Location of Construction:	Weems		Phone:		0 0 0 0 6 0
75 77		ing	412	-531-6607	Permit No 9 8 0 9 6 9
23 Sargent Rd P.I. Owner Address:	Lessee/Buyer's Name:	Phone:		ssName:	DEDMIT ICCUED
1393 Washington Rd Pittsburg		T Hone.	Dusines	ssivanic.	PERMIT ISSUED
Contractor Name:	Address:	Pho	one:		Permit Issued:
Robert Davis 45 Island Ave Peaks Island, ME 04108					SEP - 1998
Past Use:	Proposed Use:	COST OF WO		PERMIT FEE:	
l-fam	Cama	\$ 1,200.		\$ 30/Precut	CITY OF PODTI AND
1-1am	Same	FIRE DEPT.		INSPECTION: Use Group: U Type	CITY OF PORTLAND
	w/shed		☐ Denied		
		Signatura		BOCO 96 Signature:	Zone: CBL: 090-D-007
Proposed Project Description:	I	Signature: PEDESTRIAN	ACTIVITI	ES DISTRICT (P.A.D.)	Zoning Approval:
	Action:	Approved			
Construct Storage Shed (10 x		Approved	Special Zene or Reviews:		
constituct storage shed (10 x				U Wetland and 5 from the	
					□ Flood Zone Zone C
	I	Signature:		Date:	☐ Subdivision
Permit Taken By:	t Taken By: MG/Via Mail Date Applied For: 20 August 1998				☐ Site Plan maj ☐minor ☐mm ☐
		20 Augus	1990		Zoning Appeal
1. This permit application does not preclude th	e Applicant(s) from meeting applicable	e State and Federal rule	s.		□ Variance
2. Building permits do not include plumbing, septic or electrical work.					☐ Miscellaneous ☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					□ Interpretation
tion may invalidate a building permit and stop all work					□Approved
	•				☐ Denied
			PERA WITH RE	MIT ISSUED QUIREMENTS	Historic Preservation □ Not in District or Landmark Does Not Require Review □ Requires Review Action:
CERTIFICATION					□Appoved
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				ave the authority to enter	Date:
areas covered by such permit at any reasonable	hour to enforce the provisions of the c	ode(s) applicable to su	ch permit		Date.
		24 August 199	98		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE			PHONE:	CEO DISTRICT ユ
					1/ 100
White-	Permit Desk Green-Assessor's C	anary-D.P.W. Pink-	Public File	Ivory Card-Inspector	KCITK "
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