	y of Portland, Maine Congress Street, 04101		O			2013-02203	Issue Date:		259 D001001	
	<u> </u>	1 el: (.	207) 874-8703 Owner Name:	, rax: (207) 874-8						
Location of Construction: 856 BRIGHTON AVE			BREAKWATER SCHOOL			Owner Address: 856 BRIGHTON AVE PORTLAND, ME 04102			Phone:	
Business Name: Co			Contractor Name:			Contractor Address:			Phone	
Breakwater School			Portland Trails jaime@trails.o		305 Commercial Street Portland ME 04101			(207) 329-6180		
Lessee/Buyer's Name			Phone:			it Type: erations - Comm	Zone: R3			
Past	Use:	Proposed Use:		Perm	Permit Fee: Cost of Work:		CEO District:			
Private School & Park/Playground			Same: Private School & Park/Playground		INSPI	\$30.00 \$1,000.00 6 SPECTION:				
Prop	posed Project Description:									
	k and playground improve									
anc	d a few minor strutures as	permit app.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions D				ditions Denied		
				Signature:			Da			
Permit Taken By: Date Applied For:					Zoning Approval					
1. This permit application does not pre Applicant(s) from meeting applicable Federal Rules.				Special Zone or Reviews		Zonia	ng Appeal	1 1	Historic Preservation	
				Shoreland		☐ Variance			Not in District or Landman	
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		Does Not Require Review	
3.	Building permits are voice within six (6) months of	of issuance.	Flood Zone		Condition	onal Use		Requires Review		
False information may invalidate permit and stop all work			a building	Subdivision		Interpre	Interpretation		Approved	
				Site Plan		Approve	ed		Approved w/Conditions	
				Maj		☐ Denied	Denied		Denied	
				Date:		Date:	Date:		Date:	
I ha juris shal	reby certify that I am the over been authorized by the sdiction. In addition, if a plant to enter the permit.	owner to permit fo	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work in agreed and I agreed and I certify that	to conform to the code offici	all appl al's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE