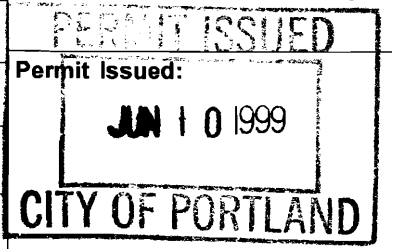


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 33 Lyndon Ave. Peaks Island 04108		Owner: Deborah Jordan Alexander Stankowilz		Phone:	Permit No: 990604
Owner Address: SAA		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: ***David C. Smith		Address: 72 Elizabeth St. Peaks Island 04108		Phone: 766-3360	
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$ 9,500	PERMIT FEE: \$ 70.00
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>5B</i> <i>BOCA 96</i> Signature: <i>[Signature]</i>	
Proposed Project Description: 2 story addition (8x12)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: <i>[Signature]</i> Date:	
Permit Taken By: SP		Date Applied For: June 2, 1999			



Zone: *IRT* CBL: 088-B-014
 Zoning Approval: *[Signature]* 6/9/99
 Special Zone or Reviews:
 Shoreland *NA*
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

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

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

June 2, 1999

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *[Signature]*

CEO DISTRICT **2**
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