Location of Construction: 50 Church Rd Cliff Island	Phone: Dhn & Sharon 1-914-774-5249		Permit No: 990044	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	I STATT ISSUED
Contractor Name: Address: Phone: **XCape Builders 13 Spoondrift Ln, Cape Elizabeth ME 04107 741-2273				Permit Issued: JAN 2 0 1999
Past Use:	Proposed Use:	COST OF WOR \$ 18,000		
1-Fam	Same	FIRE DEPT. □	/	CITY OF PORTLAND
		Signature:	BOCA961	Zone: CBL: IR- 109B-F-050-
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (14.D.) Action: Approved		A.D.) Special Zone or Reviews:	
Construct new decks and gl		Approved with Conditions: Denied	□ Shoreland with - for 75 □ Wetland + 7 W. 6 □ Flood Zone are 75 to 10	
		Signature:	Date:	□ Subdivision Prove to □ Site Plan maj □minor □mm
Permit Taken By: MG	Date Applied For: Jan	nuary 19, 1999		Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, 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 				 Miscellaneous Conditional Use Interpretation Approved Denied
		F WIT	PERMIT ISSUED TH REQUIREMENTS	Historic Preservation
				Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application is areas covered by such permit at any reasonable he	as his authorized agent and I agree t issued, I certify that the code officia	o conform to all applicab al's authorized representa	ble laws of this jurisdiction. In a ative shall have the authority to	addition, Denied
		January 19		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR			PHONE:	
KESI GIOIDEE I EKSOTI IN CHAROL OF WOR	(x, 111)			