

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1221	Issue Date: OCT 19 2001	EBL: 084 N028001
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Location of Construction: 39 New Island Ave	Owner Name: Cashman Mary Jo &	Owner Address: 21637 Se 8th	Phone: 207-766-2117
Business Name:	Contractor Name: Nilsen, Steve	Contractor Address: 19 Woods Road Peaks Island	Phone: 2077662117
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-2

Past Use: single family	Proposed Use: single family mail when ready	Permit Fee: \$96.00	Cost of Work: \$12,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 1999	

Proposed Project Description:
remodel existing kitchen and half bath

Signature: _____ Signature: *J Munson*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied
N/A

Signature: _____ Date: _____

Permit Taken By: jodinea	Date Applied For: 10/01/2001	Zoning Approval	
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<ol style="list-style-type: none"> 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>OK</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>10/19/01</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <i>N/A</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: <i>10/19/01</i>	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>10/19/01</i>
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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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

01-1221

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

NEW

Location/Address of Construction: 39 ISLAND AVE PEAKS IS.

Total Square Footage of Proposed Structure ^{REMODEL} 200 SF Square Footage of Lot

Tax Assessor's Chart, Block & Lot Chart# 84 Block# N Lot# 27 Owner: JOHN & MARY JO CASHMAN Telephone: 766-2117

Lessee/Buyer's Name (If Applicable) Applicant name, address & telephone: Cost Of Work: \$ 12,000.00 Fee: \$ 96.00

Current use: SINGLE FAMILY RESIDENCE
If the location is currently vacant, what was prior use:
Approximately how long has it been vacant:
Proposed use:
Project description: REMODEL EXISTING KITCHEN & HALF BATH NO STRUCTURE

Contractor's name, address & telephone: STEVE NILSEN
Who should we contact when the permit is ready: SN. * Mail when ready
Mailing address: 19 WOODS RD PEAKS IS. ME. 04108
Phone:

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: STEVE NILSEN Date: 10/1/01

This is not a permit, you may not commence ANY work until the permit is issued

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