City of Portland, Maine - Bui	lding or Use	Permit Applicat	ion   <sup>F</sup>	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (	(207) 874-8703	Fax: (207) 874-8	716	2014-01968		085 F037001
Location of Construction: Owner Name:		Own		Address:		Phone:
7 VETERAN ST Peaks Island PIZEY CHRIS				TERAN ST PEAKS ISLAND , 04108		),
Business Name: Contractor Name PIZEY CHRI		:	Contractor Address:			Phone:
		STOPHER S		7 VETERAN ST PEAKS ISLAND ME 04108		(207) 229-2960
Lessee/Buyer's Name Phone:			Permit Type:			Zone:
			Additions - Single Family			IR-2
Past Use: Proposed Use:			Permit	ermit Fee: Cost of Work:		CEO District:
Single Family Home Single Family		Home		\$69.00 \$5,0		00.00 3
			INSPEC	CTION:		
Proposed Project Description:						
Install an internal spiral staircase to a roof deck over 1st floor in rear	& build a 6' x 10'	DEDUCTION AND A CONSTRUCT OF A D.				
Tool deek over 1st 11001 iii Tear	PEDESTRIAN ACTIVITIES DISTRICT  Action: Approved Approved Approved			ed w/Conditions Denied		
			Sign	nature:		Date:
Permit Taken By: Date Applied For: ldobson 09/02/2014				Zoning	Approval	
				Zomig	, i-ppi o tui	
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>		Special Zone or Re	eviews	Zonii	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landmar
		Wetland		Miscella	aneous	Does Not Require Review
		Flood Zone		Conditional Use		Requires Review
		Subdivision		Interpre	tation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		_ Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	to make this appl or work describe	lication as his authored in the application	at the prized ag	ent and I agreed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE