City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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Location of Construction:		Phone: 791-3130		Permit No:	
** 85 Edgeworth Ave. 04103 Katherine Je				9-2757	00057/
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessNa	me:	.00031
85 Edgeworth Ave	N/A				
Contractor Name:	Address:	Phor	ne:		Permit Issued:
N/A					
Past Use:	Proposed Use:	COST OF WOR	RK: PE	RMIT FEE:	3 0
		\$ 0.00	\$	30.00	Ŭ
		FIRE DEPT. □		SPECTION:	-
			Denied Us	Use Group: 4 Type: 52	3
	move shed				Zone: CBL:
		Signature:	Sig	nature: The	Zone: CBL: 181-B-020
Proposed Project Description:				ISTRICT (P.A.D.)	Zoning, Approval:
J 1	Action:	Approved	10L-35/30100		
		Action:		Conditions:	Special Zolle of Keviews:
move shed from one place to an		Approved with	Onorciana		
move shed from one prace to an		Denied	□ Wetland		
		C:		D.	☐ Flood Zone
		Signature:		Date:	□ Subdivision □ Site Plan maj □minor□mm □
Permit Taken By: MN	Date Applied For: Ma	ay 30, 2000	JF		d Once i ian maj diminoi dimind
					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
					☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.					☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					☐ Interpretation
tion may invalidate a building permit ar	ıd stop all work				□Approved
					☐ Denied
					Historic Preservation
mail to: Katherine Jean Mathieu 85 Edgeworth Ave, Portland, ME 04103 CERTIFICATION					Not in District or Landmark
					□ Does Not Require Review
					☐ Requires Review
					Action:
					□ Appoved
I hereby certify that I am the owner of record					
authorized by the owner to make this applica			•		>
if a permit for work described in the applicat				ne authority to enter all	Data
areas covered by such permit at any reasona	ble hour to enforce the provisions of the co	de(s) applicable to suc	h permit		Date:
		May 30, 2000)		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		ONE:	-
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					I ISSUED
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE	·	PH	ONE:	CEO DISTRICEMENTS
					WHITE THE COUNTINE IN BO