City of Portland, Maine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-00930		090 Y003001		
Location of Construction: Owner Name:			Owner Address:			Phone:		
71 TREFETHEN AVE. Peaks Island	E. Peaks Island WHALEN JUNE M		5 RUSSELL RD ACTON, MA 01720			20 (207) 978-8733		
Business Name:			I					
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:		
			Gai	IR-1				
Past Use:	Proposed Use:		Permit Fee: Cost of Wo		Cost of Work:	CEO District:		
Single Family	Single Family			\$150.00 ECTION:	\$13,000	0.00 3		
Proposed Project Description: construct a 20' x 28' 2 car, detached garage								
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
		Action: Approved Approved w/Conditions Denied						
		Signature:			Date:			
	oplied For: 5/2014		Zoning Approval					
1. This permit application does not	preclude the	Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Uariance	e	Not in District or Landmark		
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 		Wetland		Miscella	aneous	Does Not Require Review		
		Flood Zone		Conditio	onal Use	Requires Review		
		Subdivision Site Plan Maj Minor MM		Interpretation		Approved		
					ed	Approved w/Conditions		
				Denied		Denied		
		Date:		Date:		Date:		

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
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE