

980652

Location of Construction: 59 Winding Way, Peaks Isl		Owner: John & Annie Romanyshyn		Phone: 766-2887	
Owner Address: SAA 04108		Lessee/Buyer's Name: Victor Romanyshyn		BusinessName:	
Contractor Name:		Address:		Phone:	
Past Use: 1-fam		Proposed Use:		COST OF WORK: \$	
				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: Change use from 1-fam to 1-fam w/home occupation (artist printmaking studio)		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By:		Date Applied For: 09 June 1998		Signature: Date:	

Permit No: 980652

PERMIT ISSUED

Permit Issued: JUN 9 1998

CITY OF PORTLAND

Zoning: CBL: 085-S-007

Zoning Approval: *ok - 3 with conditions*

Special Zone or Reviews: *6/15/98*

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 10 June 1998 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

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

- Historic Preservation**
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

Date: *S*

CEO DISTRICT *6*

M. LEARY