Cit	y of Portland, Maine	- Building or Use l	Permi	t Application	n Per	rmit No:	Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703				(207) 874-8710	6	10-0535			275 CO4	48001	
Location of Construction: Owner Name:					Owner Address:		Phone:				
126	126 WARWICK ST CITY OF PORT			D	389 CONGRESS ST						
Business Name: Contractor Name City of Portlar		:		Contractor Address:				Phone			
		City of Portlan	and School Department/		164 Allen Ave Portland				2078748100		
Lessee/Buyer's Name Phone:		Phone:	hone:		Permit Type:				-	Zone:	
					Sheds						
Past	Use:	Proposed Use:		Permit Fee: Cost of Wor		<b>K:</b>	CEO District:				
Hal	1 School		Hall School - install a storage shed			\$40.00	\$2,00	0.00	3		
		8'3" x 10'3" 7f	t high w	vood shed	FIRE	DEPT:	Approved	INSPEC	CTION:		
							Use Gro	e Group: Type:			
					Demed						
Prop	osed Project Description:										
inst	all a storage shed 8'3" x 10	'3" 7ft high wood shed			Signature:			Signatu	nature:		
					PEDE	STRIAN ACTIV	VITIES DIST	RICT (P	T (P.A.D.)		
					Actio	n: Approv	ed 🗌 App	roved w/	ved w/Conditions Denied		
					Signature:			Date:			
Pern	nit Taken By:	Date Applied For:				Zoning	Approva	1			
ldo	obson	05/18/2010									
1. This permit application does not preclude		bes not preclude the	Special Zone or Reviews		ws	Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Uariance			Not in District or Landmark			
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Review			
3.	*		Flood Zone			Conditional Use			Requires Review		
			<ul> <li>Subdivision</li> <li>Site Plan</li> </ul>			Interpretation			Approved		
						Approved			Approved w/Conditions		
			Maj [	Minor MM		Denied			Denied		
		Date:			Date:		Da	ate:			

## 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

ocation of Construction:	Owner Name:	Owner Name:		Pl	Phone:	
126 WARWICK ST	CITY OF PORTLAND		389 CONGRESS ST			
Business Name:	Contractor Name:	(	Contractor Address:		Phone	
	City of Portland School	Department/	164 Allen Ave Portland	d 2	078748100	
.essee/Buyer's Name	Phone:	I	Permit Type:		Zone:	
			Sheds			
Dept: Zoning St	atus: Approved with Conditions	Reviewer:	Marge Schmuckal	Approval Date	. 05/19/2010	
<b>NT</b> /						
Note:				O	s to Issue: 🗹	
1) The proposed shed SHAI	L NOT be located within 75' of the basis of plans submit					
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<ol> <li>The proposed shed SHAI</li> <li>This permit is being approved work.</li> </ol>		ted. Any devia			ore starting that	
<ol> <li>The proposed shed SHAI</li> <li>This permit is being approved work.</li> </ol>	oved on the basis of plans submit	ted. Any devia	tions shall require a sep	parate approval befo Approval Date	ore starting that	
<ol> <li>The proposed shed SHAI</li> <li>This permit is being approved work.</li> <li>Dept: Building St Note:</li> <li>Comments:</li> </ol>	oved on the basis of plans submit atus: Approved	ted. Any devia Reviewer:	tions shall require a sep Tammy Munson	parate approval befo Approval Date	ore starting that : 05/24/2010	
<ol> <li>The proposed shed SHAI</li> <li>This permit is being approved work.</li> <li>Dept: Building St Note:</li> <li>Comments:</li> </ol>	oved on the basis of plans submit	ted. Any devia Reviewer:	tions shall require a sep Tammy Munson	parate approval befo Approval Date	ore starting that : 05/24/2010	

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE