City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: ****797-5642 40 Avalon Road William Presby Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Same Permit Issued: Address: Phone: Contractor Name: owner COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 30.00 \$ 800.00 **FIRE DEPT.** □ Approved Single family same **INSPECTION:** Use Group: // Type 5/3 ☐ Denied CBL: Zone: BOC 499 294-D-011 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Erect 2'xk' storage shed Action: Approved Approved with Conditions: Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj Date Applied For: Permit Taken By: June 23, 2000 Nadine Zoning Appea □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation Mot in District or Landmark □ Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit June 23, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE: