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

Location of Construction: 32 Whitehead St, Peaks	Owner: Island Wynne, There	ese	Phone: 766-2409	Permit No: 9 8 0 4 6 4
Owner Address: SAA 04108	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: Donald Crandall	Address: 63 New Island Ave		E _04108 766-5558	Permit Issued: MAY 8 998
Past Use:	Proposed Use:	COST OF WORK \$ 5,000.00		
		FIRE DEPT. □	Approved INSPECTION: Denied Use Group 7 3 Type	CITY OF PORTLAND
		Signature:	BOCA46 Signature:	CBL: 084-N-001
Proposed Project Description:		PEDESTRIAN A Action:	CTIVITIES DISTRICT (PA.I.) Approved Approved with Conditions:	
Construct Dormer			Denied Date:	□ Wetland □ Flood Zone NA Zone □ Subdivision Pance 6
Permit Taken By: Mary Gresik	Date Applied For:	Signature: 05 May 1998	Date:	☐ Site Plan maj ☐minor ☐mm ☐
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
			WITH REQUIREMENTS	Historic Preservation Mot in District or Landmark Does Not Require Review Requires Review Action:
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				lition, Denied
areas covered by such permit at any reasonal	·	05 May 199	98	Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF V	VORK, TITLE		PHONE:	CEO DISTRICT
Whit	e_Permit Nesk Green_Assessor's C	anary_D PW Pink_Pu	hlic File Ivory Card-Inspecto	