## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 04108 Location of Construction: Owner: Phone: Permit No: \*\*\*50 Island Ave. P.I. former sr. citizens Mark Lumbard 207-766-2479 990577 Owner Address: P.O. Box 6312 Lessee/Buyer's Name: Phone: BusinessName: 50 Island Ave. Peaks Island, ME 04108 Permit Issued: Contractor Name: Address: Phone: Peaks Island 04108 766-2920 Robert DeSousa COST OF WORK: Proposed Use: **PERMIT FEE:** Past Use: \$ 5,000 \$ 45.00 Senior Citizen Center Kitchen Restaurant FIRE DEPT. Approved INSPECTION: Use Group: A3 Type: ☐ Denied BOCA 96 084-Q-010 Signature: Utsyn > Proposed Project Description: Zonin PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Install range hood in existing kitchen to accomodate gas Approved with Conditions: appliances in preexisting commercial kitchen. ☐ Shoreland Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP May 28, 1999 Zoning Appeal □Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use 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 **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved 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 □ Approved with Conditions □ 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 June 1, 1999 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**CEO DISTRICT** 

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