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

Location of Construction: 21 Reservior Rd Peaks Island *** Gat		Phone: y Fox ***** 766-5980		Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001051
PO Box 135 Peaks Island ME				
Contractor Name:	Address:	Phone	:	Permit Issued:
SAA North American Homes				SEP 2 5 DOM
Past Use:	Proposed Use:	COST OF WORK		
vacant foundation only	single family	\$75,899	\$ 480.00	
		FIRE DEPT. 🗆 A	Approved INSPECTION :	/
			enied Use Group: <i>R</i>-3 Typ	pe:50
			BOC 499 CO	Zone: CBL: $f^{(1)}_{(1)} = 0.006$
Proposed Project Description:		Signature:	Signature: Hut	
roposed roject Description.		CTIVITIES DISTRICT (P)	D.)	
Phase 2 mod. home added to ex		Approved	Special Zone or Reviews:	
			Approved with Conditions: Denied	D Wetland
		L	Jenied	□ □ Wetland □ Flood Zone 1 22/CC
		Signature:	Date:	
Permit Taken By:	Date Applied For:			Site Plan maj 🗆 Site Plan maj
K	A	ug 25 2000 K		
				Zoning Appeal
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.				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and				
				Denied
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation Mot in District or Landmark Does Not Require Review Requires Review Action:
	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 applicati				
if a permit for work described in the application	n is issued, I certify that the code official	l's authorized representativ	ve shall have the authority to en	nter all
areas covered by such permit at any reasonabl	e hour to enforce the provisions of the c	ode(s) applicable to such j	permit	Date:
		Aug 25 2000		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				PERMIT ISSUED
PERPANAULT PERSON IN OUL POP OF W			NIOVE	WITH REQUIREMENTS 3
RESPONSIBLE PERSON IN CHARGE OF W		PHONE:		
White	–Permit Desk Green–Assessor's C	anary–D.P.W. Pink–Put	olic File Ivory Card–Inspect	or