City of Portland, M	laine -	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	, Fax: (207) 874-8	3716	2013-02498			130 F009001			
Location of Construction:		Owner Name:	Owner Name:			-		Phone:	
40 SAUNDERS ST		LEBARES GE	LEBARES GEORGE		40 SAUNDERS ST PORTLAND 04103		, ME	ME (207) 420-0795	
Business Name: Lessee/Buyer's Name		Contractor Name	Contractor Name:		Contractor Address:			Phone	
			Shed Happens mike@shedhappens.com		509 Warren Avenue Portland ME 04103			(207) 892-3636	
		Phone:	Phone:		it Type: eds	Zone: R5			
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
2 family Dwelling		Same: 2 family	y Dwelling	\$120.00 \$ INSPECTION:		\$10,0	0,000.00 7		
Proposed Project Description	1:				ecitor.				
Install detached Storage	5' x 20'								
				PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Co							
D 4 W 1 D	Т	č			Da	ate:			
bjs	rmit Taken By: Date Applied For: 11/07/2013			Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		applicable State and	Shoreland		Variand	Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits ar within six (6) mont	hs of the	date of issuance.	Flood Zone		Conditi	Conditional Use		Requires Review	
False information n permit and stop all	lidate a building	☐ Subdivision		Interpre	☐ Interpretation		Approved		
			☐ Site Plan Maj ☐ Minor ☐ MM ☐		Approv	Approved		Approved w/Conditions	
	Denied	Denied			Denied				
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the ow if a peri	ner to make this appl nit for work describe	ication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	