City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, **Fax:** (207) 874-8716

Permit No:	Issue Date:	CBL:
04-0446	**PERMIT ISSUED**	091 F005001

Location of Construction:	Owner Name:	Owner Address:	Phone:
95 Trefethen Ave Peaks Island	Obrien Astrid M	5550 Fieldston Rd	APR 27 2004

Business Name:	Contractor Name:	Contractor Address:	Phone
	Ben Weieel	12 Madokawando Landing Falmouth	2077764635

Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Additions - Dwellings	IR-1

Past Use:	Proposed Use:
Seasonal single family	Seasonal single family wll-story, 7' x 8' bathroom addition

10,000 ±

FIRE DEPT: ☐ Approved ☐ Denied

INSPECTION:
Use Group: R3   Type: 5B
BOCA 1999

Proposed Project Description:

Build 1-story, 7' x 8' bathroom addition

Signature:

Signature: MB 4/26/04

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By:	Date Applied For:
kwd	0411612004

Zoning Approval

Special Zone or Reviews	Zoning Appeal	Historic Preservation
☐ Shoreland	☐ Variance	☒ Not in District or Landmark
☐ Wetland	☐ Miscellaneous	☐ Does Not Require Review
☐ Flood Zone	☐ Conditional Use	☐ Requires Review
☐ Subdivision	☐ Interpretation	☐ Approved
☐ Site Plan	☐ Approved	☐ Approved w/Conditions
Maj ☐ Minor ☐ MM ☐	☐ Denied	☐ Denied
Date: MB 4/26/04	Date:	Date: MB

Approved
Note: At Maximum 20% lot coverage

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