		Owner Name:		Owne	r Address UUIV	Phone:		
Location of Construction: 24 MAYFIELD ST		HUTTON MATTHEW T & ERIN		1	1AYFIELD ST	<u> </u>		
Business Name:		Contractor Name:			Contractor Address: CITY OF PORTLAND			
		Applicant			Portland			
Lessee/Buyer's Name		Phone:		Permi	Permit Type: Or tricked Carreige Zone			
D (V)		D 147			ditions Dwellings it Fee: Cost of Wor	rk: CEO Distric	1 1	
Past Use: Single Family Home		Proposed Use: Single Family Home/ build a 790 sq ft 2 Car Garage			it Fee: Cost of Wor \$156.00 \$15,00		1.	
				FIRE DEPT: Approved Use Group: Type Signature: Signature: Signature			Туре:	
	_				_	IRC-	-200	
Proposed Project Description					Chark	21/2		
build a 790 sq ft 2 Car Garage				Signa FEDE	ture: STRIAN ACTIVITIES DIS	Signature (P.4.7)	2 (b) /5 <u> </u>	
				Actio	n: Approved Ap	pproved w/Conditions	Denied	
				Signa	iture:	Date:		
Permit Taken By: Idobson	_	oplied For: 1/2005			Zoning Approva	al		
1. This permit applicat	tion does not	preclude the	Special Zone or Rev	iews	Zoning Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work.			Shoreland	☐ Variance		Not in District or Lan		
			☐ Wetland		Miscellaneous	Does Not Require Rev		
3. Building permits are void if work is within six (6) months of the date of i False information may invalidate a b		of issuance.	Flood Zone Subdivision		Conditional Use	Requires Review Approved		
permit and stop all work						Approved w/Condition		
			Site Plan		Approved	Approved	d w/Conditio	
			Maj Minor MM Denie		Denied	Denied		
			Date: XXX	<u>5/05</u>	Date:	Date:	12	
			1) (į.				
			CERTIFICAT	ION				
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owner to if a permit fo	make this apple work describe	ication as his authorized in the application is	ed agen issued,	t and I agree to conform I certify that the code of	to all applicable la fficial's authorized r	ws of this	
SIGNATURE OF APPLICANT			ADDRESS		DATE	TE PHONE		

6/2/05 - First Insp- ok to White out.

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