Application And Notes, If Any, Attached	PERMIT	Permit Number: 090987
his is to certify thatCHAMBERLAIN GI as permission to10' x 10' utility Shed		
	s of Mage and of the	pting this permit shall comply with ces of the City of Portland regulat yres, and of the application on file

PENALTY FOR REMOVING THIS CARD

Appeal Board _

Department Name

Other

Location of Construction:	Tel: (207) 874-8703, Fax: (207) 874-87		6 09-0987 Owner Address:			298 A012001		
34 BELFORT ST		CHAMBERLAIN GRANT & RYA		34 BELFORT ST			Thone.	
Business Name:	Contractor Name	::	Contractor A	ddress:		Phone		
Lessee/Buyer's Name	/Buyer's Name Phone:		Permit Type: Sheds				Zone:	
Past Use:	Proposed Use:			Co-A of Wes	de CE	D District:	<i> </i>	
Single Family Home		Single Family Home - 10' x 10' utility Shed		Permit Fee: Cost of Work: \$30.00 \$1,000.00				
g				FIRE DEPT: Approved INS			SPECTION:	
				Denied	Use Group:	123	Type: 5.K	
					7	\mathcal{R}	003	
Proposed Project Description:						7		
10' x 10' utility Shed		Signature: Signatu PEDESTRIAN ACTIVITIES DISTRICT (F						
			Action:		proved w/Con		Denied	
				търготов дъ			24	
Permit Taken By:	Date Applied For:		Signature:		Dat	:e:		
Ldobson	09/09/2009		Z	oning Approva	al			
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 		Special Zone or Reviews		Zoning Appeal		Historic Preservation		
		Shoreland		☐ Variance		ot in District or Landmark		
		Wetland O		Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		☐ Flood Zone ☐ Conditional Use			Requires Review			
		Subdivision		☐ Interpretation		Approved		
		Site Plan		Approved		Approved w/C	Conditions	
		Maj Minor MM Denied		Denied		☐ Denied		
7		Date:		Date:		Date: The		
					-			
		CEDTIEICATIO) N					
I hanahar agud£rahaa I d	owner of record of the na	CERTIFICATIOn med property or that the		work is authorized	hy the own	ner of record	d and that	
i hereby certify that I am the	owner to make this appli	ication as his authorized	agent and I sued, I certif	agree to conform fy that the code of	to all applic	cable laws o	of this esentative	
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to entact permit.			able hour to	enforce the provi	ision of the	code(s) app	olicable to	
I have been authorized by the jurisdiction. In addition, if a shall have the authority to ent				DATE		code(s) app		

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work

Order Release" will be incurred if the procedure is not followed as stated below. A Pre-construction Meeting will take place upon receipt of your building permit. X Final inspection required at completion of work to check placement on property. Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection. If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES. CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED. Signature of Applicant/Designee Date Signature of Inspections Official

CBL: 298 A012001

Building Permit #: 09-0987

City of Portland, N 389 Congress Street,		•		74-8716	Permit No: 09-0987	Date Applied For: 09/09/2009	CBL: 298 A012001
Location of Construction:		Owner Name:			wner Address:		Phone:
34 BELFORT ST		CHAMBERLAIN	I GRANT &	RYA 3	34 BELFORT ST		
Business Name:		Contractor Name:		C	ontractor Address:		Phone
Lessee/Buyer's Name		Phone:			ermit Type: Sheds		
Proposed Use:				Proposed	Project Description:		
Dept: Zoning Note:	Status:	Approved with Cond	litions R e	eviewer:	Tom Markley	Approval E	Oate: 09/09/2009 Ok to Issue: ✓
This is NOT an appropriate not limited to items		additional dwelling uves, microwaves, refri					nt including, but
2) This property shall approval.	remain a sin	gle family dwelling.	Any change o	of use sha	II require a separa	te permit application	n for review and
Dept: Building Note:	Status:	Approved with Cond	litions Re	eviewer:	Tom Markley	Approval D	Oate: 09/09/2009 Ok to Issue: ✓
1) This structure is ex	empt from m	eeting the City of Po	rtland Buildi	ng Code b	oased on size.		
2) Application approv		on information provid	ed by applica	ınt. Any d	eviation from app	roved plans requires	s separate review

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 34Belfort						
Total Square Footage of Proposed Structure/A	Square Footage of Lot 39(00)					
Tax Assessor's Chart, Block & Lot	Buyer* Telephone:					
Chart# Block# Lot#	Name / On	T CHAMP (DIAM)		_		
298 H 12	Name GRANT (HAMSERLAIT) Address 34 BELFORT ST.			212-8447		
7/6 "				010 0111		
	City, State & Zip RODTLAND, M. (71103			,		
Lessee/DBA (If Applicable) Owner (if different from App			Co	ost Of		
	Name		W	Cost Of Work:		
N/A	Address		C	C of O Fee: \$		
, y	City, State & Zip			otal Fee: \$30		
	,,		10	otal Fee: \$		
Current legal use (i.e. single family)	LE FAMILY					
If vacant, what was the previous use?	, , , , , , , , , , , , , , , , , , , ,					
Proposed Specific use:			_			
Proposed Specific use: Is property part of a subdivision? NO	Is	yes, please name				
Project description:						
PUTTING UTILITY SHED AT THE END OF THE DRIVEWAY						
Contractor's name:						
Address:			_			
City, State & Zip			Telep	hone:		
Who should we contact when the permit is read	Telephone:					
Mailing address: 51 SELFORT ST.	POUTLAND	MC 04103				
Please submit all of the information outlined on the applicable Checklist. Failure to						
do so will result in the automatic denial of your permit.						
n order to be sure the City fully understands the	full scope of t	ho project the Diagrams a	nd Dorrol	ommont Donastmont		

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Get allel	Date: 1/1/09	

This is not a permit; you may not commence ANY work until the permit is issue



