

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

Location of Construction: 50 Central Ave, Peaks Island		Owner: Richard A. Grant		Phone: 766-5002		Permit No:	
Owner Address: 614 Seashore Ave Peaks, Island, ME 04108		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: SAA		Address:		Phone:		Permit Issued:	
Past Use: Vacant Land		Proposed Use: 1-fam		COST OF WORK: \$ 50,000.00		PERMIT FEE: \$ 270.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: Construct Single Family Dwelling				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:			
Permit Taken By: Mary Gresik		Date Applied For: 14 May 1998					

Zone: **IR-1** CBL: 088-K-044
 Zoning Approval:
 Special Zone or Reviews:
 Shoreland *Stream Protection*
 Wetland
 Flood Zone - *panel 15 Zone C*
 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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: _____

*Permit Issued
 Never put to file
 2/16/99*

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

07 July 1998 - Permit Routed
 15 May 1998

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

CEO DISTRICT 6
M. LARY

