City of Portland, Maine - B	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel		, Fax: (207) 874-8		2013-02759		310 F008001
Location of Construction: 60 FARNHAM ST		Owner Name: SMALL STANLEY B & LOIS A JTS		er Address: FARNHAM ST 03	ME (207) 797-6372	
Business Name:	Doug Candage	Contractor Name: Doug Candage dbcbuilder1@aol.com		Box 327 Freepo	Phone (207) 653-6004	
Lessee/Buyer's Name	Phone:	Phone:		it Type: ages - Detached	Zone:	
Past Use:	Proposed Use:			it Fee:	Cost of Work:	CEO District:
Single Family Home	Same: Single	Same: Single Family Home		\$270.00 \$25,0 NSPECTION:		00.00 8
				2022011		
Proposed Project Description:	01.1	11 1.				
Build a new 26' x 26' detached Ga months ago and rubble was remov	collapsed two	PEDESTRIAN ACTIVITIES DISTRIC		TIEC DICTRICT	(D A D)	
months ago and rasore was remov		Action: Approved Approved w/Co			ed w/Conditions Denied	
		ī	S	ignature:		Date:
· ·	e Applied For: 2/18/2013		Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	ee	Not in District or Landmar
 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		Miscell	aneous	Does Not Require Review
		Flood Zone		Condition	tional Use Requires Review	
		☐ Subdivision ☐ Site Plan		Interpre	etation	Approved
				Approv	ed	Approved w/Conditions
	Maj Minor MM		☐ Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permishall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE