

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

Location of Construction: Peaks Island - Ball Field		Owner: City of Portland		Phone: 756-8383		Permit No: 991048
Owner Address: Don Matthews 17 Arbor St. Ptd		Lessee/Buyer's Name: Don Matthews 17 Arbor St. Ptd		Phone: 04103		
Contractor Name: City of Portland		Address:		Phone:		Zoning Approval: Special Zone or Reviews: 9/27/99
Past Use: Ball Field		Proposed Use: Same		COST OF WORK: \$ 0		
				PERMIT FEE: \$ Waived		CBL: 088-K-007
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: 80 sq. ft. concession building.				INSPECTION: Use Group: Type:		Signature: _____ Date: _____
				Signature: _____ Date: _____		
Permit Taken By: UB		Date Applied For: 9-8-99		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Permit Issued WITH REQUIREMENTS
				Signature: _____ Date: _____		

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

****Send To: Don Matthews
17 Arbor St.
Portland, ME 04103

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

9-8-99

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date:

CEO DISTRICT 1
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