

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 10-0373	<b>Issue Date:</b>	<b>CBL:</b> 389 E018001
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<b>Location of Construction:</b> 18 STURDIVANT DR	<b>Owner Name:</b> CREPEAU MARK W & JOANNE	<b>Owner Address:</b> 18 STURDIVANT DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sheds, U.S.A.	<b>Contractor Address:</b> P.O.Box 6622 Portsmouth	<b>Phone</b> 6038681300
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Sheds	<b>Zone:</b>

<b>Past Use:</b> Single Family Home	<b>Proposed Use:</b> Single Family Home - install a 10' x 12' Shed	<b>Permit Fee:</b> \$50.00	<b>Cost of Work:</b> \$2,900.00	<b>CEO District:</b> 5
<b>Proposed Project Description:</b> install a 10' x 12' Shed		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type:	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 04/16/2010	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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**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 authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

<b>Location of Construction:</b> 18 STURDIVANT DR	<b>Owner Name:</b> CREPEAU MARK W & JOANNE	<b>Owner Address:</b> 18 STURDIVANT DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Sheds, U.S.A.	<b>Contractor Address:</b> P.O.Box 6622 Portsmouth	<b>Phone</b> 6038681300
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Sheds	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 04/20/2010

**Note:** **Ok to Issue:**

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved      **Reviewer:** Tammy Munson      **Approval Date:** 05/06/2010

**Note:** **Ok to Issue:**

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE