City of Portland, Maine - Building or Use Permit Application					Per	Permit No: Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871				5	10-1471			090 L00	6001	
Location of Construction: Owner Name:					Owner Address:		Phone:			
12 Trefethen Ave. Peaks Island Trefethen &			Evergreen		Po Box 87					
Busin	ess Name:	Contractor Name	Contractor Name:		Contractor Address:			Phone		
Evergreen Improvement Association		ciation Waterman Mar	Waterman Marine Corp		475 US Rt 1 Suite 6 Freeport			20786991	2078699100	
Lessee/Buyer's Name P		Phone:	Phone:		Permit Type:				Zone:	
					Alterations - Commercial					
Past Use: Propose					Perm	rmit Fee: Cost of Work:		K: (CEO District:	
	nmercial / Club House (Commercial / Club House; Install			\$100.00	\$8,00	0.00	1	
	rgreen Improvement		two plumb pilings, two batter		FIRE	DEPT:	Approved	INSPEC	CTION:	
Asso	ociation)		pilings and a 6 x 12 pile cap on the south side of the dinghy float.			Denied		Use Gro	Group: Type:	
		south side of th	e of the dinghy float.							
-	sed Project Description:]					
	all two plumb pilings, two	batter pilings and a 6 x	x 12 pile		0		Signatur			
sout	h side of the dinghy float.				PEDESTRIAN ACTIVITIES DISTRICT (P.A		.A.D.)			
					Action: Approved Approved		roved w/0	w/Conditions Denied		
					Signature:			Date:		
Permit Taken By: Date Applied For:					Zoning	Approva	l			
gg 11/29/2010		11/29/2010								
1.	. This permit application does not preclude the		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
Applicant(s) from meeting appl Federal Rules.		g applicable State and	Sh	Shoreland		U Variance			Not in District or Landmark	
	Building permits do not include plumbing,		Wetland		Miscellaneous			Does Not Require Review		
3.	septic or electrical work.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		Flood Zone			Conditional Use			Requires Review	
			Subdivision		Interpretation		Approved] Approved		
			Sit	te Plan		Approve	ed		Approved w/O	Conditions
			Maj [Minor MM		Denied			Denied	
			Date:			Date:		Da	ate:	

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:	Owner Address:	Pho	ne:	
12 Trefethen Ave. Peaks Island	Trefethen & Evergreen	Po Box 87			
Business Name:	Contractor Name:	Contractor Address:	Pho	Phone	
Evergreen Improvement Associa	tion Waterman Marine Corp	475 US Rt 1 Suite 6 Fre	eeport 20	2078699100	
Lessee/Buyer's Name	Phone:	Permit Type:		Zone:	
		Alterations - Commerce	ial		
Dept: Zoning Status	s: Approved with Conditions	Reviewer: Ann Machado	Approval Date:	12/01/2010	
Note:			Okt	to Issue: 🗹	
1) This permit is being approved work.	d on the basis of plans submitted	d. Any deviations shall require a sep	arate approval before	e starting that	
Dept: Building Status	s: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date:	12/21/2010	
Dept: Building Status Note:	s: Approved with Conditions	Reviewer: Jeanine Bourke		12/21/2010 to Issue: ☑	
Note:		Reviewer: Jeanine Bourke	Okt	to Issue: 🗹	
Note: 1) Application approval based u and approval prior to work.			Okt	to Issue: 🗹	
Note: 1) Application approval based u and approrval prior to work.	pon information provided by ap	oplicant. Any deviation from approve	Ok to obtain the obtained of t	to Issue:	
Note: 1) Application approval based u and approrval prior to work. Dept: Fire Status Note: Comments:	pon information provided by ap s: Approved	oplicant. Any deviation from approve Reviewer: Capt Keith Gautreau	Ok t od plans requires sepa Approval Date: Ok t	to Issue: 🗹 arate review 12/06/2010 to Issue: 🗹	
Note: 1) Application approval based u and approrval prior to work. Dept: Fire Status Note: Comments:	pon information provided by ap s: Approved	oplicant. Any deviation from approve	Ok t od plans requires sepa Approval Date: Ok t	to Issue: 🗹 arate review 12/06/2010 to Issue: 🗹	

12/21/2010-gg: received granted site exemption as of12-17-10. /gg

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	