Cit	y of Portland, Main	e - Build	ling or Use Pe	ermit A	Application	I	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		05-1743			120 E01	4001
Location of Construction: Owner Na			Owner Name:	er Name:		Owner Address:				Phone:	
166 FRANCES ST			GARDNER SCOTT D & ELIZABET			166 FRANCES ST					
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone		
Coas			Coastal Constr	Coastal Construction		4 King St Portland			207878651	.1	
Lessee/Buyer's Name Phone:						Permit Type:				•	Zone:
						Demolitions					
Past Use: Proposed Use:						Permit Fee: Cost of Work:		rk:	CEO District:		
Single Family Single Famil				Demo garage		\$66.00		\$4,9	96.00	3	
						FIRE DEPT:		Approved	INSPEC	SPECTION:	
							Denied	Use Gro	Use Group: Type		
								Demea			
Proj	posed Project Description	:									
De	mo Garage					Signature: Signa			Signatur	ıture:	
						PEDESTRIAN ACTIVITIES DISTRICT (P.			<b>A.D.</b> )		
						Action: ☐ Approved ☐ Approved w/Condition ☐ Den				Denied	
										Deter	
	1. T. 1. D.	- In		l		Signature:			Date:		
	mit Taken By:		pplied For:			Zoning Approval					
	Applicant(s) from meeting applicable St			Special Zone or Revie		ews	ews Zoning Appeal			Historic Preservation	
1.				Shoreland		cws	☐ Variance			Not in District or Landm	
2.		Federal Rules.  Building permits do not include plumbing, septic		☐ Wetland		☐ Miscell	Miscellaneous		☐ Does Not Require Revie		
3.				☐ Flood Zon		Conditional Us			Requires Review		
				☐ Subdivision ☐ Site Plan		☐ Interpretatio			Approved		
							Approved			Approved w/Condition	
			Maj ☐ Minor ☐ MM ☐			☐ Denied			☐ Denied		
				Date:		Date:		Da	Date:		
I ha juris shal	reby certify that I am the ve been authorized by th sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit fo	o make this appli r work described	med procession a	as his authorized application is iss	ne pr l age sued	ent and I agree , I certify that t	to conform he code offi	to all app cial's aut	plicable laws of thorized repres	of this sentative
SIG	GNATURE OF APPLICAN				ADDRES	<u> </u>		DATI		рі	HO
510	or million					-		27111	=		

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

166 FRANCES ST		Owner Name:		Owner Address:		Phone:	
.0011011.020.01		GARDNER SCOTT D	& ELIZABET	166 FRANCES ST			
usiness Name:		Contractor Name:		Contractor Address: 4 King St Portland		<b>Phone</b> 2078786511	
		Coastal Construction					
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:
				Demolitions			
<b>Dept:</b> Zoning	Status:	Approved with Condition	ns <b>Reviewer</b>	: Tammy Munson	Approval Dat	te: 12/	06/2005
Note:		11		Ž	**	Ok to Issue	: <b></b>
only have one (1) year	i to repract		(IIO CAPUIISIOIIS)	, with the same height,	and same use. An	ıy changes t	will o any
of the above shall requ	uire that th	is structure meet the curr	ent zoning stand	lards. The one (1) year	starts at the time o		o any
of the above shall requ	uire that th sibility to c	is structure meet the curr	ent zoning stand	dards. The one (1) year and notify them of that spe	starts at the time o	f removal. I	o any

## **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	PHO	