City of Portland, Maine	- Building or Use	Permit Applica	tion ¹	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	8716	2013-01209		260 A013001
Location of Construction:	Owner Name:	Owner Name:		Address:	Phone:	
33 ROWE AVE		SAUNDERS BRYAN S & LINDSAY A GERMAINE JTS		OWE AVE PO 2	(207) 899-9894	
Business Name: Contractor Nam		:: Contr		ctor Address:		Phone
			ME			
Lessee/Buyer's Name	Phone:	Phone:		Туре:	Zone:	
		Sheds			R3	
Past Use:	Proposed Use:	Proposed Use:		Fee:	Cost of Work:	CEO District:
Single Family Dwelling	Same: Single	FamilyDwelling		\$30.00	\$1,000.	.00 6
Proposed Project Description: erect 10' x 10' detached Storage shed (Kit)			-			
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Conditions Denied				
		Signature:			Date:	
Permit Taken By:		Zoning Approval				
bjs	06/12/2013					
1. This permit application de	pes not preclude the	Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			e	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review
3. Building permits are void within six (6) months of t	Flood Zone		Conditional Use		Requires Review	
False information may in- permit and stop all work	 Subdivision Site Plan 		Interpretation		Approved	
			Approved		Approved w/Conditions	
		Maj 🗌 Minor 🗌	MM 🗌	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
RESPONSIBLE DERSON IN CUARCE OF WORK THE		DATE	DUONE