City	y of Portland, Maine -	Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-8	8716	2014-01699		380A A018001	
Loca	tion of Construction:	Owner Name:		Owner Address:		Phone:		
62 SUMMIT PARK AVE		ORR BETSY	ORR BETSY J		62 SUMMIT PARK AVE PORTLAND , ME 04103		AND (207) 831-9449	
Busir	ness Name:							
Lesse	ee/Buyer's Name	Phone:			it Type:	Zone:		
					ditions - Single	R3		
Past		Proposed Use:	_		it Fee: Cost of Work: \$25.00 \$500.00		CEO District:	
Sing	gle Family Dwelling	Same: Single	Same: Single Family Dwelling		\$25.00 ECTION:	\$50	0.00	
					I to Le How			
•	osed Project Description:	1 (1 (1 0 0 GT) G						
For hou	the construction of an 8' x is	16' (128 SF) floating o	ck within 4" of PEDESTRIAN ACTIVITIES DIST		TIES DISTRICT (I	DICT (D A D )		
nouse.								
					Action: Appro	d w/Conditions Denied		
				Signature:			Date:	
Perm dm	-	Date Applied For: 07/31/2014		Zoning Approval				
1.	<b>_</b>		Special Zone or R	Reviews	Zoni	ng Appeal	Historic Preservation	
1.	Applicant(s) from meeting Federal Rules.		Shoreland		☐ Varianc	ee	Not in District or Landmar	
2.	Building permits do not in septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review		
3.	Building permits are void within six (6) months of the	Flood Zone		Conditi	onal Use	Requires Review		
	False information may inverse permit and stop all work	Subdivision		Interpre	etation	Approved		
			Site Plan		Approv	ed	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
T 1	of our of the state of the state of		CERTIFICA			ta a dia atau da	4	
	ye been authorized by the over						the owner of record and that applicable laws of this	
juris	diction. In addition, if a pe	rmit for work describe	ed in the application	is issu	ued, I certify that	t the code officia	al's authorized representative	
	· · · · · · · · · · · · · · · · · · ·	all areas covered by s	uch permit at any re	easonal	ble hour to enfor	rce the provision	n of the code(s) applicable to	
sucil	permit.							
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RES	PONSIBLE PERSON IN CHARG	E OF WORK, TITLE				DATE	PHONE	