Location of Construction:		(207) 874-8703, Fax: (207) 874-871		\Ud + , 2 002		26001	
134 Caleb St	1	Paul David E Jr &			Phone:	**	
Business Name:			Contractor Address PORTLAND Phone		TT		
Dasiness Ivalie.		Olin Irish		Wilson Road Gorham		2078922153	
Lessee/Buyer's Name	Phone:			Permit Type:		Zone:	
				Demolitions			
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	<u></u>	
Single Family	*	Single Family		\$1,000.0		Den	
			FIRE DEPT:				
			1	☐ Defled Us	e Group: $R-3$	Type: 56	
					TAIN	30	
				J N/r I		PECTION: e Group: R-3 Type: SB BOLA 99	
Proposed Project Description:	•		1	CM			
Demolition of 14' x 24' Gar	age and 8 x 10 breezewa	.y.	Signature: Sig		gnature: 9		
			Action: Appr	roved Approve	ed w/Conditions	Denied	
		-	Signature:		Date:		
Permit Taken By: gad	Date Applied For: 08/12/2002		Zoning Approval				
This permit application does not preclude the		Special Zone or Rev	iews Zo	ning Appeal	Historic Pres	ervation	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 		Shoreland	☐ Varia		Not in Distric	t or Landmark	
		☐ Wetland	☐ Misce	Miscellaneous		Does Not Require Review	
		☐ Flood Zone		tional Use	Requires Revi	iew	
		☐ Shocklyisign	☐ Interp	☐ Interpretation		Approved	
		☐ Site Plan	Appro	ved	Approved w/0	Conditions	
		Maj Minor MI	M 🗌 📗 Denie	d	☐ Denied		
		Date: 0 17 0	Date:		Date: 8/13/02		
		•	ION				
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this applite permit for work described	ication as his authorized in the application is	the proposed worked agent and I agreed issued, I certify that	e to conform to al t the code official	Il applicable laws of the laws	of this esentative	
I have been authorized by the jurisdiction. In addition, if a shall have the authority to en	e owner to make this applite permit for work described	med property, or that ication as his authorized in the application is	the proposed worked agent and I agreed issued, I certify that	e to conform to al t the code official	Il applicable laws of the laws	of this esentative	

ADDRESS

DATE

PHONE

Corplated/ 176-26 177-6-26 12-0908