Cit	y of Portland, Maine	e - Build	ing or Use Pe	ermit .	Application	Pe	rmit No:	Issue Dat	e:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					6 04-0972		347 C016001		6001			
Location of Construction: Owner Name:				Owner Add		r Address:			Phone:			
161 Hennessy Dr Orlando Sharon				n T	161 Hennessey Dr							
Business Name: Contractor Na Sheds, U.S.A			me:		Contractor Address:				Phone			
			Sheds, U.S.A.			P.O.Box 6622 Porthsmouth				603868130	00	
Lessee/Buyer's Name Phone:				Pe			it Type:				Zone:	
				Sheds		ds						
Past Use: Proposed Use:						Perm	it Fee:	Cost of Work: C		CEO District:		
_			build 8' x 12' shed			\$39.00	\$1,8	00.00	5			
						FIRE	FIRE DEPT: Approved		INSPECTION:			
								Denied	Use Gr	oup:	Type	
								Demea				
Pro	posed Project Description:	1										
bui	ld 8' x 12' shed					Signa	ture:		Signatu	ire:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)		
						Actio	on: Appro	ved App	proved w	ved w/Condition Denied		
						Signa	ture:			Date:		
Peri	mit Taken By:	Date A	pplied For:		Zoning Approval							
tm	·	07/14	_				Zomig	Approva	ı			
				Special Zone or Reviews		Zoning Appeal			Historic Preservation			
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landm				
2.	Building permits do not include plumbing, septic or electrical work.		☐ Wetland [Miscellaneous			Does Not Require Revie				
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon		Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved			
			Site Plan			Approved			Approved w/Condition			
				Maj Minor MM			☐ Denied			☐ Denied		
				Date:			Date:		D	Date:		
	reby certify that I am the			med pr		ne proj						
juri: shal	we been authorized by the sdiction. In addition, if a ll have the authority to enuch permit.	permit for	r work described	in the	application is is:	sued, I	certify that the	ne code offic	cial's au	thorized repres	sentative	
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:		
161 Hennessy Dr	Orlando Sharon T		161 Hennessey Dr			
Business Name:	Contractor Name:		Contractor Address: Phone			
	Sheds, U.S.A.		P.O.Box 6622 Porthsmouth	60386813	6038681300	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
	Sheds					

Dept:	Zoning	Status: Approved	Reviewer:	Tammy Munson	Approval Date:	07/14/2004	
Note:					Ok to	Ok to Issue:	
Dept:	Building	Status: Approved	Reviewer:	Tammy Munson	Approval Date:	07/14/2004	
Note:				·	Ob to	o Issue: 🔽	

CERTIFICATION

I hereby 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 authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО