	ty of Portland, Main Congress Street, 0410	U			2013-01668	Issue Date:		277 J002001	
		. ,	, rax: (207) 874-6					!	
	ation of Construction: GLEN HAVEN W	Owner Name: LOTHROP VI	LOTHROP VIRGINIA S		Owner Address: 5 GLEN HAVEN W PORTLAND , M 04102			Phone: (207) 885-2037	
Busi	iness Name:	Shed Happens	Contractor Name: Shed Happens mike@shedhappens.com		Contractor Address: 509 Warren Avenue Portland ME 04103			Phone (207) 892-3636	
Less	see/Buyer's Name	Phone:	Phone:		Permit Type: Sheds			Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Sir	ngle Family	Single Family	Single Family		\$70.00 \$5,0		000.00 7		
	posed Project Description:								
Int	all 10' x 16' shed			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Co					
								aditions Denied	
				Si	ignature:		Da	te:	
Peri bj	nit Taken By: S	Date Applied For: 08/01/2013	Zoning Approval						
1.	This permit application does not preclude		Special Zone or R	Reviews	Zoni	Zoning Appeal		Historic Preservation	
	Applicant(s) from meeti Federal Rules.		Shoreland		☐ Varianc	Variance		Not in District or Landmar	
2.	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		Wetland		Miscell	Miscellaneous		Does Not Require Review	
3.			Flood Zone		Conditi	Conditional Use		Requires Review	
	permit and stop all work	_	☐ Subdivision		Interpre	☐ Interpretation ☐		Approved	
			Site Plan		Approv	ed		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:	Date:		Date:	
I ha juri shal	ereby certify that I am the extended by the soliction. In addition, if a ll have the authority to ent	owner to make this appl permit for work describe	ication as his authord in the application	nat the orized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all app	licable laws of this horized representative	
suc	h permit.								
SIGNATURE OF APPLICANT			ADD	RESS		DATE	PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE