•	y of Portland, Maine Congress Street, 04101	0			Pern	nit No: 08-0745	Issue Date:		CBL: 087 Y02	21001	
Location of Construction: Owner Name:			, I ax. (207	<i>'</i>	Owner Address:			Phone:			
181 ISLAND AVE, Peaks Island BURKHOL			DER BRAD A		181 ISLAND AVE				207-766-2628		
· · · · · · · · · · · · · · · · · · ·		Contractor Name:			Contractor Address:				Phone		
Lessee/Buyer's Name Pho		Phone:	Phone:		Permit Type: Additions - Dwellings					Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			: (CEO District:		
Two	o Family Residential	Two Family R	Two Family Residential - Rebuild				\$60,000	0.00	1		
		15 x 30 attache	15 x 30 attached outbuilding		Appioved			SPECTION: Ise Group: Type:			
_	osed Project Description:				-						
Reb	ouild 15 x 30 attached outbo	uilding	5		8		Signatur				
				r	PEDESTRIAN ACTIVITIES DISTR Action: Approved Appro		THES DIST	acı (r.	ICT (P.A.D.)		
				I			oved w/O	ed w/Conditions Denied			
				5	Signatu	re:			Date:		
Permit Taken By:Date Applied For:lmd06/25/2008				Zoning Approval							
1.	This permit application do	bes not preclude the	Special Zone or Reviews		5	Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			U Variance		[Not in District or Landmark		
2.	Building permits do not include plumbing, septic or electrical work.		Wetland			Miscellaneous		[Does Not Require Review		
3.	-		Flood Zone			Conditional Use		[Requires Review		
False information may invalidate a building permit and stop all work		Subdivision			Interpretation		[Approved			
			Site Pla	n		Approved	1	[Approved w/	Conditions	
			Maj 🗌 M	linor 🗌 MM 🗌		Denied		[Denied		
			Date:]	Date:		Da	ite:		

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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:		Owner Address:		Phone:	
181 ISLAND AVE, Peaks Island	BURKHOLDER BRA	AD A	181 ISLAND AVE		207-766-2628	
Business Name:	Contractor Name:		Contractor Address:		Phone	
.essee/Buyer's Name	Phone:		Permit Type:		Zone:	
			Additions - Dwellings	3		
Dept: Zoning Status: A	Approved with Condition	ns Reviewer :	Ann Machado	Approval Da	te: 08/20/2008	
Note: Existing building is nonconfo 30' "outbuilding" is being rel being added to the second flo same.	built within the existing	footprint but the	roof is changing. The	e is no floor area	Ok to Issue: 🗹	
1) This property shall remain a two approval.	family dwelling. Any ch	ange of use sha	l require a separate per	mit application fo	r review and	
2) This permit is being issued with t	the condition that all the	work will take p	blace within the existing	g footprint of the b	ouilidng.	
 This permit is being approved on work. 	the basis of plans subm	itted. Any devia	tions shall require a sep	parate approval be	fore starting that	
Dept: Building Status: A	Approved with Condition	ns Reviewer :	Chris Hanson	Approval Da	te: 08/21/2008	
Note:				(Ok to Issue: 🗹	
1) State law requires notification of	hazardous materials and	l abatement by a	licensed professional			
2) Fastener schedule per the IRC 20	03					
3) Hardwired interconnected battery every level.	/ backup smoke detector	s shall be install	ed in all bedrooms, pro	tecting the bedroc	oms, and on	
4) Permit approved based on the pla	one submitted and review					
noted on plans.		ved w/owner/cor	tractor, with additional	information as ag	greed on and as	
noted on plans.				information as ag	greed on and as	
	l per the enclosed detail any electrical, plumbing	as discussed w/c g, or HVAC syst	wner/contractor. ems.	information as ag	greed on and as	
 noted on plans. 5) Frost protection must be installed 6) Separate permits are required for Separate plans may need to be su 	l per the enclosed detail any electrical, plumbing	as discussed w/c g, or HVAC syst	wner/contractor. ems.	information as ag	greed on and as	
 noted on plans. 5) Frost protection must be installed 6) Separate permits are required for Separate plans may need to be su Comments: 6/25/2008-Imd: Although original page	l per the enclosed detail any electrical, plumbing bmitted for approval as	as discussed w/o g, or HVAC syst a part of this pro	owner/contractor. ems. cess.			
noted on plans.5) Frost protection must be installed6) Separate permits are required for	l per the enclosed detail any electrical, plumbing bmitted for approval as yment was made 06/03/ or Brad. Need plot plan.	as discussed w/o g, or HVAC syst a part of this pro 2008, plans for t	owner/contractor. ems. cess. he project received 06/2	25/2008, therefore	e received date is	

8/20/2008-amachado: Received cross section of exiting building.

CERTIFICATION

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE