City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: 766-2619 Permit No: 42 Willow Peaks Island John & Angela Kelso Owner Address: SAA Phone: Lessee/Buyer's Name: BusinessName: Permit Issued: Contractor Name: Address: Phone: 781-5569/776-4635 12 Madokawawdo Ldg. Falmouth ME ** Weigel Constructions ** COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 5.20<u>0.00</u> \$60,00 **INSPECTION: FIRE DEPT.** □ Approved single familyu same Use Group: R.3Type:5/7 □ Denied CBL: Zone: BOCA 96 **⊅**0&7-KK-001 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.) Action: Approved Special Zone or repair and reconstruct existing shed attached to house Approved with Conditions: ☐ Shoreland **W** Denied □ Wetland ☐ Flood Zone Z Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K Feb 10 2000 K 6766P **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation LANOt in District or Landmark ☐ Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS ☐ Requires Review Action: CERTIFICATION □ Appoved 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 ☐ Approved with Conditions □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Feb 10 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE