389 Congress Street, 04101 Location of Construction: 409 OCEAN AVE Business Name: Lessee/Buyer's Name	Tel: (207) 874-8703 Owner Name: ALLEN KENI	. ,	Owner	2013-02003 Address:		159 E006001 Phone:
409 OCEAN AVE Business Name:	ALLEN KENI	NETH J				
Business Name:		NETH J	409	OCEAN AVE		
	Contractor Name	NETH J 409 04		OCEAN AVE PORTLAND, ME 03		ME (207) 879-5476
Lessee/Buyer's Name		ontractor Name:		actor Address:	Phone	
Lessee/Buyer's Name	Shed Happens info@shedhap			Warren Avenue	04103 (207) 892-3636	
	Phone:	Phone:		t Type: ds	Zone: R3	
Past Use:	Proposed Use:	Proposed Use:		t Fee:	CEO District:	
Single Family Home Same: Sing		Family Home	INCDE	\$50.00 CCTION:	\$2,2	235.65 5
Proposed Project Description:						
Replace existing shed replace	with 8' x 8'					
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			(P.A.D.)	
		Action: Approved Approved w/Conditi				
	1	T .	Si	gnature:		Date:
Permit Taken By: ldobson	Date Applied For: 09/06/2013	Zomig Approvai				
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landman
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland☐ Flood Zone☐ Subdivision		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of t	Condition			onal Use	Requires Review	
False information may invalidate a building permit and stop all work				Interpre	tation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the or I have been authorized by the conjurisdiction. In addition, if a poshall have the authority to enter such permit.	owner to make this appl ermit for work describe	ication as his autho d in the application	nat the prized a rized a is issu	proposed work a gent and I agree ed, I certify that	e to conform to t the code offic	all applicable laws of this cial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE