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: ** KTO Builders 57 Copley Woods Circle Lot 14 892-2058 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: **13 Varney Mill Road, Windham, ME 04062 Permit Issued: Contractor Name: Address: Phone: кТО Builders 13 Varney Mill Road Windham, ME 04062 892-2058 NUN 18 Proposed Use: COST OF WORK PERMIT FEE: Past Use: **7398**5\$ 414.00 65,000 Vacant New Single Family PRE DEPT. Approved INSPECTION: Use Group: \$3 Type: 500 ☐ Denied BOCA96 413-B-014 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Action: Construction of a new single family construction. Approved Approved with Conditions: ☐ Shoreland M Denied □ Wetland ☐ Flood Zone · Signature: □ Subdivision Date: Site Plan mai □minor Date Applied For: Permit Taken By: UB Sept. 9, 1999 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. tion may invalidate a building permit and stop all work.. ** Send To: KTO Builders □ Approved □ Denied 13 Varney Mill Road Windham, ME 04062 **Historic Preservation** Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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, □ 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 9-9-99 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

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