City of Davids J. B	#ataa D	י די יווי	ъ.		Гъ	PERM ermit No:	IT ISSU		CBL:		
City of Portland, Maine - Building 389 Congress Street, 04101 Tel: (207)									427 F008001		
		Owner Name:	5, 1 ux. (207) 074-071			er Add ess:	17 200		Phone:	700001	
		Morabito Jr R	andall P		42	AircadiTV A	TONG	Ain	1	2000	
			Contractor Name:			42 Arcâdii Yt Orla PORTIAND 207-879-2880 Contractor Address: Phone					
l .		no contractor/s	no contractor/self			n/a n/a					
		Phone:								Zone:	
n/a n/a		n/a	ı/a		Sheds				I E E		
Past Use: Proposed Use:				Permit Fee: Cost of Work: CEO District:				 1			
Single Family		Same: Build 8' X 10' Shed. Call				\$30.00		00.00	2		
		Randall at 879	-2880 v	when ready.	FIR	E DEPT:	Approved	INSPECT			
					ŀ		Denied	Use Grou	p:	Type:	
						L] Demed				
Proposed Project Description	on:										
Build 8' X 10' Shed.								Signature	<u> </u>		
				PEDESTRIAN ACTIVITIE		IVITIES DIST	DISTRICT (P.A.D.)				
					Acti	on: Appro	ved App	oroved w/Co	onditions [Denied	
					Signature:			D	Date:		
Permit Taken By:	· I · · · I				Zoning Approval						
jodinea 05/24/2001 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Revie			ews Zoning Appeal			Historic Preservation		
			Shoreland			☐ Variance		J	Not in District or Landman		
 Building permits do not include plumbing, septic or electrical work. 			Wetland			Miscellaneous			Does Not Require Review		
3. 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			Flood Zone			Conditional Use			Requires Review		
			☐ Su	bdivision		[Interpretation			Approved		
			☐ Sit	te Plan		Approve	ed		Approved w	Conditions	
N	بديا		Maj [Minor M		Denied] Denied	カ	
INa.	W		Date:	1		Date:		Date	:		
Word				ERTIFICAT							
I hereby certify that I am I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner t , if a permit for	o make this appli or work described	cation a	as his authorize application is i	d agei ssued.	nt and I agree: I certify that:	to conform t the code off	o all appl	licable laws	of this	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE			PHONE		

6-12-01: Checked Set back tosed on ommer established side lines. Shed on blocks so it can be moved if newsay. Checked fraing OK.

Tot Complete. (16)

427-F-008 Permit 01-0591