City of Portland, Mai	ne - Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 041	01 Tel: (207) 874-8703	Fax: (207) 874-8	3716	2014-02471		277A A006001	
Location of Construction:	Owner Name:	wner Name:		wner Address:		Phone:	
36 PENWOOD DR		MURPHY ELIZABETH D & SEAN MURPHY JTS		ENWOOD DR)2	, ME (207) 400-7904		
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone:		
	Davis Woodw	Davis Woodworking		Brighton Avenu)2	(207) 774-2045		
Lessee/Buyer's Name	Phone:	Phone:		t Type: ds	Zone: R3		
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
Single Family Home	Same: Single	Same: Single Family Home		\$36.00 \$1,9		00.00 7	
Proposed Project Description:				INSPECTION:			
For the construction of a ne		replacing the old	lacing the old				
shed (size-for-size) in the s	PEDEST		STRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved App Signature:		ved Approv	ed w/Conditions Denied		
					Date:		
ermit Taken By: dmc Date Applied For: 10/22/2014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
2. Building permits do no septic or electrical wor	Wetland		Miscella	aneous	Does Not Require Review		
3. Building permits are within six (6) months	Flood Zone		Condition	onal Use	Requires Review		
False information may permit and stop all wo	Subdivision		Interpre	tation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA					
I have been authorized by the jurisdiction. In addition, if	he owner to make this appl a permit for work describe	lication as his authored in the application	rized a is issu	gent and I agree ed, I certify that	e to conform to t the code offici	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	