City of Portland, Maine - B	uilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel	1: (207) 874-8703	s, Fax: (207) 874-8	3716	2014-02674		131 L001001	
Location of Construction:	Owner A		Address:	-	Phone:		
127 PLEASANT AVE				LEASANT AVE PORTLAND, 4103		ND, (207) 772-2789	
Business Name:	Contractor Name	Contractor Name:		ctor Address:	Phone:		
	Fulton Constru	Fulton Construction		dependence Dr 2	ME (207) 831-3441		
Lessee/Buyer's Name	Phone:			Type:	Zone:		
				iges - Detached	R5		
Past Use:	Proposed Use:			Permit Fee: Cost of Works		CEO District:	
Single-Family Home	Single-Family	Single-Family Home		\$399.00 \$35, INSPECTION:		00.00 7	
Proposed Project Description:							
demolish the existing 20.3 x 22.3	garage and rebuild	l a 20' x 28'					
detached garage in the same footp		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
6' closer to the side property line of	Action: Approved Approved Approved Signature:		ved Approv	ed w/Conditions Denied			
				Date:			
•	Date Applied For: 11/14/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review		
3. Building permits are void if w within six (6) months of the d	Flood Zone		Condition	onal Use	Requires Review		
False information may invalid permit and stop all work	Subdivision		Interpre	tation			
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		☐ Denied		
	Date:		Date:		Date:		
		CERTIFICA	TION				
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	er to make this appl t for work describe	amed property, or the lication as his authored in the application	at the prized as	proposed work a gent and I agree ed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	