

Location of Construction: 54 Upper A St Peaks Isl		Owner: Sallie B. Clark		Phone: 766-2191		Permit No: 81049			
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:			
Contractor Name: Robert deSousa		Address: 11 Merrian St Peaks Island, ME 04108		Phone: 766 766-2920		<div style="border: 2px solid black; padding: 5px;"> PERMIT ISSUED Permit Issued: <div style="border: 1px solid black; padding: 5px; text-align: center;"> SEP 17 1998 </div> CITY OF PORTLAND Zone: <i>DK2</i> CBL: 087-HH-007 Zoning Approval: <i>OK with revised plans 9/15/98</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> </div>			
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 6,000.00				PERMIT FEE: \$ 50.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: Type <i>OK with conditions</i> Signature: _____	
Proposed Project Description: Change existing windows, doors location & size Change on side entry on stairs of existing deck				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____					
Permit Taken By: MG		Date Applied For: 03 September 1998							

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

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

02 September 1998

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	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: *[Signature]*

CEO DISTRICT 2
KC/TR