

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

Location of Construction: *** 84 Hill Street ***		Owner: *** James Nathan Schrock		Phone: 797-8845		Permit No: 001305
Owner Address:		Lessee/Buyer's Name:		Business Name:		
Contractor Name:		Address:		Phone:		Permit Issued: NOV 15 2000 CITY OF PORTLAND
Past Use: single single family		Proposed Use: same		COST OF WORK: \$		
Proposed Project Description: shed		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		PERMIT FEE: \$
				INSPECTION: Use Group: U Type: 5B Signature: [Signature] Date: 11-13-00		
Permit Taken By: JA		Date Applied For: Nov 13 2000		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Appeal: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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, 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: Nov 14 2000 E _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

- Historic Preservation**
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

- Action:
- Approved
 - Approved with Conditions
 - Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS
CEON DISTRICT