

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

Location of Construction 347 Island Ave, Peaks Isl		Owner Foss, David & Katherine	Phone: 766-2239	Permit No <b>950968</b>
Owner Address SAA Portland, ME 04108		Lease/Buyer's Name:	Phone:	Business Name:
Contractor Name:		Address:		Phone:
Past Use: 1-fam	Proposed Use: 1-fam w/daycare	COST OF WORK: \$	PERMIT FEE: \$ 25.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  SEP 13 1995  <b>CITY OF PORTLAND</b> </div> Zone: CBL: IR-2 087-H-004 Zoning Approval: <i>OK with conditions of Special Zone or Reviews:</i> <input type="checkbox"/> Shoreland <i>meeting All</i> <input type="checkbox"/> Flood Zone <i>Home Etc. reqs</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>major</i> <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> 9/13/95
Proposed Project Description: Change Use from 1-fam to 1-fam w/daycare Max 6 Children		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 93 Type: 5A Signature: <i>[Signature]</i>	
		PFDAS, RECREATION, ACTIVITIES DISTRICT (P.P.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied	Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 12 September 1995		

- This permit application doesn't 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.

**PERMIT ISSUED 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 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

SIGNATURE OF APPLICANT: Katherine Foss      DATE: 12 September, 1995  
 ADDRESS: \_\_\_\_\_      PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_      PHONE: \_\_\_\_\_  
 GEO DISTRICT: 6

White-Permit Desk    Green-Assessor's    Canary-D.P.W.    Pinel-Public File    Ivory Card-Inspector

*A. Rowe*