Location of Construction:	Owner:		Phone:	: (207) 874-8703, FAX: 874-8716
**173 Christy Road	04103 **Scott	& Susan Jensen	207-797-07	04 Permit No: 9 9 1 1 2 6
Owner Address:	Lessee/Buyer's Name: N/A	Phone: N/A	BusinessName: N/A	I PERMIT ISSUED
SAA	Cont.	10/02/11/02		Permit Issued:
Contractor Name: Homeowner	Address: SAA	Phone: SAA		1999
Past Use:	Proposed Use:	COST OF WOR		CE: 0CT 4 1999
Tust esc.	Troposed esc.	\$ 2,000	\$ 36.00	
Single Family Home	Same	FIRE DEPT. □	Approved INSPECTIO	DN:
			Denied Use Group:	1 Type: 5/1
			BX1963	Zone: CBL: 378-A-050
Proposed Project Description:		Signature:		Z-ing Annual
Proposed Project Description.		ACTIVITIES DISTRICT	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
8' x 12' Garden Shed		Action: Approved		Special Zone or Reviews:
			Approved with Condition Denied	_ Lonorciand
			Defiled	□ □ Wetland 0 / 3 4 0 0 0 0 0 0 0 0 0
		Signature:	Date:	Subdivision
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
UB	11	10-5-99		
This permit application does not preclud	do the Applicant(s) from meeting applicable	la Stata and Eadaral rulas		Zoning Appeal
				☐ Miscellaneous
2. Building permits do not include plumb	☐ Conditional Use			
3. Building permits are void if work is not	□ Interpretation			
tion may invalidate a building permit a	and stop all work			☐ Approved☐ Denied
	**Send To:	Scott & Susan Je	ensen	E beined
		173 Christy Road	1	Historic Preservation
Portland, ME 04103				Not in District or Landmark
				☐ Does Not Require Review☐ Requires Review
			PERMIT ISSUED	Littedulles iteview
WITH REQUIREMENTS				Action:
	CERTIFICATION	'	TINAMENTAL TO THE REPORT OF THE PROPERTY OF TH	
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				☐ Appoved t I have been ☐ Approved with Conditions
authorized by the owner to make this applic				
if a permit for work described in the applica				v to enter all
areas covered by such permit at any reasona				Date:
	-			
		10-5-99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
DECDONCIDI E DED CON IN CHARGE OF	WODY TITLE		DUONE	2
RESPONSIBLE PERSON IN CHARGE OF	WURK, IIILE		PHONE:	CEO DISTRICT
Wh	ite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File Ivory Card-In	uspector