•	*	Building or Use 1			n T	rmit No: 01-103	9	Issue Date	227	On CBL:	01047	
	f Construction:		207) 874-8703, Fax: (207) 874-871 IOWNET Name:			r Address:	Ļ	TV OF	E.A. A.A. Andrews			
47 Anderson St			Hill Allan D Jr &			Anderson S	ιŪ	ITY OF	<u> PUK</u>	ILAND		
Business N	lame:	Contractor Name	Contractor Name:			Contractor Address:				Phone		
		Habitat for Hu	Habitat for Humanity			PO Box 10505 Portland				2077722151		
Lessee/Bu	yer's Name	Phone:	Phone:		1	Permit Type: Additions - Dwellings					Zom:6	
Past Use:		Proposed Use:	roposed Use:		Permit Fee: Cost of Work:			k:	CEO District:	ŀ		
Single F	amily Dwelling	Single Family	Single Family w/ Attached Ramp		\$30.00 \$800.0			00.00	1			
(Condor	ninium)					Apploved				NSPECTION: Use Group: Type: 5/3		
Proposed	Project Description:]	,	/ /	<i>F</i>		01-	~ ^	
Build 18'X 6' Entry Ramp					Signature. PEDESTRIAN A CTIVITIES DI			WARTER DICE	Signature: 8777			
						1				ed w/Conditions Denied		
					Signa	Signature:				V Date:		
Permit Ta	Permit Taken By: Date Applied For: 08/22/2001			Zoning Approval								
This permit application does not preclude			e the Special Zone or Revie			ews Zoning Appeal				Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			☐ Variance				Not in District or Landmar		
	Building permits do not include plumbing, septic or electrical work.			etland		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	abdivision		Interpretation				Approved		
				e Pian C		П Арј	prov	ed		Approved w/6	Conditions	
			Maj [Minor MM	1 🗌	Der	nied			☐ Denied		
			late:	8/22	EC	late:		WIA)	Date: 8/TZ	DC-	
I have be	een authorized by the o	wner of record of the na owner to make this appl ermit for work describe r all areas covered by si	med pro	as his authorize application is	the pro ed age: issued	nt and I ag , I certify t	ree that	to conform the code of	to all a	pplicable laws	of this	

ADDRESS

DATE

DATE

PHONE

PHONE

such permit.

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

8-27-01 Detback & Footing for saunas 11'6' From Side walk 4' deep ok to pour VB