City of Portland, Maine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-				2014-00481			406 C027001	
Location of Construction:	C		r Address:			Phone:		
205 MAINE AVE CAPRIO JOH		N R	205 MAINE AVE PORTLAN 04103		PORTLAND, M	ME (207) 272-2465		
Business Name: Contractor Name		: Contra ME		actor Address:	tor Address:		Phone	
Lessee/Buyer's Name Phone:				Permit Type:		Zone:		
			Demolitions - Building				R3	
Past Use: This property is with a single family dwelling at 406-C-10 & 11 Proposed Use: Same: Single & 11 with accesshed			Permit Fee:		Cost of Work:		CEO District:	
		·		\$30.00 \$1,000.00 5 PECTION:				
Proposed Project Description:								
Removal/demo of shed and portion of								
	PEDESTRIAN		STRIAN ACTIVI	N ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved Signature:			d w/Conditions Denied Date:			
Permit Taken By: Date Ap		Zoning Approval			Duit	•		
bjs 03/11		Zoming Approvai						
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2. Building permits do not include presentic or electrical work.	Wetland		Miscell	Miscellaneous		Does Not Require Review		
3. Building permits are void if work within six (6) months of the date	☐ Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate permit and stop all work	a building	Subdivision		Interpre	☐ Interpretation		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		☐ Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work gent and I agree ed, I certify that	to conform to	all appli al's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE