Cit	y of Portland, Maine	e - Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:		
389	Congress Street, 0410	1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		01-1306			350 B00	08001	
Loc	ation of Construction:		Owner Name:			Own	er Address:			Phone:		
72 Primrose Ln Smaha David				В		72 Primrose Ln				207-797-4055		
			Contractor Nan	ontractor Name:		Cont	ractor Address	s:		Phone	Phone	
			Bennett Home	Bennett Homes		193	193 Rochester St. Westbrook			20763224	2076322445	
Lessee/Buyer's Name Phone:					Permit Type:				Zone:			
n/a n/a						Additions - Dwellings						
Past	t Use:		Proposed Use:		_	Permit Fee: Cost of Work		rk:	CEO District:			
·				/ 624 sq. ft. 2 car		\$114.00		\$15,0	00.00	00 5		
			garage			FIRE	E DEPT: Approved IN		INSPE	SPECTION:		
						`		Denied	Use Gr	roup:	Type	
) belied				
Proj	posed Project Description	:										
Bu	ild 624 sq. ft. Garage					Signature: Signature:						
				A		PEDESTRIAN ACTIVITIES DISTRICT				(P.A.D.)		
						Action Approved Approved				w/Condition Denied		
						Signature:				Date:		
Peri	mit Taken By:	Date A	pplied For:				Zoning	Approva	l			
gg	5	10/17	7/2001				8 11					
1.	This permit application	does not	preclude the	Spec	cial Zone or Revi	ews Zoning Appeal		ng Appeal		Historic Preservation		
	Applicant(s) from meeting applicable Stat Federal Rules.		able State and	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. False information may invalidate a building permit and stop all work			☐ Flood Zon			Conditional Us			Requires Review			
			Subdivision			☐ Interpretatio			Approved			
			Site Plan			Approved			Approved w/Condition			
			Maj Mino MM			Denied			☐ Denied			
				Date:			Date:		D	ate:		
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en uch permit.	e owner to permit for	o make this appli r work described	med procession and the second	as his authorized application is iss	ne pro l agen sued, l	nt and I agree I certify that the	to conform the code office	to all ap cial's au	pplicable laws othorized repre	of this sentative	
SIG	NATURE OF APPLICAN				ADDRESS	S		DATE	_	P	НО	

Location of Construction: Owner Name:		Owner Address:		Phone:		
72 Primrose Ln	Smaha David B		72 Primrose Ln	207-797-40	207-797-4055	
Business Name:	Contractor Name:		Contractor Address:	Phone	Phone	
n/a	Bennett Homes		193 Rochester St. Westbrook 2076322		445	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
n/a	n/a		Additions - Dwellings			

Dept:ZoningStatus:Approved with ConditionsReviewer:Marge SchmuckalApproval Date:10/26/2001Note:72 Primrose LaneCok to Issue:✓

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept:	Building	Status: Approved	Reviewer:	Tammy Munson	Approval Date:	11/01/2001
Note:					Ok to	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.

DECDONCIDI E DEDCON IN CHARCE OF WORK TIT	DATE	DIIO