City of Portland, Maine -	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 T	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-00509		332 A002001	
Location of Construction:	Owner Ad		r Address:		Phone:		
34 Tucker Ave	SPRAGUE D. SYLVIA W S	AVID W & 34 TUO PRAGUE JTS 04103		CUCKER AVE	PORTLAND, I	ME (207) 809-2803	
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone		
				Ε			
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
		D		ditions - Single l	R3		
Past Use:	Proposed Use:	Proposed Use: Single Family w/accessory		mit Fee: Cost of Work: \$395.00 \$30,000.0		CEO District:	
Single family		dwelling unit		\$395.00 \$30,000.00 8 PECTION:			
Proposed Project Description:							
build a two story, 12' x 24' addi an accessory dwelling unit over	PEDESTRIAN ACTIVITIE		THE DISTRICT				
an accessory dwening unit over							
		Action: Approved		ved Approv	proved w/Conditions Denied		
			S	ignature:		Date:	
bjs Date Applied For: 03/17/2014			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	e	Not in District or Landmar	
2. Building permits do not inc septic or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the	☐ Flood Zone		Condition	onal Use	Requires Review		
False information may inva- permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the own	ner of record of the n	CERTIFICA			is authorized by	v the owner of record and tha	
I have been authorized by the ow jurisdiction. In addition, if a perishall have the authority to enter a such permit.	ner to make this appl mit for work describe	lication as his authored in the application	rized a is issu	agent and I agree ned, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	