

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

Location of Construction: 120 Island Ave, Peaks 04108		Owner: Jean Hoffman & James Soley (Jack)		Phone: 775-2252	Permit No: 000430
Owner Address: Same		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: Owner		Address:		Phone:	
Past Use: Single Family		Proposed Use: Single		COST OF WORK: \$ 2,100.00	PERMIT FEE: \$ 36.00
Proposed Project Description:  Amend Permit # 000205 Include Full Foundation Under 14x21 Addition		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SB	
		Signature: _____		Signature: <i>Heffer</i>	
Permit Taken By: GD		Date Applied For: GD April 21, 2000		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	

Zone: I-B CBL: 087-00-026  
 Zoning Approval: *previous conditions still apply*  
 Special Zone or Reviews: *EXEMPT from 75' setback*  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  Major  Minor  Imm  Other  
*OK 5/3/10*  
 Zoning Appeal  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

\*\*\*please call "Jack" Soley For P/U  
775-2252

**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

April 21, 2000

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**PERMIT ISSUED  
WITH REQUIREMENTS**

CEO DISTRICT 2