Location of Construction: 20 Island Ave Peaks Island	Owner:  W & W Inc. c/o	Owner:  W & W Inc. c/o Joseph D Wright 766-4400/766		Permit No:
Owner Address: 498 Island Ave, Peaks Island	l l		nessName:	981190
Contractor Name:	Address:	Phone:		PERMIT ISSUED
SAA			i none.	
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	OCT   6 1998
Restaurant	Same	\$ 800.00	\$ 25.00 INSPECTION:	
		FIRE DEPT. ☐ Approve ☐ Denied	Use Group: A-3 Type: 5/	CITY OF PORTLAND
			BOCA 96_101	Zone: CBL: 084-R-032
Proposed Project Description:		Signature:  PEDESTRIAN ACTIVITY	Signature: HA.D.)	Zoning Approval:
•		Action: Approved		Special Zone or Reviews:
Shed roof & wooden walls over existing fire exit		Approve	Approved with Conditions:	
·		Denied	Denied	
from deck adn stairs leading to motel rooms & basement		Signature:	Date:	□ Flood Zone Free C □ Subdivision
Permit Taken By:	Date Applied For:	October 1, 1998		Site Plan maj Ominor Omm O
OCCODE: 1, 1970				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				☐ Variance ☐ 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 information may invalidate a building permit and stop all work				☐ Interpretation ☐ Approved
tion may invalidate a building permit	and stop an work			□ Denied
		WITH I	RMIT ISSIJED REQUIREMENTS	Historic Preservation  ☐ Not in District or Landmark  ☐ Does Not Require Review
THEQUIREMED				☐ Requires Review
			ENTS	Action:
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				□Appoved
				, Denied
areas covered by such permit at any reasor			have the authority to enter an	Date:
		October 2, 1998		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	CEO DISTRICT
W	hite–Permit Desk Green–Assessor's (	Canary–D.P.W. Pink–Public File	e Ivory Card-Inspector	