	y of Portland, Main Congress Street, 0410		0			P	09-1442	Issue Dat	e:	085 O02	24001
Location of Construction: Owner Name:						Owner Address:		Phone:			
16 Great Pond Rd, Peaks			Horn Susan &			312 Wright Crossing Rd					
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone		
			Macey Orme			PΟ	Box 143 Peak	s Island		207408710	00
Lessee/Buyer's Name Phone:						Permit Type:				Zone:	
						An	nendment to Si	ngle Family	·		
	t Use:		Proposed Use:			Permit Fee:				CEO District:	
Sin	gle Family			/ Amendment to		\$30.00		\$	\$30.00 1		
			permit # 09097 proposed exter			FIRI	E DEPT:	Approved	INSPEC		<b>T</b>
			instead increas					Denied	Use Gro	oup:	Type
			sunroom addit		1 1						
Pro	posed Project Description	1:									
	nendment to permit # 090		nating proposed	exterior	porch and,	Sign	ature:		Signatur	e:	
ins	tead increase size of pro	posed sun	room addition.			PEDESTRIAN ACTIVITIES DISTRI			TRICT (P	ICT (P.A.D.)	
						Acti	ion Appro	ved App	proved w/	Condition	Denied
						Cian	noturo:			Date:	
Dori	mit Taken By:	Data A	pplied For:			Signature:				Date.	
gg			5/2009				Zoning	Approva	1		
1.	This permit application	n does not	preclude the	Special Zone or Reviev		ews	ws Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable Federal Rules.		•	Shoreland		☐ Variance		☐ Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland			Miscellaneous			☐ Does Not Require Revie	
3.	Building permits are vowithin six (6) months of			☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a buildi permit and stop all work			a building	Subdivision			☐ Interpretatio			Approved	
				Site Plan			☐ Approved		[	Approved w/Condition	
				Мај [	Mino MM	Denied		] [	☐ Denied		
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by th sdiction. In addition, if a Il have the authority to en uch permit.	ne owner to a permit fo	o make this appli r work described	med projection and the second	as his authorized application is iss	e pro l age ued,	nt and I agree to I certify that the	to conform to	to all app cial's aut	olicable laws horized repre	of this sentative
SIG	SNATURE OF APPLICAN				ADDRESS	•		DATE	3	P	НО

Location of Construction: 16 Great Pond Rd , Peaks	Owner Name: Horn Susan &	Owner Address: 312 Wright Crossing Rd	Phone:	Phone:	
Business Name:	Contractor Name: Macey Orme	Contractor Address: P O Box 143 Peaks Island	Phone 207408710	Phone 2074087100	
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	·	Zone:	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 02/01/2010

 Note:
 Ok to Issue:
 ✓

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 02/08/2010

 Note:
 Ok to Issue:
 ✓

1) All previous conditions apply from permit #09-0971, except the structural information on engineered beams.

## **Comments:**

2/1/2010-mes: received a new plot plan

12/23/2009-mes: I'm trying to find the other recently issued permit - Only found the scanned permit - I need a new plot plan - I called Rachel to get me a new plot plan.

## 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO