City of Portland, M		U			Permit No:	Issue Date:	CBL:	
389 Congress Street, 0	04101 Tel: (<u> </u>	, Fax: (207) 874-8		2014-01821		310 E030001	
Location of Construction: 1670 FOREST AVE (Lane Ave)		Owner Name: DUNNELL JEAN B		Owner Address: 1670 FOREST AVE PORTLAND, ME 04103			ME Phone:	
Business Name:		Contractor Name: Diversified Properties - W.A. One		Contractor Address: PO 10127 PORTLAND ME 04104		Phone: (207) 773-4988		
Lessee/Buyer's Name		Phone:		Permit Type: New Single Family		Zone:		
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
Vacant land with detached garage split form 1670 Forest Ave		Single Family detached garas		INSPI	\$1,713.00 ECTION:	\$109,00	0.00	
				Use Group: R-3 Type: 5B Single Family				
Proposed Project Description		ENTIRE						
build a new 26' x 28' tw	ith existing	IRC 2009						
detached garage			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					red Approve	d w/Conditions Denied		
Permit Taken By: Date Applied For:				Signature: Zoning Approval		Approval	Date:	
ldobson	·			Zoming Approvai				
This permit application does not preclude the			Special Zone or Reviews		Zonin	g Appeal	Historic Preservation	
Applicant(s) from r Federal Rules.		•			☐ Variance	,	Not in District or Landma	
 Building permits do not include plumbing, septic or electrical work. 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 			 □ Wetland □ Flood Zone □ Subdivision □ Site Plan Maj □ Minor □ MM □ 		Miscella	neous	Does Not Require Review	
					Condition	nal Use	Requires Review	
					Interpret	ation	Approved	
					Approve	ed	Approved w/Conditions	
					Denied		Denied	
			Date:		Date:		Date:	
				at the	proposed work i		the owner of record and the	
jurisdiction. In addition	if a permit f	or work describe	d in the application	is issu	ed, I certify that	the code officia	all applicable laws of this al's authorized representativn of the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN	CHARGE OF V	WORK, TITLE				DATE	PHONE	