City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Michael & Mary Donnelly Hussey Rd, Peaks Island 780-6372 Phone: Owner Address: Lessee/Buyer's Name: BusinessName: 150 Middle St Apt 3K Ptld, ME 04101 Contractor Name: Phone: Address: Owner **COST OF WORK:** PERMIT FEE: Past Use: **FR | 2 | 1999** Proposed Use: 99,000.00 515.00 Single Family Vacant Land **FIRE DEPT.** □ Approved INSPECTION: Cottage Use Group: 43 Type: 5 ☐ Denied Barn BOCA96 089-E-02**O** Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Approved with Conditions: Construct Single Family dwelling, cottage & barn ☐ Shoreland Denied □ Wetland ☐ Flood Zone **Z** □ Subdivision P Signature: Date: Site Plan maj ⊡minor ⊡mm 🕱 Permit Taken By: Date Applied For: SP 26 March 1999 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work. ☐ Denied Historic Preservation Call 780-6372 for P/U Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 26 March 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

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