## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: 86 Regan Lane. 04102 Stephen/ Francine Breton 797-3350 Owner Address: Lessee/Buver's Name: BusinessName: Phone: 86 Regan Lane, 04102 Permit Issued: Contractor Name: Address: Phone: General Contracting Service 64 Washington Ave. So Portland \*767-8266 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 22 \$ 72.00 8,000,00 single family dwelling SAME FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: 4 Type: 5% CBL: 136CA99 Zone: 348-C-055 Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews: New detached 16' x 24' Garage Approved with Conditions: ☐ Shoreland N/ 12' x 28' Deck Denied П □Wetland 27' Above ground Pool □ Flood Zone 2 ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: GD NC 5-11-2000 Zoning Appeal □Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2.. ☐ Conditional Use ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Call for P/U 799-1891 (Richard) 681-0578 Historic Preservation PERMIT ISSUED WITH REQUIREMENTS Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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. □ Denied 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 provisions of the code(s) applicable to such permit 5-11-2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED WITH RETURNEN IS

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE