

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

Permit No: 01-238	Issue Date: OCT 8 2001	CBL: 09 E002001
PERMIT ISSUED		
CITY OF PORTLAND		

Location of Construction: 944 Seashore Ave	Owner Name: Cummings Kathleen &	Owner Address: 120 Arlington St	Phone:
Business Name:	Contractor Name: Hand Digs	Contractor Address: PO Box 22 Peaks Island	Phone: 2077665795
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Cottage	Proposed Use: Same	Permit Fee: \$72.00	Cost of Work: \$8,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>RS</i> Type: <i>5B</i> <i>Bocce</i>	

Proposed Project Description: Foundation Support Repair	Signature:	Signature: <i>DC 10/9/01</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> <i>N/A</i> w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: dgc	Date Applied For: 10/09/2001	Zoning Approval
-------------------------	---------------------------------	------------------------

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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>DC 10/9/01</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i> Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>DC 10/9/01</i>
	Signature: _____ Date: _____		

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

JR1

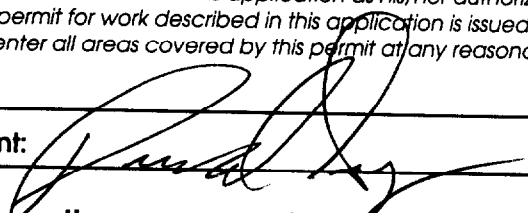
All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:		
Total Square Footage of Proposed Structure <u>6048</u>	Square Footage of Lot <u>26,984</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>91</u> Block# <u>E</u> Lot# <u>000</u>	Owner: <u>David Johnston</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>444 Seashore Ave Peaks Island ME</u>	Cost Of Work: \$ <u>8000.00</u> Fee: \$ <u>72.00</u>
Current use: <u>Single home</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>redo Sanna tubes with Footings + cement block. Close in area.</u>		
Project description: <u>Take out sanna tubes replace with cement footings 8in cement block, skin coat, Insulate and Drainage around area.</u>		
Contractor's name, address & telephone: <u>Hunt digs, PO Box 22 peaks Island ME</u>		
Who should we contact when the permit is ready: <u>Hunt digs</u>		
Mailing address: <u>PO Box 22 Peaks Island ME 04108</u>		
		Phone: <u>766 5795</u>

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: <u>10/9/01</u>
---	----------------------

This is not a permit, you may not commence ANY work until the permit is issued