City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: 766-5997 Permit No: **** Arthur Astarita **** 51 Woods Road Peaks Island 001196 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Address: Phone: Contractor Name: island ave Peaks Island John Kiley COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 36.00 \$1,500 same single family **FIRE DEPT.** □ Approved **INSPECTION:** Use Group! Type 503 ☐ Denied 092-G-023-30-Z Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT P.A.B Action: Approved Small door and deck Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Oct 10 2000 K K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. 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-3. ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions □ 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 Oct 10 2000 **SIGNATURE OF APPLICANT** ADDRESS: DATE: PHONE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE