City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No Owner: Phone: 772-6992 68 Winding Way, Peaks Island Ralph Ashmore Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 65 Commercial St Ptld 04101 Contractor Name: Phone: Address: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 25.00 \$ 1-fam same INSPECTION: **FIRE DEPT.** □ Approved Use Group: P3 Type: 5.2 ☐ Denied 00C496 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: AMENDMENT TO PERMIT # 980745 П Denied ☐ Flood Zone → move deck, well and add footing □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: November 16, 1998 SP Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit November 17, 1998 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE: 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