

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 Island, 04108		Owner: ** Therese Wynne		Phone: 766-2049	Permit No: 991870
Owner Address: SAA		Lessee/Buyer's Name: N/A		Phone: N/A	BusinessName: N/A
Contractor Name: Skip & Donald Crandell		Address: Peaks Island, ME 04108		Phone: Not Given	
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 8,000	PERMIT FEE: \$ 72.00
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Proposed Project Description: Addition of 18' Dormer.		Signature:		Signature:	
Permit Taken By: GD		Date Applied For: 11-3-99		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Signature: Date:	

Zone: 292 CBL: 084-N-001
 Zoning Approval: *OK 4/30/99*
 Special Zone or Review
 # Shoreland *much over 751 ft HWM*
 Wetland
 Flood Zone
 Subdivision
 Site Plan *major* minor mm
3,025 sq ft
 Zoning Appeal *14-436*
 Variance
 Miscellaneous *less than 50% increase*
 Conditional Use
 Interpretation
 Approved
 Denied

** Mail To: Therese Wynne
 32 Whitehead St.
 Peaks Island, ME 04108

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

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review
 Action:
 Approved
 Approved with Conditions
 Denied
 Date: *9*

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 11-3-99 PHONE: _____

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS
 CEO DISTRICT
 UB