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:
Shore rd Cushing Island Jane Mc				-001:097
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001:001
Shore Rd. Cushing Island				
Contractor Name:	Address:	Pho	ne:	Permit Issued:
** <u>*Kurt H. Becker</u>	P.O. box 507, Gorh		839-8146	
Past Use:	Proposed Use: Single Family	COST OF WOI \$ 4,800.00	RK: PERMIT FEE: \$ 54.00	
Single Family		FIRE DEPT.	Approved INSPECTION:	
			Denied Use Group R^{-3} Type	.573
			Bocage . M	Zone: CBL: 1064 AB002
		Signature:	Signature: Arche	Zone: CBL: 1064AB003
Proposed Project Description:			ACTIVITIES DISTRICT (P.A.D	Zoning Approval:OK,
		11		_ Opecial Zolle of Reviews.
8 x 14 Addition to existing structure			Denied	□ A Shoreland ∠
			Denied	
		Signature:	Date:	
Permit Taken By:	Date Applied For:	orginature.	Dute.	□ Site Plan maj □minor □mm □
Gayle	Date Applied For.	September 25	, 2000 GG	
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
2. Building permits do not include plumbing, septic or electrical work.				
2. Duilding a service of a started within sig (6) months of the data of isourpers. Ealer informs				□ Conditional Use □ Interpretation
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				
tion may invalidate a building permit a	nd stop an work		,60,45	
			CC// CN/2	
			ALT L'REAN	Historic Preservation
			- C (1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	□ Not in District or Landmark
			be the	Does Not Require Review
			WITH	□ Requires Review
			1.	Action:
	CERTIFICATION	I		
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 applic				
if a permit for work described in the applica				er all
areas covered by such permit at any reasona	ble hour to enforce the provisions of the	code(s) applicable to suc	h permit	Date:
September 25, 2000				IFD as
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
SIGNALUKE OF AFT LICAINT	ADDRESS.	Unit.	THOME.	CONT UPEN
				4c , <i>c</i> , <i>b</i> , <i>b</i> , <i>b</i> , <i>c</i> , <i>c</i> , <i>c</i> , <i>b</i> , <i>b</i> , <i>c</i> , <i>c</i> , <i>c</i> , <i>b</i> , <i>b</i> , <i>b</i> , <i>c</i>
RESPONSIBLE PERSON IN CHARGE OF		PHONE:		
Wh	itePermit Desk Green-Assessor's	Canary-D.P.W. Pink-F	ublic File Ivory Card-Inspecto	r L