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

Location of Construction: 16 Copley Woods Circle 04103 Owner: ** KTO BUilders		Phone: 892-2021		Permit No: 000351	
Owner Address: 588 Roosevelt Trail Windham 04062	Lessee/Buyer's Name:	Phone:	BusinessNa	ame:	_ 00033T
Contractor Name: Same	ractor Name: Address:		Phone:		Permit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$ 70,000.00		ERMIT FEE: 444.00	APR 20
Vacant	Single Fam. W/ Garage	FIRE DEPT.	Approved IN Conied	NSPECTION: Jse Group 19-3 Type 5-2 2009 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zone: CBL: V13-B-020
Proposed Project Description: Construct New Single Family	PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved [Approved with Conditions: [Approved with Conditions]		Zoning Approval: with Cardit of Special Zone or Reviews: Special Zone or Reviews: Shoreland Wetland Flood Zone fand 7 Zonex Subdivision		
Permit Taken By: GD	Date Applied For: GD	March 30,2000		Site Plan maj □minor □mm × # 20000052	
 This permit application does not preclude the Building permits do not include plumbing, se Building permits are void if work is not started tion may invalidate a building permit and sto 	eptic or electrical work. d within six (6) months of the date of is				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Mistoric Preservation □ Mot in District or Landmark □ Does Not Require Review □ Requires Review
				RMIT ISSUED Requirements	Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application is areas covered by such permit at any reasonable here.	as his authorized agent and I agree to c sissued, I certify that the code official's	onform to all applicable authorized representation	ne owner of rec e laws of this j ive shall have	ord and that I have beei jurisdiction. In addition	□ Approved □ Approved with Conditions □ Denied
OVERAGE OF A DRIVE A NOT	ADDRESS	March 3		HONE.	_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	P	HONE:	
RESPONSIBLÉ PERSON IN CHARGE OF WOR	narv_D.P.W. Pink_Pu		HONE:	CECERNSTUBLET 2 WITH REQUIREMENTS	