City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					rmit No: Issue Date: 09-0970		CBL: 087 D011001		
Location of Construction: Owner Name:			Owner Address: 15 CRITTER DR			Phone:			
			BARUCH-RUNYON ADEL						
			Contractor Name:		Contractor Address:			Phone	
		Thompson & .	Thompson & Johnson Woodworker		115 Island Ave Peaks Island			207766521	9
Lessee/Buyer's Name Phone:				Permit Type: Alterations - Dwellings				Zone:	
Past	Use:	Proposed Use:	Permit Fee: Cost of Work:			·k: C	EO District:	1	
Sing	gle Family Home	Single Family	Single Family Home - rot repair		\$70.00	\$5,00		1	
			window replacement		DEPT:		INSPECT		
						Approved Denied	Use Grou		Туре
Proposed Project Description:				_					
rot	repair window replacement			Signa	Signature:		Signature	nature:	
				PEDE	PEDESTRIAN ACTIVITIES DISTRI		RICT (P.A	CT (P.A.D.)	
				Actio	Action Approved Approved			d w/Condition Denied	
				Signa	Signature:		E	Date:	
Permit Taken By:Date Applied For:Ldobson09/04/2009		Zoning Approval							
1.	This permit application do	bes not preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance			Not in District or Landma	
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
3.		uilding permits are void if work is not started ithin six (6) months of the date of issuance.		Flood Zon		Conditional Us		Requires Review	
	False information may invalidate a building permit and stop all work		Subdivision		Interpretatio			Approved	
			Site Plan		Approve	ed		Approved w/	Condition
			Maj 🗌 Mino 🗌 Mi	M	Denied			Denied	
			Date:		Date:		Date	e:	

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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction: 16 WILEY ST Peaks Island	Owner Name: BARUCH-RUNYON ADEL		Owner Address: 15 CRITTER DR		2:		
Business Name:	Contractor Name: Thompson & Johnson Woodworker		Contractor Address: 115 Island Ave Peaks Island		Phone 2077665219		
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings		Zone:		
Dept: Zoning Status: A Note:	pproved with Conditions	s Reviewer:	Marge Schmuckal App	roval Date: Ok to	09/08/2009 Issue: 🗹		
 Separate permits shall be required for future decks, sheds, pools, and/or garages. 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. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that no expansion of the existing building is being proposed or approved. 							
Dept: Building Status: P Note:	ending	Reviewer:	Tom Markley App	roval Date: Ok to	Issue:		
Comments: 9/8/2009-mes: back to Lannie to correct	ct the permit - needs P.I. C	On it					

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО	