City of Portland, M	aine - Buil	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	716	2013-01067			084 D005001			
Location of Construction: Owner Name:				Owne	r Address:			Phone:	
40 SEASHORE AVE; Peaks Island		ECKEL PETER & JENNIFER ECKEL JTS		40 SEASHORE AVE PEAKS ISLA , ME 04108			LAND	(301) 964-9991	
Business Name:		Contractor Name:		Contractor Address:				Phone	
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
				Alterations - Single Family				IR-2	
Past Use:		Proposed Use:				Cost of Work:	00.00	CEO District:	
Single Family		Single Family		INSP	\$2,920.00 \$290,0 PECTION:		00.00 3		
Proposed Project Description	:								
Temp support house at main level & above. Demo exist ledge at lower									
level. New foundation & exterior walls. Ren					ESTRIAN ACTIVI				
north end & new landing		leck, south end, build new deck, and		Action: Approved Approved w/Conditions Denied					
	ı	ignature:	Date:		ite:				
Permit Taken By: bjs	Caken By: Date Applied For: 05/28/2013		Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State a Federal Rules.			Shoreland		☐ Varianc	☐ Variance		☐ Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.			Wetland	Miscellaneo		aneous		Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	Conditional Use		Requires Review	
False information mermit and stop all	a building	Subdivision		Interpre	☐ Interpretation		Approved		
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	Denied		☐ Denied			
			Date:		Date:	Date:		Date:	
			CERTIFICA	TIOI	N				
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to	y the owner t if a permit fo	o make this appl or work describe	lication as his authored in the application	rized a is issu	agent and I agree ned, I certify tha	e to conform to t the code offici	all appi ial's aut	licable laws of this thorized representative	
such permit.		Ž						4.1	
SIGNATURE OF APPLICAN	Т		ADDF	PESS		DATE		PHONE	
SIGNATURE OF AFFLICANT			ADDI	LLUU		DAIL		HONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE