

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

Location of Construction: 38 Oak Ave, Peaks Island		Owner: Maloney, John & Nancy		Phone: 413-572-5474		Permit No: 970527	
Owner Address: 94 Grandview St Springfield, MA 01118		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Owner		Address:		Phone:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAY 30 1997 CITY OF PORTLAND </div>	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 5,000.00		PERMIT FEE: \$ 45.00	
Proposed Project Description: Construct Deck - Existing Deck Not to Exceed Existing Footprint				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: U. Use Group: A Type: 5B BOCA 92 Signature: [Signature]	
				Signature:		Date:	
Permit Taken By: Mary Gresik		Date Applied For: 16 May 1997		Zone: I-B		CBL: 084-R-010	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved
 Approved with Conditions
 Denied

Signature: _____ Date: _____

Zoning Approval: with conditions
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

5/30/97

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

PERMIT ISSUED WITH REQUIREMENTS

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

SIGNATURE OF APPLICANT: Barry Maloney ADDRESS: _____ DATE: 19 May 1997 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

Action: Approved
 Approved with Conditions
 Denied

Date: 5/19/97

D. Andrews

CEO DISTRICT 6
 M. LEARY