City of Portland, Maine	- Building or Use	Permit Applicat	ion 🛙	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			2014-00502		224A D018001
Location of Construction:	Owner Name:		Owner	Address:	•	Phone:
369 CAPISIC ST	SURPRISE SA	SURPRISE SAM S		369 CAPISIC ST PORTLAND , ME 04102		E (207) 879-4560
Business Name: Wayne Hymer waynehymer@wayneh		:	Contractor Address:			Phone
				Iennessey Dr Portland ME 04103		03 (207) 653-6043
Lessee/Buyer's Name	Phone:	Phone:		Туре:	Zone:	
			Demolitions - Building		ing	R3
Past Use:	-	Proposed Use:		Fee:	Cost of Work:	CEO District:
Single Family (garage)	Single Family	Single Family (garage)		\$70.00 CTION:	\$5,000	0.00 6
<b>Proposed Project Description:</b> Demolition of existing garage,	ermit #2014-00503.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w/Conditions Denied			
		1	Signature: Date:			Date:
Permit Taken By: bjs	Date Applied For: 03/14/2014		Zoning Approval			
1. This permit application do	bes not preclude the	Special Zone or Re	eviews	Zonii	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			2	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	neous	Does Not Require Review
3. Building permits are void within six (6) months of t	Flood Zone		Conditional Use		Requires Review	
False information may invalidate a building permit and stop all work		<ul><li>Subdivision</li><li>Site Plan</li></ul>		Interpretation		Approved
				Approved		Approved w/Conditions
		Maj 🗌 Minor 🗌 M	ИМ	Denied		Denied
		Date:		Date:		Date:

## CERTIFICATION

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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
DECONSIDIE DEDCON IN CHARCE OF WORK TITLE		DATE	DUONE