



Permitting and Inspections Department  
Michael A. Russell, MS, Director

## General Building Permit Application

Project Address: 256 Island Avenue, Peaks Island, ME 04108

Tax Assessor's CBL: 87 W 3 Cost of Work: \$4500.00  
Chart # Block # Lot #

Proposed use (e.g., single-family, retail, restaurant, etc.): Demo house to make room for new single family home

Current use: vacant Past use, if currently vacant: single family home

Commercial       Multi-Family Residential       One/Two Family Residential

**Type of work (check all that apply):**

<input type="checkbox"/> New Structure	<input type="checkbox"/> Fence	<input type="checkbox"/> Change of Ownership - Condo Conversion
<input type="checkbox"/> Addition	<input type="checkbox"/> Pool - Above Ground	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Alteration	<input type="checkbox"/> Pool - In Ground	<input type="checkbox"/> Change of Use - Home Occupation
<input type="checkbox"/> Amendment	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Radio/Telecommunications Equipment
<input type="checkbox"/> Shed	<input type="checkbox"/> Replacement Windows	<input type="checkbox"/> Radio/Telecommunications Tower
<input checked="" type="checkbox"/> Demolition - Structure	<input type="checkbox"/> Commercial Hood System	<input type="checkbox"/> Tent/Stage
<input type="checkbox"/> Demolition - Interior	<input type="checkbox"/> Tank Installation/Replacement	<input type="checkbox"/> Wind Tower
<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Tank Removal	<input type="checkbox"/> Solar Energy Installation
<input type="checkbox"/> Garage - Detached		<input type="checkbox"/> Site Alteration

**Project description/scope of work (attach additional pages if needed):**

Demolition of vacant single family house and shed

Applicant Name: City View, LLC (William & Nancy Flynn 100% owners) Phone: (207) 653 - 6320

Address: 24 CityView Road, Peaks Island, ME 04108 Email: peaksislandelectric@outlook.com

Lessee/Owner Name (if different): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name (if different): William Flynn Phone: (207) 653 - 6320

Address: 24 CityView Road, Peaks Island, ME 04108 Email: peaksislandelectric@outlook.com

*I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.*

Signature: William P. Flynn-Member City View LLC/12/1/17 Date: William P. Flynn-Member City View LLC/12/1/17

*This is a legal document and your electronic signature is considered a legal signature per Maine state law.*

**Review of this application will not begin until the permit payment is received. This is not a permit. Work may not commence until the permit is issued.**