

## General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted

	in angements must be made before permit	
Address/Location of Construction:	143 Bulton Street Port	land
Total Square Footage of Proposed Struc	ture: 1400	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: Deane Macketh Address 72 thyngs Mills Rd Shaplergh ME City, State & Zip 0407 b	Telephone: 207-576-0467  Email:  dnh 5/99708 ma; l
Lessee/Owner Name:  (if different than applicant) Address:  18123  City, State & Zip: Gleen meadow Or  Encino CA  Telephone  91316	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone	Cost Of Work: \$\frac{11}{600}\cdot\text{W}\$  C of O Fee: \$\frac{1}{200}\text{Historic Rev \$\frac{1}{200}\text{Total Fees : \$\frac{1}{200}Line of the content of the c
		Total Fees: \$
E-mail:  Current use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description:  Orywoul Lepair   do to new leading one window	es, please name	
Who should we contact when the permit is	ready: Deane MacBeth Co	207-576-0467
Address: 73 thyngs Mills R. City, State & Zip: shapleigh ME E-mail Address: Anh 51990 @ g. M	d = 04076	
Telephone: 207-576-046	7	Esilvanto I
Please submit all of the information causes a	outimed on the applicable checklist n automatic permit denial.	. Fanure to do so
In order to be sure the City fully underst Department may request additional information of this form and	ands the full scope of the project, the	For further information or t

http://www.portlandmaine.gov/754/Applications-Fees or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Siamatura.	11/2/1	Date: 7-18-15	
Signature:	1010100	Date. & 10 19	