City of Portland, M	laine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	, Fax: (207) 874-8	716	2014-02099			172 G007001			
Location of Construction:		Owner Name:			Owner Address:			Phone:	
9 RAY ST		INGRAHAM DAVID A B & DEBORAH R JTS		11 RAY ST PORTLAND, ME 041		103	03 (207) 947-4391		
Business Name:		Contractor Name: ShedHappens, Inc.			Contractor Address:			Phone:	
					Warren Avenue	(207) 892-3636			
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
				Garages - Detached				R3	
Past Use:		Proposed Use:		Perm	mit Fee: Cost of Work:		CEO District:		
Three (3) Family Dwell	ing	Same: Three (	3) Family Dwelling	INSP	\$102.00 ECTION:	90 \$8,000.00		5	
Proposed Project Description	ı:								
For the construction of									
with an 11' rear setback			arage demolished	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
was 20' x 20' with a 9.5	rear selback	2013-02000		Action: Approved Approved w/Conditions Denied					
2 1 2 2	T	Signature:			Da	te:			
Permit Taken By: dmc  Date Applied For: 09/11/2014			Zoning Approval						
This permit application does not preclude the			Special Zone or Revie		vs Zoning Appeal		Historic Preservation		
Applicant(s) from 1 Federal Rules.		Shoreland		☐ Variano	Variance		Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits an within six (6) mont	of issuance.	Flood Zone		Conditi	Conditional Use		Requires Review		
False information r permit and stop all		a building	Subdivision				Interpre	Approved	
			Site Plan		Approv			Approved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
	Date:		Date:	Date:		Date:			
I hereby certify that I am I have been authorized b				at the	proposed work				
jurisdiction. In addition shall have the authority such permit.	if a permit fo	or work describe	d in the application	is issu	ied, I certify tha	t the code offici	al's aut	horized representative	
SIGNATURE OF APPLICAN	ADDR	RESS		DATE		PHONE			
DIGINATURE OF APPLICAL	<b>11</b>		ADDK	ധാാ		DAIE		r HONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE