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:	Pern 9 1 2 4 0
31 Copley Woods Circle Lot 8	KTO Builders		892-7813	901270
Owner Address: KTO Builders	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: KTO Builders	Address: 13 Varney Hill Road Windh	Phone Phone	892-7813 Pager 759-381	Permit Issued: 12 OCT 2 9 1998
Past Use:	Proposed Use:	COST OF WOR \$ 75,000	K: PERMIT FEE: \$ 375.00 + 300.	0
New Construction Single Family	26x34 Colonial with a two car garage	FIRE DEPT.	Approved INSPECTION: Denied Use Group: R3Type:5 0000496 Signature: Torkey	Zone: CBL: M13-B-008
Proposed Project Description:			CTIVITIES DISTRICT (F.A.D.)	Zoning Approval: In conclution
26 x 34 Colonial with a two car		Approved with Conditions: Denied	□ Chipfild Special Zone or Reviews? □ Shoreland AiA □ Wetland □ Flood Zone Zone (Anel)	
		Signature:	Date:	
Permit Taken By: UB	Date Applied For: 10-1	4-98		□ Site Plan maj □minor □mm 🕏
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation □ Not in District or Landmark
				□ Does Not Require Review □ Requires Review Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	as his authorized agent and I agree to con issued, I certify that the code official's a	nform to all applicable authorized representat	e laws of this jurisdiction. In addition ive shall have the authority to enter	on, Denied
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	—
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	
White-Pe	rmit Desk Green–Assessor's Cana	ary–D.P.W. Pink–Pu	blic File Ivory Card-Inspector	