Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

ECTION B PERMIT

ation

Permit Number 0443

ances of the City of Portland regulating

tures, and of the application on file in

This is to certify that

Haapala Brian R /Applicant

1 0 200

has permission to

6 x 8 Storage Shed

AT 46 Birchvale Dr

272 0006001



provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication insped n must and w n permis n procu g ding or re this t thereo b la ed or d osed-in. R NOTICE IS REQUIRED.

of buildings and st

ne and of the

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept. Appeal Board _

Other _

Department Name

Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Bu	uilding or Use	Permit Application		Issue Date:	CBL:	
389 Congress Street, 04101 Tel	l: (207) 874-8703	3, Fax: (207) 874-8716	6 04-1243	HOLF II O ZUUN	272 000	10090
Location of Construction:	Owner Name:		Owner Address: 🍖	HV OF TOWN	Phone:	
46 Birchvale Dr	Haapala Brian	ı R	46 Birchvale Dr	MD		
Business Name:	2:	Contractor Address:		Phone		
	Applicant		Portland			
Lessee/Buyer's Name	Phone:		Permit Type: Sheds			Zone:
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	1
Single Family Home		Home / 6 x 8 Storage	\$39.00	3		
	Shed		FIRE DEPT:	Use C	BOCA A	Туре: 5 <i>В</i>
Proposed Praject Description:					1	1
6 x 8 Storage Shed			Signature:	Signa		
			Action Approx		(P.A.D.) w/Conditions	Denied
			Signature:		Date:	
	Applied For:		Zoning	Approval		
ldobson 08	/23/2004					
 This permit application does n Applicant(s) from meeting app Federal Rules. 	Special Zone or Review	ws Zonii	ng Appeal	Historic Press		
Building permits do not includ septic or electrical work.	le plumbing,	Welland	Miscella	ineous	Does Not Require Rev	
3. Building permits are void if we within six (6) months of the da		Flood Zono	Condition	onal Use	Requires Rev	iew
False information may invalidate permit and stop all work	Subdivision	☐ interpre	tation	Approved		
		Site Plan	Approve	ed	Approved w/0	Conditions
		Maj Minor MM	Denied		Denied /	
		Date: 99 64	Date:		Date: 9/9/04	_
		1 1			1 1	
		1 1			1 1	

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 PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



CITY OF PORTLAND, MAINE

Department of Building Inspections

(luo 20 20 04
Received from Diala Haragala
Location of Work 46 Bischuale
Cost of Construction \$
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other
CBL: 272 OCCC 3000
Check #: Total Collected \$

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

DENIX

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

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property withir the Clty, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 46	Birchwale:	Dive	!	
Total Square Footage of Proposed Structu 48	ure	Square Footage of Lot		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Brian	Haapala		Telephone: 780 0862.
Lessee/Buyer's Name (If Applicable)	telephone:	name, address & oafdla rate Dr. WE 04102	W	ost Of ork: \$_1800,_ e: \$_3900
Current use:	nt: <u>600000</u>		o-{	(ot
Contractor's name, address & telephone: Who should we contact when the permit is Malling address: We will contact you by phone when the pereview the requirements before starting any and a \$100.00 fee if any work starts before the	ready: <u>Evi</u> ermit is ready work, with c	You must come in and p	– olck u ork o	Up the permit and
THE REQUIRED INFORMATION IS NOT INCLUDE		BMISSIONS THE PERMIT WIL	L BE	AUTOMATICALLY

INFORMATION IN ORDER TO APROVE THIS PERMIT.

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 ageas covered by Ahis permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

	7	/	/	/	//	1	<u>ل</u>		
Signature of applicant:	7	12/	Z	7	1		re-	Date:	8.20.2004.
	_	177		7	_	77			

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

		nilding or Use Permi (207) 874-8703, Fax: (Permit No: 04-1243	Date Applied For: 08/23/2004	CBL: 272	O006001
Location of Construction		Owner Name:	<u> </u>	Owner Address:	<u> </u>	Phone:	
46 Birchvale Dr	n:	Haapala Brian R	(Phone:	
Business Name:				46 Birchvale Dr	 -	- DI -	
Business Name:		Contractor Name: Applicant		Contractor Address: Portland		Phone	
Lessee/Buyer's Name		Phone:		Permit Type:			
				Sheds			
Proposed Use:			Propose	ed Project Description:			
Single Family Home	e / 6 x 8 Storage	e Shed	6 x 8	Storage Shed			
Dept: Zoning Note:	Status:	Approved	Reviewer	: Tammy Munson	Approval I		09/09/2004 (ssue: 🗹
Dept: Building Note:	Status:	Approved	Reviewer	: Tammy Munson	Approval I		09/09/2004 Issue: 🗹