

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

Location of Construction: 5 Sunset Road Peaks Island, ME 04108		Owner: Mike & Maura Chapey		Phone: 207-774-0111		Permit No: 991228	
Owner Address: c/o Will Winkelman @Whitten Architects		Lessee/Buyer's Name: P.O. Box 404, Portland, ME		Phone: 04112		BusinessName: N/A	
Contractor Name: Bill Bunton		Address: NOT Given		Phone: Not Given		Permit Issued: NOV - 5 1999	
Past Use: 1-Family		Proposed Use: Same		COST OF WORK: \$108,000		PERMIT FEE: \$ 672.00	
Proposed Project Description: Interior first floor renovations.		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A-3 Type: 513 BOCA 90		Zone: TR-2 CBL: 090-C-003	
		Signature:		Signature:		Zoning Approval: 090-C-003 <i>OK 11/4/99</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input checked="" type="checkbox"/> Shoreland <i>yes w/permits</i> <input type="checkbox"/> Wetland <i>HWM -</i> <input type="checkbox"/> Flood Zone <i>NO closer to</i> <input type="checkbox"/> Subdivision <i>HWM - No Added</i> <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> <i>increase sq ft on</i>	
Permit Taken By: KA		Date Applied For: 10-28-99		Signature:		Date:	

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.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

***Send To: Will Winkelman
Whitten Architects
P.O. Box 404
Portland, ME 04112

**PERMIT ISSUED
WITH REQUIREMENTS**

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

10-28-99

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

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *[Signature]*

**PERMIT ISSUED
WITH REQUIREMENTS
CEO DISTRICT**
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