City of Portland, Maine - Bui	U			2013-02316	Issue Date:		3L:	
389 Congress Street, 04101 Tel: (	•	, Fax: (207) 874-8					182 F011001	
Location of Construction:  75 GROVESIDE RD  GIOVINA D I		ROCCO & P FERRANTE JTS	Owner Address: 75 GROVESIDE RD PORTLAND ME 04102			Phone: (207) 776-4507		
Business Name:	Contractor Name: Shed Happens info@shedhappens.com		Contractor Address: 509 Warren Avenue Portland ME 04103			04103 Pho	one (07) 892-3636	
Lessee/Buyer's Name	Phone:	hone:		Permit Type: Sheds			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CE	CEO District:	
Single Family Same: Sin		e Family		\$40.00 \$2,0 INSPECTION:		00.00 7		
Donald Davids								
<b>Proposed Project Description:</b> Replacing a 9'x8' shed with a new 8'.	x8' shed							
Replacement shed made of wood fra	ooard.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
				ed w/Condition	ons Denied			
Permit Taken By: Date A	pplied For:	died For		ignature:	Date:			
bjs 10/1		Zoning Approval						
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		oric Preservation	
		Shoreland		☐ Variance	☐ Variance ☐		in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscell	Miscellaneous		es Not Require Review		
3. Building permits are void if wor within six (6) months of the date False information may invalidate	Flood Zone			Conditional Use		quires Review		
permit and stop all work		Subdivision		Interpre	Interpretation		proved	
	Site Plan		Approv	Approved		proved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner is jurisdiction. In addition, if a permit for shall have the authority to enter all ar such permit.	to make this appl or work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applical	ble laws of this ized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE