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: Peaks Island, ME 04108 Mike & Maura Chapey 207-774-0111 5 Sunset Road 991228 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: c/o Will Winkelman @Whitten Architects P.O. Box 404, Portland, ME 04112 N/A Permit Issued: Contractor Name: Address: Phone: Not Given Bill Buncon NOt Given Past Use: COST OF WORK: PERMIT FEE: Proposed Use: \$108,000 672.00 Same INSPECTION: 1-Family FIRE DEPT. Approved Use Group: A3 Type: 54 ☐ Denied Zone: CBL: BOCA 96 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. Action: Approved Special Zone or Reviews: Interior first floor renovations. Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 10-28-99 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 ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work... ☐ Denied ###Send To: Will Winkelman Whitten Architects **Historic Preservation** □Not in District or Landmark P.O. Box 404 ☐ Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS Portland, ME 04112 ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10-28-99 SIGNATURE OF APPLICANT PHONE: ADDRESS: DATE: 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