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Location of Construction:	Owner:		Phone:	Permit No:
1662 Forest Ave/l Farnham St	Shuttleworth	, William	797-0872/770-2723	
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address:	Phone:		Permit Issued:
Sam Cole		ortland, ME	879-7780 🗡	
Past Use:	Proposed Use:	COST OF WORK	PERMIT FEE:	
	•	\$ 587.00	\$ 25.00	
1-fam		FIRE DEPT. □ A		ne·
				<b>Zene</b> : <b>CBL</b> : 310-E-053
Proposed Project Description:		Signature:	Signature:	Zanima Ammariali
				.D.)
Aluminum shelter with plastic	A	pproved pproved with Conditions: enied	☐ Special Zone or Reviews: ☐ ☐ Shoreland ☐ ☐ Wetland ☐ ☐ Flood Zone	
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:	Signature.	Butc.	☐ Site Plan maj ☐minor ☐mm ☐
Tomac rate By.	Bute rippined ren	15 May 1998		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				☐ Wallance
2. Building permits do not include plumbing, septic or electrical work.				□ Conditional Use
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  Needed use explan if				□Interpretation
				☐ Approved☐ Denied
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  Needed use explanation  New York  Call William for P/U, 770-2723  CERTIFICATION  CERTIFICATION  Thereby 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 considered.				Historic Preservation  ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
	<b>\</b>	expired - 0	ver 6 mi	Ĵ Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a		•		ldition. Denied /
if a permit for work described in the application is areas covered by such permit at any reasonable ho				nter all Date: 18/ma/98
		18 May 1998		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	Jan
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE		PHONE:	CEO DISTRICT