Cit	y of Portland, Mai	ne - Buil	ding or Use l	Permi	t Application	ı I	Permit No:	Issue Date	:	CBL:	
389	Congress Street, 041	01 Tel: (2	207) 874-8703	, Fax: ((207) 874-871	5 L	10-0745			292 D0	03001
Location of Construction: Owner Name:						Owner Address:			Phone:		
132	20 Forest Ave		Libby Justine	Libby Justine A			1320 Forest Ave				
Busi	ness Name:		Contractor Name:			Con	tractor Address:			Phone	
			Wes Irving			355 Quary Road New Glouster				20722830)42
Less	ee/Buyer's Name		Phone:			Permit Type:			•	Zone:	
						Sł	neds				
Past	Use:		Proposed Use:		-	Permit Fee: Cost of Work:			k:	CEO District:	
Single Family Sin			Single Family / Build 8' x 12' S		8' x 12' Shed.		\$30.00	\$30.00 \$1,000.0		5	
						FIRE DEPT:		Approved INSPEC		CTION:	
								Denied	Use G	roup:	Type:
							_				
_	oosed Project Description:					-					
Bui	ild 8' x 12' Shed.					· ·		L -	gnature:		
							PEDESTRIAN ACTIVITIES DISTRICT			(P.A.D.)	
						Action: Approved Approved			proved w	w/Conditions Denied	
						Signature:				Date:	
Pern	nit Taken By:	Date Ar	oplied For:	<u> </u>		Zoning Approval				Dutc.	
gg	•	_	5/2010				Zoning	Approva	11		
				Special 7e		ws	Zoning Appeal			Historic Preservation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State an Federal Rules.		•	Shoreland			☐ Variance			Not in District or Landmark	
			cable State and								
2.	Building permits do not include plumb septic or electrical work.		plumbing,	Wetland			Miscellaneous			☐ Does Not Require Review	
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditional Use			Requires Review		
False information may invalidate a build permit and stop all work			a building	☐ Subdivision ☐ Site Plan			☐ Interpretation		Approved	Approved	
						Approved			Approved w/Conditions		
				Maj Minor MM		Denied			Denied		
				Date:			Date:		Ε	Date:	
				Date:			Date:			Oate:	
that this repr	reby certify that I am th I have been authorized jurisdiction. In additio esentative shall have the(s) applicable to such p	by the own n, if a perm e authority	ner to make this nit for work desc	amed pr applica cribed in	tion as his authon the application	he p orize i is i	ed agent and I a ssued, I certify	ngree to con that the co	form to de offic	all applicable cial's authorized	laws of l
SIG	NATURE OF APPLICANT				ADDRES	S		DATE	<u> </u>	PHO	NE
2.0	or in the init					-		21111		11101	_

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1320 Forest Ave	Libby Justine A	1320 Forest Ave		
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Wes Irving	355 Quary Road New Glouster	2072283042	
Lessee/Buyer's Name	Phone:	Permit Type:	•	Zone:
		Sheds		

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Ann Machado
 Approval Date:
 06/29/2010

 Note:
 Ok to Issue:
 ✓

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 07/07/2010

 Note:
 Ok to Issue:
 ✓

- 1) This structure is exempt from meeting the City of Portland Building Code based on size.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

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