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City of Por	tland, Maine	- Building or Use l	Permi	t Application	Pern	nit No:		Issue Da	ite:		CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703						02-06	53	اللا	120		380 <i>A</i>	D014	1001	
Location of Cor	Owner Name:	wner Name:			Address:					Plone:				
11 Summit Park Ave		Mckenzie Leo	Mckenzie Leon A &			11 Summit Parkyry OF PORTLAND 97-2159								
Business Name:		1, , ,	Contractor Name:			Contractor Address Phone								
n/a Sheds, U.S					P.O.Box 6622 Porthsmouth					6038681300				
Lessee/Buyer's Name		Phone:			Permit Type: Sheds							7 3		
n/a		n/a							=					
Past Use:		Proposed Use:			Permit Fee: Cost of Work: CEO District:							•		
Single Famil	у	Single Family	Single Family / Build 8' x 14' Shed			\$44.00 \$2,569.00 2								
						LI I.		Approved Denied	1 1	Group:	\mathcal{U}_{II}	Ty 20	pe: 5 P	
Day and Dayle	-4 D										$ \sqrt{9} $		1	
Proposed Proje	=			Signature Signature					nature:					
Build 8' x 14' Shed					Signature:					<u> </u>				
										red w/Conditions Denied				
					Signature:					Date:				
Permit Taken By: Date Applied For:					Zoning Approval									
gg														
1. This permit application does not preclude the			Spe	cial Zone or Review	vs Zoning Appeal			Historic Preservation						
Applicant(s) from meeting applicable State and Federal Rules.				Shoreland			☐ Variance				Not in District or Landmark			
2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous				Does Not Require Review				
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone			Conditional Use				Requires Review				
	formation may in nd stop all work	validate a building	☐ Su	bdivision	[Interpretation				Approved					
			Si Si	te Plan		□ Ар	prove	i			Approved	.w/Con	ditions	
				Minor MM		Denied				Denied				
				Date:			Date:			Date:				
I have been a jurisdiction.	athorized by the control in addition, if a position authority to ente	wner of record of the na owner to make this appli ermit for work described r all areas covered by su	med pro ication a d in the	as his authorized application is is:	e propo agent a sued, I able ho	and I ag	gree t that t	o confor he code	m to al official ovision	l applic	eable lav	ws of a	this entative cable to	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE								DA	TE		P	HONE		