City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit N 47 Oak Ave. Peaks Island, ME 04108 Lois Gay 772-3252 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 44 Longwood Drive N/A N/A N/A Permit Issued: Contractor Name: Address: Phone: **Walter Crandall 14 Luther St. Peaks Island, ME 04108 766-2273 Proposed Use: **COST OF WORK:** PERMIT FEE: Past Use: \$ 2,300 \$ 42.00 1-Family Same FIRE DEPT. □ Approved INSPECTION: Use Group ? Type: 5/2 ☐ Denied BOCA 96 084-S-009 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Approved with Conditions: □ Shoreland _ No TY Denied □ Wetland REplacement of Rotted Porch Roof ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐m Date Applied For: Permit Taken By: GD/UB 11-17-99 **Zoning Appeal** 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 informa-☐ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved □ Denied Please Send To: Walter Crandall 14 Luther Street Historic Preservation Peaks Island, ME 04108 Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: 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 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, ☐ Denied 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 11-17-99 SIGNATURE OF APPLICANT ADDRESS: DATE: 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

CEO DISTRICT