City of Portland, M	aine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	8716	2014-02345			384 A003001			
Location of Construction:	Owner Name:	Owner Name:		r Address:	-		Phone:		
26 LAMBERT ST		YORK JUSTI	YORK JUSTIN		26 LAMBERT ST PORTLAND, ME 04103				
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone:	
		Talty Construc	Talty Construction		92 Stanford Street South Portland ME 04106			(207) 408-2023	
Lessee/Buyer's Name		Phone:			Permit Type:			Zone:	
					Garages - Detached Permit Fee: Cost of Work:			R2	
Past Use: Single Family Home		Proposed Use: Single Family	TT	Perm	\$124.00	Cost of Work:		CEO District: 8	
2		Single 1 miniy	Single 1 mining 120me		\$124.00   \$10,000.00   8 INSPECTION:				
Proposed Project Description	ı:			1					
Construct a 28' x 36' det	ge								
			PEDE		EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Co							
Permit Taken By:	1	Signature: Date:				<i>y</i> .			
ldobson		Zoning Approval							
1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation	
Applicant(s) from r Federal Rules.			☐ Shoreland		☐ Varianc	Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	aneous		Does Not Require Review	
3. Building permits are void if work is not st within six (6) months of the date of issuar False information may invalidate a building			Flood Zone		Condition	Conditional Use		Requires Review	
False information n permit and stop all	ate a building	Subdivision		Interpretation		Approved			
			Site Plan		Approve	ed		Approved w/Conditions	
			Maj Minor MM		☐ Denied	☐ Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owne if a permi	r to make this appl t for work describe	lication as his authord in the application	nat the orized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code office	all appli cial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	