Location of Construction: **13 Kenneth St. 0410 Owner Address: <u>SAA</u> Contractor Name: <u>Tim Higgins Owner:</u> Past Use: Vacant Proposed Project Description:	Owner: **Tim Higgins Lessee/Buyer's Name: N/A Address: SAA Proposed Use: 1-Family	Phone: N/A Busi Phone: Phone: COST OF WORK: \$ Ø FIRE DEPT.	7732040 nessName: N/A SAA PERMIT FEE: \$ 30.00	Permit No: <u>500277</u> Permit Issued: APR - 5 3
Owner Address: <u>SAA</u> Contractor Name: <u>Tim Higgins</u> Owner: Past Use: Vacant Proposed Project Description:	Lessee/Buyer's Name: N/A Address: SAA Proposed Use:	N/A Phone: COST OF WORK: \$ ∅ FIRE DEPT. □ Approve □ Denied	N/A SAA PERMIT FEE: \$ 30.00 ed INSPECTION: Use Group: A-3Type: 57	Permit Issued: APR - 5 3
SAA Contractor Name: <u>Tim Higgins</u> Owner: Past Use: Vacant Proposed Project Description:	N/A Address: SAA Proposed Use:	N/A Phone: COST OF WORK: \$ ∅ FIRE DEPT. □ Approve □ Denied	N/A SAA PERMIT FEE: \$ 30.00 ed INSPECTION: Use Group: A-3Type: 57	Permit Issued: APR - 5 3
Contractor Name: <u>Tim Higgins</u> Owner: Past Use: Vacant Proposed Project Description:	Address: SAA Proposed Use:	Phone: COST OF WORK: \$ Ø FIRE DEPT.	PERMIT FEE: \$ 30.00 ed INSPECTION: Use Group: R-3Type: 5/	Permit Issued: APR - 5 3
Tim Higgins Owner: Past Use: Vacant Vacant Proposed Project Description:	SAA Proposed Use:	COST OF WORK: \$ Ø FIRE DEPT.	PERMIT FEE: \$ 30.00 ed INSPECTION: Use Group: R-3Type: 5/	3
Past Use: Vacant Proposed Project Description:		\$ Ø FIRE DEPT. □ Approve □ Denied	\$ 30.00 ed INSPECTION: Use Group: R-3Type: 54	3
Proposed Project Description:	l-Family	Denied	Use Group: R-3 Type:5	5
			Signature: Tothe	Zone CBL: 382-B-022
			TIES DISTRICT (PA.D.)	Zoning pproval:
Amend Permit #990702 to construct 24x34 Colonial with 2 x22 garage . WOLLASED FOUNDULIN SBC		Action: Approved Approved with Conditions: Denied		□ □ Shoreland
		Signature:	Date:	□ Subdivision
Permit Taken By: KA	Date Applied For:	4-4-00		☐ Site Plan maj ⊡minor ⊡mm ⊡
 Building permits do not include plumbing, s Building permits are void if work is not start tion may invalidate a building permit and st 	ed within six (6) months of the date of i	ssuance. False informa-		□ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation □ Not in District or Landmark □ Does Not Require Review
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable by the such permits at any reas	n as his authorized agent and I agree to is issued, I certify that the code official	l work is authorized by the owner conform to all applicable laws c 's authorized representative shall	of this jurisdiction. In addition,	
		4–4–00 DATE:		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE		PHONE:	PERMIT ISSUED SHEP. PRECKIONE MENTS
	Permit Desk Green–Assessor's C			ANIAL MERCANIC

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

ry–D.P.w.