City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Peaks Island **William Flynn 207-766-2780 **24 Centennial Street 000306 Owner Address: Lessee/Buver's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: 24 Centennial St. Peaks Island Me 04108 William Flynn 207-766-2780 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: APR 13 \$ 20,000 \$ 144.00 **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: U Type: Pier VACANT beach BOCA96 087-00-005 Signature: Signature: X Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Build Pier 6' Wide 170' long from High Water to Mean Low pecial Zone or Reviews Approved with Conditions: Water. Shoreland U Denied □ Wetland ☐ Subdivision Date: Signature Site Plan mai Permit Taken By: Date Applied For: UВ 10-1-99 0000Zoning Appea □ Variance 3.5 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. has! Army ca □ Miscellaneous 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.. **Send To: William Flynn Depied 24 Centennial Street Peaks Island, ME 04108 **Historic Preservation** ☑ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review **PERMIT ISSUED** Action: **WITH REQUIREMENTS CERTIFICATION** ☐ Appoved 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 ☐ Approved with Conditions ☐ 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** UB White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector