTS CH MERRIAM R				CUMBERLAND 04101	AVE PORTLAN	
Business Name: Contractor Na croberts 222		:	Contractor Address:		Phone	
		yahoo.com	ME			
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
			Additions - Single Family			IR-1
Past Use: Proposed		posed Use:		Permit Fee: Cost of Wor		CEO District:
Single Family Home	Single Family	ingle Family Home		\$120.00 \$10,0		00 3
			INSF	ECTION:		
Proposed Project Description:	ad babind bauga	add dools to man				
Relocate existing 12' x 16' storage sh of house (38' x 8') & build new storage		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	,			v/Conditions Denied		
			S	ignature:		Date:
Permit Taken By: Date Applied For: 07/22/2013			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition Condition	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpre	tation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner t jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authord in the application	nat the rized a is issu	proposed work agent and I agreed and I certify that	to conform to all the code official'	applicable laws of this s authorized representative
SIGNATURE OF APPLICANT		ADDRESS		DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE