City of Portland, M	laine -	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-	8716	2013-01854			194 C042001			
Location of Construction: Owner Name:			(r Address:			Phone:	
			MOHAN KENNETH C & JULIETTE V MOHAN JTS		12 FROST ST PORTLAND, ME 04		04102	(207) 272-4656	
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
		Shed Happens info@shedhap	Shed Happens info@shedhappens.com		509 Warren Avenue Portland ME 04103			(207) 892-3636	
Lessee/Buyer's Name		Phone:	Phone:		it Type: eds	Zone: R3			
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Single family		Single Family	Single Family		\$60.00	· · · · · · · · · · · · · · · · · · ·		6	
Proposed Project Description				INSP	ECTION:				
Install a 10' x 14' storag		n side of property							
	PEDESTRIAN ACTIVITIES DISTRICT ((P.A.D.)	P.A.D.)					
		Action: Approved Approved w/Co							
	I	S				ate:			
Permit Taken By: bjs	Date Applied For: 08/19/2013					Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
	applicable State and			☐ Variance			Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not star within six (6) months of the date of issuance			Flood Zone		Conditi	Conditional Use		Requires Review	
False information n permit and stop all	lidate a building	Subdivision		Interpretation		Approved			
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied ☐		Denied			
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the ow if a per	ner to make this appl mit for work describe	ication as his authord in the application	hat the orized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	