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

Location of Construction:	Owner:		Phone:	Permit No:
66 Garsoe Drive	Normand Berube Bui		207-283-3961	991414
Owner Address: 1040 US Route 1 Saco, ME 04072	Lessee/Buyer's Name:	Phone:	BusinessName:	771414
Contractor Name: Normand Berube Builders	Address: 1040 US ROute 1 Saco, ME 04072 Phone: 283-3961			Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:)
		\$ 185,000	\$ 1134.00	<u>1166 2 7</u>
Vacant	Single family w/	FIRE DEPT. 🗆 Ap		
	attached gar.	Der		Zone: CBL: 28(AP 02)
		Signature:	BOCA96 Signature: Holly	Zone: CBL: 386-AB-026
Proposed Project Description:			TIVITIES DISTRICT (PA.D.)	Zoning Approval
	Action: Approved		Special Zone or Reviews:	
28x38 colonial home w	Approved with Conditions:		□ □ Shoreland <i>N</i> /A	
	-	De	enied	□ Uvetland
		Signature:	Date:	□ Flood Zone Preset 2-35
Permit Taken By: UNA	Date Applied For:	12/6/99		
UNA				#-1990 71
1. This permit application does not preclude the	Applicant(s) from meeting applicable State	and Federal rules		Zoning Appeal
 Building permits do not include plumbing, septic or electrical work. 				☐ Miscellaneous
				□ Conditional Use □ Interpretation
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				
				Denied
				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
	CERTIFICATION			
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been				□ Appoved n □ Approved with Cop ditio ns
authorized by the owner to make this application				
if a permit for work described in the application i				II Date:
areas covered by such permit at any reasonable h	nour to enforce the provisions of the code(s	applicable to such pe	ermit	
		12 16/99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
OIOINII OILE OI THITEICHINI				PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF WOI			PHONE:	CEO DISTRICT 2