City of Portland, Maine	- Building or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-02168		140 F021001
Location of Construction:	Owner Name:		Owne	r Address:	-	Phone:
16 Austin St	CRUTE CATI	CRUTE CATHERINE		AUSTIN ST PO )3		
Business Name:			I			
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
				ds	R3 RP	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:
Single-Family Home	Single-Family	Single-Family Home		\$47.00 ECTION:	\$2,900	.00 5
Proposed Project Description: Build 8' x 10' shed.						
	PEDES		CDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/C			w/Conditions Denied	
		Signature:		Date:		
Permit Taken By: dmc	Date Applied For: 09/17/2014		Zoning Approval			
1. This permit application do	es not preclude the	Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State a Federal Rules.		Shoreland			2	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	neous	Does Not Require Review
3. Building permits are void within six (6) months of the	Flood Zone		Conditio	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpret	ation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌 N	/M 🗌	Denied		Denied
		Date:		Date:		Date:

## 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
			DUONE