City of Portland, N	Iaine - Bui l	lding or Use I	Permit Applicat	tion	Perm	it No:	Issue Date:		CBL:
389 Congress Street,	Fax: (207) 874-8	3716	201	4-02144			087 BB001001		
Location of Construction:	Owner Name:		Owne	Owner Address:				Phone:	
92 CENTRAL AVE - PEAKS ISLAND		CROSBY WILLIAM B & KATHERINE E SIMMONDS			92 CENTRAL AVE PEAKS ISLAND ME 04108				
Business Name:		Contractor Name:			Contractor Address:				Phone:
		Thompson Johnson Woodworks			26 Sterling Street Peaks Island ME				(207) 766-5625
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
					Alterations - Single Family				IR-2
Past Use:		Proposed Use:		Permit Fee:			Cost of Work:		CEO District:
Single Family Home	Same: Single l	Same: Single Family Home		\$2,489.00 \$225,0 INSPECTION:			00.00 3		
Proposed Project Description	n:								
Renovations: new dorn									
porch, rebuilding front	g interior stairs	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)							
		Action: Approved Approved w/Condi							
Permit Taken By: Date Applied For:								Da	ne:
ldobson	Zoning Approval								
1. This permit applic	Special Zone or Revie		ews Zoning Appeal		ng Appeal	Historic Preservation			
Applicant(s) from meeting applicable State an Federal Rules.			Shoreland			☐ Variance		Not in District or Landmar	
2. Building permits of septic or electrical	☐ Wetland			Miscellaneous			Does Not Require Review		
3. Building permits a within six (6) mon	Flood Zone			Conditional Use		Requires Review			
False information permit and stop all	e a building	Subdivision			☐ Interpretation			Approved	
			Site Plan			Approve	d		Approved w/Conditions
	Maj Minor MM			Denied			Denied		
	Date:		Е	Date:		Date:			
			CERTIFICA	TIO	N				
I hereby certify that I at I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	o make this appl or work describe	lication as his authored in the application	rized a is issu	agent a	and I agree certify that	to conform to a the code official	all appi al's aut	licable laws of this thorized representative
SIGNATURE OF APPLICA	NT		ADDI	RESS		DATE			PHONE
SIGNATURE OF APPLICA	NT		ADDI	RESS			DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE