City of Portland, Maine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (	(207) 874-8703	, Fax: (207) 874-8	3716	2013-02567		087 C002001
Location of Construction:	Owner Address:		r Address:	<del>-</del>	Phone:	
20 PARK AVE, Peaks Island BRENNA HE HEASLEY		APS & TODD 112		6 Green St. Philadelphia, PA 19132		9132 (267) 886-7505
Business Name:  Contractor Name Doug Wilbur Construction		ntractor Name:		actor Address:	Phone	
		Residential		27 Central Avenue Peaks Island ME 04108		(207) 272-8763
Lessee/Buyer's Name	Phone:		Permi	t Type:		Zone:
			New Single Family			IR-1
Past Use:	Proposed Use:		Permit Fee:		Cost of Work:	CEO District:
Vacant Land	New Single Family			\$2,745.00	\$225,00	00.00 3
			INSPI	ECTION:		
Proposed Project Description:	la a a	1702 of footmains				
Build a new one story single family	k - 1792 SI 100tprint	*		FIES DISTRICT (	S DISTRICT (D A D )	
		Action: Approved Approved w/Co				
		Signature:			Date:	
·	pplied For: 8/2013		Zoning Approval			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
<ol> <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>		Wetland		Miscella	aneous	Does Not Require Review
		Flood Zone		Condition	onal 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 jurisdiction. In addition, if a permit f shall have the authority to enter all ar such permit.	to make this appl for work describe	lication as his authored in the application	at the rized a is issu	proposed work gent and I agreeded, I certify that	to conform to a the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE