City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: *** 68 Birchvale Drive		Owner: **** Peter McGarvey		Phone: 772-5328		
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:		00113	5
Contractor Name: SAA	Address:	Phone:	Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$ 350.00 \$30.00			-	
single family	same		RE DEPT. Approved Denied INSPECTION: Use Group()3Type5		Zone: CBL: 272-0-0	007
Proposed Project Description: replace garage door with single standard door and enclose for storage PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Approved with Conditions: Denied Signature: Date:					Zoning Approval: Special Zone Shoreland Wetland Flood Zone Subdivision	10/10/00
Permit Taken By: K	Date Applied For:	Oct 3 2000 K			☐ Site Plan maj Zoning /	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 					□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation □ Mot in District or Landmark □ Does Not Require Review □ Requires Review Action:	
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 provisions of the code(s) applicable to such permit Oct 3 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:					🗆 Denie 🕻	
SIGNALURE OF AFTERCAINT	ADDRESS.		r noi	1L .		
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE rmit Desk Green–Assessor's C	anary-D.P.W. Pink-Put	PHO		CEO DISTRICT	3