City of Portland, Maine - Bui	U			Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703 	, Fax: (207) 874-8		2014-02391			142 E004001	
Location of Construction: 930 FOREST AVE	930 LLC	Owner Address: 29 IDLEWOOD DR CUMBERLAND CENTER, ME 04021			Phone:			
Business Name: Contractor Nam R.S. Carter C		enstruction LLC		Contractor Address: 95 Westland Avenue Portland ME 04102			Phone: (207) 838-9395	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Garages - Detached			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
Single-Family Home Same: Si		gle-Family Home		\$124.00 ECTION:			7	
Proposed Project Description:			1					
Alterations to the existing 22' x 26' (which includes the							
removal of the temporary walls and		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
permanent walls and siding.			Action: Approved Approved w/Conditions Denied					
D (T) D			ignature:	ite:				
	applied For: 15/2014	Zomig Approvai						
This permit application does not	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	Miscellaneous [Does Not Require Review		
3. Building permits are void if wor within six (6) months of the date	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidat permit and stop all work	e a building	Subdivision		Interpre	☐ Interpretation		Approved	
	Site Plan Maj Minor MM		Approve	Approved		Approved w/Conditions		
			Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit if shall have the authority to enter all ar such permit.	to make this appl for work describe	ication as his authored in the application	at the rized a is issu	proposed work in agent and I agreed aled, I certify that	to conform to	all appl al's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT		ADDI	RESS		DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE