City of Portland, Ma	aine - Building or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04	H101 Tel: (207) 874-8703	3, Fax: (207) 874-8	716	2013-01313		189 A005001
Location of Construction: 28 SEWALL ST	Owner Name: BAKER DON	Owner Name: BAKER DONNA M & DALE A BAKER JTS		er Address: SEWALL ST PO	Phone: (207) 671-1972	
20 SE WILL ST				02	(207) 071 1372	
Business Name:	Contractor Name	Contractor Name:		ractor Address:	Phone	
	Jason Baker	Jason Baker		Main Street Gor	38 (207) 276-4638	
Lessee/Buyer's Name	Phone:			it Type: rages - Detached	Zone:	
Past Use:	Proposed Use:			it Fee:	Cost of Work:	CEO District:
Single Family	_	Same: Single Family				000.00 6
				INSPECTION:		
Proposed Project Description: Construct detached garage						
Construct detached garag		PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Approved Approved Signature:		TIES DISTRICT	Γ (P.A.D.) oved w/Conditions Denied	
				ved Approv		
	.				Date:	
Permit Taken By: Date Applied For: 06/25/2013			Zoning Approval			
This permit application	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State an Federal Rules.		Shoreland		☐ Varianc	ee	Not in District or Landmar
2. Building permits do septic or electrical w	☐ Wetland ☐ Flood Zone		Miscell	aneous	Does Not Require Review	
3. Building permits are within six (6) month			Condition	onal Use	Requires Review	
False information mapermit and stop all w	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIO	N T		
I have been authorized by jurisdiction. In addition,	the owner to make this app if a permit for work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work agent and I agree ued, I certify that	e to conform to t the code offic	y the owner of record and that all applicable laws of this cial's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICAN	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN O	CHARGE OF WORK, TITLE				DATE	PHONE