Location of Construction:		Owner:		Phone:	Permit No: 11 3 4
	arsons Pond Dr. Parsons Pond Co		ondo. Assoc.		
Owner Address:	Lessee/Buyer's Name:		Phone:	BusinessName:	<i>v</i>
Contractor Name:	Addres	s:	Phor	ne:	Permit Issued:
aine Properties Inc. attn: S	tan Warren 197	7 U.S. Rt. 1 Scarbo	brough, ME 04074	883-3753	
Past Use:	Propos	Proposed Use:		RK: PERMIT FEE:	SEP 2 4 DOG
			\$ 4,000	\$ 48.00	
		a	FIRE DEPT. 🗆		
Condo Assoc.		Same		Denied Use Group: 4 Typ	e:513 prud
				BOCA951	Zone: CBL: 372-A-071
			Signature:	Signature:	Zoning Approval:
Proposed Project Description:			ACTIVITIES DISTRICT	$\mathbf{D}.) \qquad \qquad$	
			Action: Approved UU		Special Zone or Reviews
Pool Shed 10 x 16				Approved with Conditions:	□ □ Shoreland
			Denied		U Wetland
				_	□ Flood Zone
			Signature:	Date:	
Permit Taken By: UB		Date Applied For: 9-17-99			□Site Plan maj ⊡minor⊡mn 1607
					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					
2. Building permits do not include plumbing, septic or electrical work.					
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work					□ Interpretation □ Approved
		******Send To	****Send To: Maine Properties Inc.		
			Attn: Stan	Warren	Historic Preservation
			197 U.S. R	t. 1	divid in District or Landmark
			Scarboroug	h, ME 04074	
					Requires Review
				PERMIT ISSUED	Action:
				WITH REQUIREMENTS	
	and fater in the	CERTIFICATION			
I hereby certify that I am the owner of authorized by the owner to make this					
if a permit for work described in the a			••	5	
areas covered by such permit at any r		•	-	2	Date:
areas covered by such permit at any r	casonaole nour to em	sive the provisions of the t	esector apprication to suc		
			017 00		
			9-17-99]
SIGNATURE OF APPLICANT		ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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