City of Por	tland Maina	- Building or Use	Pormit Applica	tion Pe	rmit No:	Issue Date:	CBL:	
•	,	Tel: (207) 874-8703			014-01040		087 T010001	
Location of Con		Owner Name:	, 1 u.X. (207) 074	Owner A			Phone:	
290 ISLANI					ANKLIN ST # 4 NEW YORK,			
Business Name: Contractor Nam John Kiely jkiely@main		Contractor Name	Contractor Name:		Contractor Address:		Phone	
		.rr.com	591 Isla	591 Island Ave Peaks Island ME 04401		401 (207) 766-2026		
Lessee/Buyer's Name Phone:		Permit T				Zone:		
			Additions - Single Family					
Past Use:		Proposed Use:		Permit F		Cost of Work:	CEO District:	
Single Family		Single Family			\$160.00	\$14,000	0.00	
Proposed Project Description: add deck (25' x 12') & landing & stairs- minor interior			r renovations.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied			
				Signature:			Date:	
Permit Taken By: Date Applied For:			Zoning Approval					
bjs		05/15/2014				PP - • • ••-		
1. This per	mit application de	oes not preclude the	Special Zone or I	Reviews	Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable S Federal Rules.		g applicable State and	Shoreland		Varianc	e	Not in District or Landmark	
	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review	
3. 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			Flood Zone		Condition Condition	onal Use	Requires Review	
			Subdivision		Interpre	tation	Approved	
		Site Plan		Approv	ed	Approved w/Conditions		
			Maj 🗌 Minor 🗌	MM 🗌	Denied		Denied	
			Date:		Date:		Date:	

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 APPLICANT	ADDRESS	DATE	PHONE
DESDONGIDI E DEDGON IN CLIADCE OF WORK TITLE		DATE	DUONE