## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No. 91124 \*\*26 Whitehead Street Peaks Island, ME 0418 \*\*Richard & Carol Kinney 207-766-5950 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 26 Whitehead st. P.I., ME 04108 N/A SAA n/a Permit Issued: Contractor Name: Phone: Address: OCT | 4 1999 Homeowner SAA SAA Past Use: Proposed Use: COST OF WORK: PERMIT FEE: \$ 850.00 \$ 30.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same Use Group: U Type: 513 ☐ Denied BOXAGE 084-N-002 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.A.D.) Action: Approved Special Zone or Storage Shed 8' x 12' Approved with Conditions: ☐ Shoreland A Denied □ Wetland ☐ Flood Zone Date: ☐ Subdivision Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 10-4-99 IIR Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied \*\*\*Send To: Richard & Carol Kinney 26 Whitehead Street Aistoric Preservation Peaks Island, ME 04108 nd Mot in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS CERTIFICATION □Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10-4-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

ub