City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						rmit No: 08-0886	Issue Date:		CBL: 089 B00	CBL: 089 B001001	
Location of Construction: Owner Name:					Owner Address: 237 2ND AVE			Phone: 207-766-2019			
Busi	ness Name:	Contractor Nan	Contractor Name:		Contractor Address:				Phone		
Lessee/Buyer's Name Phon		Phone:	Phone:		Permit Type: Additions - Dwellings				Zone:		
Past Use: vacant lot			Proposed Use: Single Family Home - Place 16'x10' Prefab Shed on vacant lot.			Прргочец		00.00 INSPEC			
Proposed Project Description: Place 16'x10' Prefab Shed on vacant lot.						Signature: PEDESTRIAN ACTIVITIES DISTI		Signature: PRICT (P.A.D.)			
			Action Ap			on Approx	ved Approved w/Condition Deni			Denied	
Donn	nit Taken By:	Date Applied For:	I		Signa		A		Date:		
lmo		07/18/2008	Zoning Approval								
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon		Conditional Us			Requires Review			
	False information may invapermit and stop all work	lidate a building	Subdivision		☐ Interpretatio			Approved			
			Site Plan			Approved			Approved w/Condition		
			Мај [Mino MM	Denied				☐ Denied		
			Date:			Date:		Da	ate:		
I hav juris shall	reby certify that I am the ow we been authorized by the ov diction. In addition, if a per I have the authority to enter ach permit.	vner to make this appli mit for work described	med procession and the second	as his authorized application is iss	ne prop l agent sued, I	t and I agree t certify that th	o conform t se code offic	o all ap cial's au	plicable laws of thorized repres	of this sentative	
SIG	NATURE OF APPLICAN			ADDRESS	S		DATE]	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:		
0 Seashore Ave PEAKS ISLAND	MCCARTHY ROCKNE M TRUSTEE		237 2ND AVE		207-766-2019	
Business Name:	Contractor Name:		Contractor Address:		Phone	
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings			Zone:
Dept: Zoning Status:	Approved with Conditions	Reviewer	Ann Machado	Approval Dat	te: 08/	07/2008
Note: Information provided to sho to be 10,000 sf. 1) This permit is being issued with						e: V
This permit is being approved o work.	n the basis of plans submit	ted. Any devi	ations shall require a sep	arate approval b	efore startin	ng that
Dept: Building Status:	Approved with Conditions	Reviewer	Tammy Munson	Approval Dat	te: 08/	11/2008
Note:					Ok to Issue	e: 🗹
Separate permits are required for Separate plans may need to be s		•				
Comments:					•	
8/7/2008-amachado: Spoke to Rock	ne McCarthy. Need to kno	ow the use of th	ne shed. Need to know fr	ont setback for s	horeland an	ıd

8/7/2008-amachado: Spoke to Rockne McCarthy. Need to know the use of the shed. Need to know front setback for shoreland and other side setback. Need chain of title for the property and the abutting lots since 1985, since lot does not meet minimum lot size.

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	