City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel; (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit (0) 1 () 3 () Phone: H 776-2743 W 7**4**6−2402 Cynde P. Mitchell 325 Island Ave, Peaks Island 001330 Lessee/Buver's Name: Owner Address: Phone: BusinessName: 325 Island Ave., Peaks Island **Permit Issued:** Address: PO Box 264, Orris Island, ME Contractor Name: Phone: 04066 833-5875 Long Cove builders, Inc. COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$3,960.00 \$655,332.85 **FIRE DEPT.** □ Approved INSPECTION: Use Group: 8-3Type:5/2-☐ Denied BOCA 94 087-1-004 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Review Approved with Conditions: □ Shoreland Remove existing house & build a new one. Denied □ Wetland ☐ Flood Zone -- 2 □ Subdivision Signature: Date: ☑ Site Plan mai □minor □mm ☑ Permit Taken By: Date Applied For: GG August 18, 2000 Gav1e 7,0000167 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. 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 Mot in District or Landmark □ Does Not Require Review □ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 August 18, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WITH REOUIREMENTS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector