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

Location of Construction:	Phone:		Permit No:		
3 Copley Woods Circle**KTO BuildersOwner Address:Lessee/Buyer's Name:		892-2021		- 000353	
*888 Roosevelt Trail Windham 04062	Lessee/Buyer's Name:	Phone:	Business	SName:	
Contractor Name: Address: Phone:					Permit Issued:
KTO BUilders					
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE:	
Vacant	Single Family W/ Garage	\$ 70,000.00		\$ 444.00	
		FIRE DEPT.	Approved	INSPECTION:	7
			Denied	Use Group: 93 Type: 59	3
				BOGA99, M	Zone: CBL: R-3 PEU <sup>413-B-003</sup>
_		Signature:		Signature: Hoffsel,	R-2 PRUSIS-B-003
Proposed Project Description:		PEDESTRIAN A	CTIVITIE	S DISTRICT (P.A.D.)	Zoning Approval
Construct New Single	• Family W/ Garage		Approved	$\mathcal{Q}$	OU WHICK SALU
				vith Conditions:	
			Denied		
					Flood Zone Amel 7 Ener
		Signature:		Date:	
Permit Taken By:	Date Applied For:				Site Plan maj □minor □mm 5
GD		larch_30,2000			F 200000 53
					Zoning Appeal
1. This permit application does not preclude the	Applicant(s) from meeting applicable Stat	e and Federal rules.			□ Variance □ Miscellaneous
2. 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.					
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					Historic Preservation
					Does Not Require Review
PERMIT ISSUED					
			WI	TH REQUIREMENTS	
					Action:
	CERTIFICATION				□ Appoved
I hereby certify that I am the owner of record of th					
authorized by the owner to make this application					
if a permit for work described in the application is				ve the authority to enter all	Date:
areas covered by such permit at any reasonable h	our to enforce the provisions of the code(s	s) applicable to such	permit		
		March 30,20	000		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
					PERMIT ISSUED
<b>RESPONSIBLE PERSON IN CHARGE OF WOR</b>	.K, TITLE			PHONE:	CEO DISTRICT
	armit Dock Groop Accessor's Care-		ublic File 1	van Cand kassasta	
white-P	ermit Desk Green–Assessor's Canar	y-D.P.W. PINK-PU		vory Card-Inspector	