City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: 797-8932 *353 Palmer Ave. Portland 04103 * John P. Gagnon 991244 Lessee/Buyer's Name: Phone: BusinessName: Owner Address: Same Permit Issued: Contractor Name: Address: Phone: Huron Prefab · ... - 9 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: \$2,300.00 \$ 42.00 Same Single Family FIRE DEPT. □ Approved INSPECTION: Use Group: U Type 5B ☐ Denied 353-C-009 Signature: Signature: X/2 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Erect 12'x12' Storage Shed/Prefab Approved with Conditions: Shoreland DLANS Vecevil Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: NW Date Applied ForGD October 12,1999 144 4 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Mot in District or Landmark □ Does Not Require Review ☐ Requires Review **PERMIT ISSUED** WITH REQUIREMENTS Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit October 12,1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **PERMIT ISSUED** WITH REQUIREMENTS CEO DISTRICT

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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