389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name:		, I an. (207) 074-07		r Address: NW 297	none:	. C013001	
				Alpine Rd		207-797-8715	
Business Name:	Contractor Name	Gervais Gary T & Janet E Jts Contractor Name:		Contractor Address F PORTLAND Phone			
		no contractor/self		n/a n/a			
Lessee/Buyer's Name Phone:		Permit Type				Zone:	
		Sheds		: <u> </u>		Zone:	
Past Use: Proposed Use:		Permit Fee: Cost of Work		rk: CEO District			
single family single family				\$30.00 \$60	60.00 2		
			FIRE	DEPT: Approved	INSPECTION:		
				Denied	Use Group:	Type: 🕏	
					13000	0.0	
			4		Doca	79	
Proposed Project Description erect an 8' x 12' shed							
elect all 8 x 12 slieu		Signa	ture: STRIAN ACTIVITIES DIST	Signature: (PAD)			
	_						
			Actio	n: Approved App	proved w/Conditions [Denied	
		Signature:		Date:			
Permit Taken By:	Date Applied For:		Zoning Approval				
jodinea					····		
1. This permit application does not preclude the		Special Zone or Reviews		Zoning Appeal	Historic P	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	Not in Di	Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous	Does Not	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Flood Zone		Conditional Use	Requires Review		
		☐ Subdivision		Interpretation	Approved		
		Site Plan		Approved	Approved	l w/Conditions	
		Maj Mino	M [☐ Denied	☐ Denied		
		Date: 11 79 V'	V	Date:	Date: 11 1.9		
		()		12 1(12)	$\overline{\mathcal{Y}}$	
I have been authorized by jurisdiction. In addition,	the owner of record of the nay the owner to make this applied if a permit for work described of enter all areas covered by su	ication as his authorized in the application is	the proped agen	t and I agree to conform I certify that the code of	to all applicable lav	ws of this epresentative	
SIGNATURE OF APPLICAN	ADDRESS		DATE	P	PHONE		
RESPONSIBLE PERSON IN	CHARGE OF WORK, TITLE			DATE	7 D	HONE	
				DAIL	- 1	A A U Z Z Z Z Z	

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