City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

cation of Construction: Owner:		Phone:			Permit No:			
**71 Central Ave Peaks Island Dean A K		<u> </u>		766-2062				
Owner Address: Same	Lessee/Buyer's Name:	Phone:	Business	sName:				
Contractor Name: Self	Address:	Phone:			Permit Issued:			
Past Use:	Proposed Use:	COST OF WORK:	:	PERMIT FEE:	_			
1 - 11		\$ 7,500		\$ 60.00				
1-Family	1-Family			INSPECTION:				
		□ De	nied	Use Group: U Type:53	Zone:			
		Signature:		BOCA/961 Plan	Zone.	CBL: 087	-GG-003	
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			Zoning	Approval:			
		Action: Approved \Box			Special Zana an Davisura			
Construct Boat & Wood Shop	11			Special Zone or Reviews: □ □ Shoreland				
		Denied			U Wetland			
						d Zone		
		Signature:		Date:		division		
Permit Taken By: SP	Date Applied For:	December 3, 19	208			Plan maj l	Iminor Imm II	
					Zoning Appeal			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.						□ Variance □ Miscellaneous □ Conditional Use		
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 informa-								
						ied		
tion may invalidate a building permit and stop all work						istoric Pres		
						□Not in District or Landmark □Does Not Require Review		
					Action:			
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,						□ Appoved □ Approved with Conditions □ Denied		
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit						Date:		
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December 3, 1998								
SIGNATURE OF APPLICANT	ADDRESS:	DATE:			-			
DESDANSIDI E DEBGAN IN CUADOE OF WOR					_		2	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:						ISTRICT	$ \mathcal{I} $	
White-Pe	ermit Desk Green–Assessor's Cana	ary–D.P.W. Pink–Publ	ic File I	vory Card-Inspector				

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