| Cit | y of Portland, Maine | - Build | ling or Use Pe | ermit A | Application | Pe | ermit No: | Issue Dat | te: | CBL: | |
|---|--|----------|--|--------------------------|------------------------------------|-------------------------------|----------------------------------|------------------------|--------------------------|-----------------------------------|-------------------|
| | Congress Street, 04101 | | 0 | | | | 05-1615 | | | 371 A0 | 32001 |
| Location of Construction: Owner Name: | | | | | | | Owner Address: | | | Phone: | |
| 28 Ballpark Dr Brown Floyd | | | | | | Po B | Po Box 11606 | | | | |
| | | | Contractor Name: | | | Cont | Contractor Address: | | | Phone | |
| Lessee/Buyer's Name Phone: | | | Phone: | | | Permit Type: | | | | Zone: | |
| | | | | | Sheds | | | | | | |
| Past Use: Proposed Use: | | | | | | Pern | nit Fee: | Cost of Wo | Cost of Work: CE | | |
| | | | | Home/ install a 8' x 12' | | | \$30.00 | \$5 | 00.00 | | |
| | | | Storage Shed | Storage Shed | | FIRE DEPT: | | Approved | | CTION: | |
| | | | | | | | ☐ Denied | | Use Group: T | | Type |
| | | | | | | _ | | | | | |
| | | | | | | | | | | | |
| | posed Project Description: | | | | | | | | | | |
| ins | tall a 8' x 12' Storage Shed | | | | | - C | | | Signature: | | |
| | | | | | | PEDESTRIAN ACTIVITIES DISTRIC | | | TRICT (| T (P.A.D.) | |
| | | | | | Action: Approved Appro | | proved w | ved w/Condition Denied | | | |
| | | | | | | | | Date: | | | |
| | mit Taken By: | | pplied For: | | Zoning Approval | | | | l | | |
| ldobson 11/02/2005 | | | 2/2005 | | | | | | | | |
| 1. | This permit application | | | Spec | ial Zone or Rev | iews | zs Zoning Appeal | | | Historic Preservation | |
| | Applicant(s) from meeting applicable State 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. | 3. Building permits are void if work is not started | | | ☐ Flood Zon | | | Conditional Us | | | Requires Review | |
| within six (6) months of the date of issuance. 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: | | Date: | | D | Date: | |
| I ha juris shal | reby certify that I am the over the land the land the land the land that I am the land the la | owner to | o make this appli or work described | med proication a | as his authorize application is is | he pro d agen sued, l | nt and I agree I certify that | to conform | to all ap | oplicable laws othorized repre | of this sentative |
| | | | | | | | | | | | |
| SIG | NATURE OF APPLICAN | | | | ADDRES | S | | DATI | Ξ | P | РНО |
| | | | | | | | | | | | |

| Location of Construction: 28 Ballpark Dr Brown Floyd & Contractor Name: | | Owner Address: | | | Phone: | |
|--|---------|------------------|---------------|-----------------------|---------------------|----------------|
| | | Brown Floyd & | | Po Box 11606 | | |
| | | Contractor Name: | tractor Name: | | Contractor Address: | |
| Lessee/Buyer's Name | | Phone: | | Permit Type: Sheds | | Zone: |
| Dept: Zoning | Status: | Approved | Reviewer | Tammy Munson | Approval Date | |
| 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.

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