## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 9 8 0 8 6 1 766-2922 8 Ocean St, Peaks Island Peddle, James A. Phone: Owner Address: Lessee/Buyer's Name: BusinessName: SAA 04108 ermit Issued: Contractor Name: Address: Phone: Sheds USA AE - 71998COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: 1,300.00 30.00 **FIRE DEPT.** □ Approved INSPECTION: UType: 5/4 1-fam Use Group: C ☐ Denied 090-C-001 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: ☑ Shoreland ルントー Utility Shed (8 x 12) Denied □ Wetland but 6 □ Flood Zone 7 □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: MN 30 July 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ Not in District or Landmark ☑Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 provisions of the code(s) applicable to such permit 30 July 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT