City of Portland, M. 389 Congress Street, (O			2014-01056	issue Date.	349 I003001	
		Owner Name:			r Address:	-	Phone:	
100 SKYLARK RD (Lot 15)		FD & SONS PROPERTIES LLC		87 SKYLARK RD PORTLAND, ME 04103				
Business Name: Lessee/Buyer's Name		Contractor Name:		Contractor Address:			Phone	
		FD & Sons Properties LLC - Frank Didonato		87 Skylark Road Portland ME 04103			03 (207) 797-3098	
		Phone:	nerial hotmail com	Permit Type:			Zone:	
				New Single Family			R3	
Past Use:		Proposed Use:		Permi	Permit Fee: Cost of Work:		CEO District:	
Vacant Land		Single Family	Home	\$2,085.00 \$159 INSPECTION:		\$159,00	00.00	
Proposed Project Description	1:			-				
Build a single family, 2	story cape - 4	12' x 36' - 3 bed	room, 2.5 bath and					
attached Garage		PEDESTRIAN ACTIVITIES DISTRICT (P.A. Action: Approved Approved w/			P.A.D.)			
						ed w/Conditions Denied		
				Si	gnature:		Date:	
Permit Taken By: bjs	it Taken By: Date Applied For: 05/19/2014			Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zonin	ng Appeal	Historic Preservation	
Applicant(s) from a Federal Rules.	•	Shoreland		☐ Variance	2	☐ Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.					Miscella	neous	Does Not Require Review	
3. Building permits an within six (6) mont	Condition	onal Use			Requires Review			
False information r permit and stop all	Interpret	ation			Approved			
	Approve	ed			Approved w/Conditions			
	Maj Minor MM		Denied		Denied			
	Date:		Date:		Date:			
I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner to, if a permit for the conternal are	o make this appl or work describe	lication as his authored in the application uch permit at any rea	at the rized a is issu asonab	proposed work i gent and I agree ed, I certify that	to conform to the code offici ce the provision	the owner of record and that all applicable laws of this al's authorized representative on of the code(s) applicable to	
SIGNATURE OF APPLICAN	N I		ADDF	KESS		DATE	PHONE	
RESPONSIBLE PERSON IN	RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	