City of Portland, Mai	ne - Bui	lding or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:
389 Congress Street, 041	01 Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02019			089 C003001
Location of Construction:	Owner Name:	wner Name:		Owner Address:			Phone:	
105 LYNDON AVE, Peaks Island		BUNTON ROBERT C & REBECCA R BUNTON		38 PARK RD WINDHAM, ME 04062			(207) 892-7708	
Business Name:		Contractor Name:			Contractor Address:			Phone
		William Bunton Rob.Bunton@motion-ind.com		87 Middle Road Cumberland ME 04021			(207) 829-6438	
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:	
Windbunt@gmail.com				New Single Family				IR-1
Past Use:		Proposed Use:		Perm	iit Fee:	Cost of Work:		CEO District:
vacant		New Single Fa	amily Home	\$5,915.00		\$542,000.00		3
Proposed Project Description:					ECTION:			
	28 5'x 45' with							
Build a new two and a half story single family hom porches and decks.			20.5 A 15 WIGH	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/C			ved w/Cor	nditions Denied		
	Signature:				Da	ate:		
Permit Taken By: bjs	Date A ₁		Zoning Approval					
This permit application does not preclude th			Special Zone or Revie		Zoning Appeal		Historic Preservation	
Applicant(s) from med Federal Rules.			Shoreland	Shoreland		Variance		Not in District or Landmarl
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are within six (6) months	of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	onal Use		Requires Review	
False information may permit and stop all wo	e a building			Interpre	tation	Approved		
				Approv	ed		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied
			Date:		Date:		Date:	
I hereby certify that I am th I have been authorized by t jurisdiction. In addition, if shall have the authority to e	he owner t a permit fo	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agreeded, I certify that	e to conform to t the code office	all app	licable laws of this thorized representative
such permit.								
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE