City of Portland, Maine - Bui	O			2014-00610	Issue Date:		O85 M007001	
389 Congress Street, 04101 Tel: (,	, Fax: (207) 874-8						
Location of Construction: 9 SANDPIPER RD, Peaks Island MILLS JOY A		AM	Owner Address: 2103 QUAIL RIDGE DR F 19301		E DR PAOLI,		Phone: (610) 407-0381	
Business Name: Contractor I Bill Bunto mbunton 0				Contractor Address: 87 Middle Road Cumberland ME 040			Phone (207) 653-7650	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Additions - Single Family			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:		(CEO District:		
Single Family Home Single Family				\$520.00 ECTION:			3	
Proposed Project Description:								
1st story addition, expansion of front	·							
landing & stairs			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved w/			ed w/Condi Date				
Permit Taken By: Date A	1				Bute			
ldobson 04/0	Zoning Approval							
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		istoric Preservation	
		Shoreland		☐ Variance			ot in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscell		Does Not Require Review			
3. Building permits are void if wor within six (6) months of the date False information may invalidate	Flood Zone			onal Use	Requires Review			
permit and stop all work	C	Subdivision Site Plan		Interpre	Interpretation		approved	
				Approv	Approved		approved w/Conditions	
	Maj Minor MM		Denied	_ Denied		Denied		
	Date:		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 around permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applic al's autho	cable laws of this orized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE