

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 248 Island Ave. P.I.		Owner: Joyce Perron		Phone: 766-5419		Permit No: 000687
Owner Address: same		Lessee/Buyer's Name:		Phone:		
Contractor Name: **** R.P. Caron		Address: ***** PO Box 101 Peaks Island 04108		Phone: 766-5084		Zone: IA-2 CBL: 087-W-013
Past Use: Single family		Proposed Use: same		COST OF WORK: \$ 4,000.00 ? FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group A-3 Type 5B Signature: <i>Hoffman</i>		
Proposed Project Description: 12x16 sundeck on west side of dwelling						Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: Gayle		Date Applied For: June 19, 2000				

- 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

June 20, 2000

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT 3
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	