

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

<b>Permit No:</b> 07-0951	<b>Issue Date:</b>	<b>CBL:</b> 091 K002001
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<b>Location of Construction:</b> 10 SECOND ST, PEAKS ISLAND	<b>Owner Name:</b> NACHEMJA-BUNTON VIVIAN A	<b>Owner Address:</b> 18 HAMMERSMITH	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Bunton, Bill	<b>Contractor Address:</b> 87 Middle Road Cumberland	<b>Phone</b> 2077580011
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Amendment to Single Family	<b>Zone:</b>

<b>Past Use:</b> Single Family	<b>Proposed Use:</b> Single Family - existing Kitchen renovations	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 2
<b>Proposed Project Description:</b> existing Kitchen renovations		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 08/08/2007	<b>Zoning Approval</b>		
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- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landma
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Revie
<input type="checkbox"/> Flood Zon	<input type="checkbox"/> Conditional Us	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretatio	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date:	Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/08/2007

**Note:** **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 4) Separate permits shall be required for future decks, sheds, pools, and/or garages.

**Dept:** Building      **Status:** Pending      **Reviewer:** Residential Plan Revie      **Approval Date:**

**Note:** **Ok to Issue:**

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SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

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DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

\_\_\_\_\_  
DATE

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PHO