Form # P 04	DISPLAY	THIS (CARD	ON F	PRINCIPA	L FRO	NTAGE	OF	WORK	
Please Read Application An Notes, If Any, Attached	d	С	BU	LIDING		CTION		t Numbe	r. 081338	
	y that MGK-A- to <u>new 8' ></u> STBROOK ST	Y⊶MICHAEI ←10' shed	. A		D		40 4 00 400 1	007 :	2.0.2000	
provided t of the prov	hat the perso visions of the uction, main	e Statute	s of Mai	e and	of the C	acceptin acception	of the Ci	ty of P	ortland reg	ulating
	ublic Works for s if nature of work nation.		Not given befor lathe HOl	ation of nd writh this bu or oth NOTIC	permissi ig or pr	d-in. 2	procur	ed by o	of occupancy m wner before this reof is occupied	s build-
ΟΤΗΕΙ	R REQUIRED APPR	OVALS								
Fire Dept.										
							M		m	_
Appeal Board	Department Name						lang h	- Ma Building & Ir	n ler / C	7/23/08
		F	PENALTY	FORF	REMOVING	THIS CA	RD			

Cloce-out.

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SCANNED



CITY OF PORTLAND, MAINE Department of Building Inspections

Original Receipt

	10.23 20
	il lach
Received from	charl Makay
Location of Work	Costbrok
Cost of Construction \$	Building Fee:
Permit Fee \$	Site Fee:
Certifica	te of Occupancy Fee:
	Total:
Building (IL) Plumbing (I5)	Electrical (I2) Site Plan (U2)
Other	
CBL: 249.11.4	
Check #:	Total Collected s

No work is to be started until permit issued.

If permit is Withdrawn or Denied, amount of the Refund is based on \$20.00 or 20% of the fee, (whichever is greater) In order to receive a refund, you <u>MUST</u> present the Original Receipt.

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

City of	Portland, Maine	- Building or Use	Permit Applicatio	n Pe	rmit No:	Issue Date:		CBL:	
		Tel: (207) 874-8703			08-1338			249 A0	04001
Location of Construction: Owner Name:				Owne	r Address:			Phone:	
1683 WESTBROOK ST MCKAY MIC		HAEL A	1683	WESTBROO	ok st				
Business Name: Contractor Name			Contractor Address:			Phone			
Lessee/Buyer's Name Phone:				Permit Type: 2 Sheds				Zone: NS	
Past Use: Proposed Use:			Permit Fee: Cost of Work: CEO Distri			O District:			
Single Fa	amily Home	-	Home - new 8' x 10'	\$50.00 \$2,500.00		0.00	3		
shed			FIRE	DEPT:	Approved Denied	INSPECTI Use Group	ION: R3	Type: SB	
Proposed P	roject Description:						T	RC VI	Type: SB N3 23/08
new 8' x				Signat	ture		Cionatura	2. 11	sola V
	TO SHOU				STRIAN ACTIV	/ITIES DISTR	RICT (P.A.	.D.1	25/01
				Actio			oved w/Cor		Denied
				Signa	iture:		Da	nte:	
Permit Tak Idobson	en By:	Date Applied For: 10/23/2008			Zoning	Approval			
1. This	permit application do	bes not preclude the	Special Zone or Revie	cws	Zonin	g Appeal		Historic Pres	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		P	Not in District or Landmar		
 Building permits do not include plumbing, septic or electrical work. 		Wetland	Miscellaneous		4	Does Not Require Review			
 Building permits are void if work is not started within six (6) months of the date of issuance. 			Flood Zone DA	Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work		Subdivision					Approved		
			Site Plan			l,		Approved w/	Conditions
	CUY OF	- 12 ¹² E	Maj 🗌 Minor 🗌 MM		Dcnied			Denied	
	OCT 23	2003	Date: 2 10/28/	13	Date:		Date	Jon 13	123/08

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

•	- Building or Use Permit	Permit No: 08-1338	Date Applied For: 10/23/2008	CBL: 249 A004001	
Location of Construction:	Tel: (207) 874-8703, Fax: (20		weer Address:		
				Phone:	
1683 WESTBROOK ST	MCKAY MICHAEL A		Contractor Address:		
Business Name:	iness Name: Contractor Name:				Phone
Lessee/Buyer's Name	Phone:	P	ermit Type:		
5			Sheds		
Proposed Use:		Proposed	Project Description		
Single Family Home - new 8' x	(10' shed	new 8' :	x 10' shed		
Dept: Zoning Sta	tus: Approved	Reviewer:	Tom Markley		Date: 10/23/2008
Dept: Zoning Sta Note:	itus: Approved	Reviewer:	Tom Markley	Approval I	Date: 10/23/2008 Ok to Issue: ☑
Note: 1) This is NOT an approval for	itus: Approved or an additional dwelling unit. Y s stoves, microwaves, refrigerator	ou SHALL NO	T add any additio	nal kitchen equipme	Ok to Issue: 🗹
Note: 1) This is NOT an approval for not limited to items such as	or an additional dwelling unit. Y	ou SHALL NO rs, or kitchen si	T add any additio nks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue: 🗹 ent including, but
 Note: This is NOT an approval for not limited to items such as This property shall remain approval. 	or an additional dwelling unit. Y s stoves, microwaves, refrigerator	ou SHALL NO rs, or kitchen si ange of use sha	T add any additio nks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue: I



General Building Permit Application

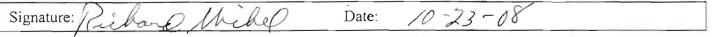
property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: /683	WESTBA	ROOK ST		
Total Square Footage of Proposed Structure/A		Square Footage of Lot		Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *n	nust be owner, Lessee or Bu	uyer*	Telephone:
Chart# Block# Lot#	Name Mic	HAEL MCKAY		207-899-2368
	7			
		Zip BRTHAND MEO		
Lessee/DBA (If Applicable)	Owner (if di	fferent from Applicant)	C	ost Of 25 min
	Name		W	ork: \$ 2500,00
	Address		C	of O Fee: \$
	City, State &	Zıp	To	otal Fee: \$ <u>2500.00</u>
Current legal use (i e. single family) If vacant, what was the previous use? Proposed Specific use: $S H = 0Is property part of a subdivision?Project description:$, GARI If XIO'	Number of Reside		
Contractor's name: Shell US	4 M	illstores		
Address: Payne Rd				
City, State & Zip				hone: <u>\$66-616-</u> 260
Who should we contact when the permit is read	y: MichA	HEL MCKAY	Telep	hone: 899-2368
Mailing address: 1683 Westwood	est, Por	thand MEOGH	22	

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, 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 permut at any reasonable hour to enforce the provisions of the codes applicable to this permit.



This is not a permit; you may not commence ANY work until the permit is issue