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: *** Deborah Cyr 267 Ray Street ***797-4726 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Owner to erect - Pre-Fab Shed's Plus SAA 929-3110 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 2,000 \$ 36,00 FIRE DEPT. □ Approved INSPECTION: 1-Family Same ☐ Denied Use Group: U Type: 5 12 BOCAGE Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or 12x14 Shed Shed's Plus Pre-Fab Approved with Conditions: ☐ Shoreland 160# Denied П □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision Permit Taken By: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: UB August 3, 1999 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied ***SEERE XXXXCall For Pick Up Deborah Cyr 797-4726 Historic Preservation Mot in District or Landmark □ Does Not Require Review □ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS **CERTIFICATION** ☐ Appoved 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 □ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 8-3-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

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