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

Location of Construction: Owner: JANICE THOMAS				Phone: 766-3336			Permit No:	
		essee/Buyer's Name:		Phone: B		ssName:		
SAA		- ,						
Contractor Name:	Address			Phone:			Permit Issued:	
*** BRAD BURKHOLDER	LAND AV	E PEAKS ISLAND ME 041			-26 28	·		
Past Use:	Proposed Use:		1	COST OF WORK:		PERMIT FEE:		
			\$1,200			\$ 36.00		
SINGLE FAMILY	SAME		FIRE DEPT. □ Approve □ Denied		pproved	INSPECTION:		
					enied	Use Group:パーカType:5数	'	
						BOCA99 /	Zone: CBL: 087	7 - Z-024
Description			Signature: Signature:				Zoning Approval:	
Proposed Project Description:		11			of with	anditres		
dia					\mathcal{U}	' ∣ 'Special Zone o	or Reviews:	
REPLACING OLD POST ADN SILL FOUNDATION ADDING LANDING AND NEW STAIRS				Approved with Conditions:			L Onorciana	\sim
				Denied				talox
			Signature:			Date:	☐ Flood Zone /フ☐ ☐ Subdivision	47160
Permit Taken By:		Date Applied For: DEC		_		Date.	☐ Site Plan maj	□minor □mm □
Permit Taken By: K		Date Applied For. DEC	1 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 							Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied	
					iq HTIW	ERMIT ISSUE d H Require ments	Historic Prediction District of Does Not Requires Review	or Landmark iire Review
I hereby certify that I am the owner of record of the authorized by the owner to make this application as if a permit for work described in the application is areas covered by such permit at any reasonable how	s his authorissued, I c	orized agent and I agree to confertify that the code official's aut	orm to all ap horized repr	plicable esentativ	laws of the shall ha	nis jurisdiction. In addition,	□ Denied □	Conditions
		DEC 1 2000 K						
SIGNATURE OF APPLICANT		ADDRESS:		DATE:		PHONE:	PERMIT ISSUED	
							WITH REQUIREMENTS	
DECOMICIDI E DEDCOM IN CLIADOE OF WORK	z mm r					DUONE.	_	3
RESPONSIBLE PERSON IN CHARGE OF WORK	X, IIILE					PHONE:	CEO DISTRICT	
White_Per	rmit Desk	Green-Assessor's Canan	-DPW P	ink_Pub	lic File	Ivory Card-Inspector		