Cit	ty of Portland, Ma	aine - Buil	ding or Use l	Permi	t Application	n Pe	rmit No:	Issue Date	:	CBL:	
389	Congress Street, 04	1101 Tel: (2	207) 874-8703	, Fax: ((207) 874-871	6	10-0604			083B G	004001
Location of Construction: Owner Name:						Owner Address:			Phone:		
138 CRESCENT AVE, G.D.I.			INGRAHAM	INGRAHAM RICHARD I & JANE			70 CRESCENT AVE				
Business Name:			Contractor Name:			Contractor Address:			Phone		
Lessee/Buyer's Name Pl			Phone:		Permit Type: Sheds			L	Zone:		
D /	**		 			<u> </u>		C . exx		I CE O DI A LA	<u> </u>
Single Family Single			_	roposed Use:		Permit Fee: Cost of Work: \$30.00 \$780.0			CEO District:		
			Single Family Home - Build a 10' x 12' Shed			FIRE DEPT: Approved INS		INSPE	SPECTION: se Group: Type:		
_	posed Project Description:								<u> </u>		
Ви	ild a 10' x 12' Shed					Signature: Sig PEDESTRIAN ACTIVITIES DISTRIC			gnature: CT (P.A.D.)		
						Action: Approved Approved w/Co					
						Signa	ture:			Date:	
Permit Taken By: Date Applied For:			_			Zoning Approval					
Ide	obson		1/2010	Sno	cial Zone or Revie	we	Zoni	ng Anneal		Historic Preservation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Shoreland		ws	Zoning Appeal Variance			Not in District or Landmark		
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		☐ Miscellaneous			Does Not Require Review			
3. 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			Flood Zone			Conditional Use			Requires Review		
			a building	Subdivision		☐ Interpretation		Approved			
				Si	te Plan	Approved			Approved w/Conditions		
				Maj Minor MM		Denied			Denied		
				Date:			Date:		Г	Date:	
that this repr	reby certify that I am a I have been authorize jurisdiction. In additivesentative shall have to e(s) applicable to such	d by the own on, if a perm the authority	ner to make this nit for work desc	amed pr applica cribed in	tion as his authon the application	he pro orized n is iss	agent and I a sued, I certify	gree to cont that the co	form to de offic	all applicable aial's authorized	laws of l
		_									
SIG	SNATURE OF APPLICANT	Γ			ADDRES	S		DATE	E	PHO	NE

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Business Name:	Contractor Name:	Contractor Address:	Phone	
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:
		Sheds		
Dept: Zoning Status	: Approved with Conditions Reviewe	r: Ann Machado	Approval Date: 06/	03/2010
N-4-			Ol- 4- Tour	

Note: Ok to Issue:

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions Reviewer: Jeanine Bourke 06/16/2010 **Approval Date:** Ok to Issue: Note:

- 1) This structure is exempt from meeting the City of Portland Building Code based on size.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.

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