

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

Location of Construction: 665 Island Ave. Peaks 04108		Owner: Jeffrey Marks		Phone: 766-0066		Permit No: 000104	
Owner Address: Same		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *John V. Kiely **		Address: 591 Island Ave. Peaks **		Phone: 766-2026*		Permit Issued:	
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$ 2,500.00		PERMIT FEE: \$ 42.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R-3 Type 513 BOCA 96 Signature: <i>[Signature]</i>	
Proposed Project Description: Reconfigure Gambel Roof To Form A-Frame Demo Dormers.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By: GD		Date Applied For: GD February 11, 2000					

Zone: **FR2** CBL: 092-F-009
 Zoning Approval: *[Signature]* 2/11/00
 Special Zone or Reviews:
 Shoreland Wetlands 75' to HWM
 Wetland *Zone C*
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance *① to remain*
 Miscellaneous
 Conditional Use *1 family*
 Interpretation
 Approved *② No higher than 35 feet*
 Denied

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

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

FURNISH ALL
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

February 11, 2000

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

PERMIT ISSUED
 WITH REQUIREMENTS
 DISTRICT 2