

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

Location of Construction: 77 Lyndon Ave. Peaks Island  
 Owner: Bunton, John S.  
 Phone: \_\_\_\_\_  
 Permit No: **950387**

Owner Address: \_\_\_\_\_  
 Leasee/Buyer's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Business Name: \_\_\_\_\_

Contractor Name: **Bunton Construction**  
 Address: HC 81 Box 228 West Newfield, ME 04095  
 Phone: 793-4861

Past Use: 1-fam  
 Proposed Use: Same w/rebuilt porch  
 COST OF WORK: \$ 10,000.00  
 PERMIT FEE: \$ 70.00

FIRE DEPT.  Approved  Denied  
 INSPECTION: Use Group 3 Type 5/3  
 Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Proposed Project Description: Rebuild porch (not to exceed existing footprint)  
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
 Action:  Approved  Approved with Conditions  Denied

Permit Taken By: **Mary Gresik**  
 Date Applied For: **24 April 1995**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 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.

**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: **Bill Bunton** ADDRESS: \_\_\_\_\_ DATE: **24 Apr 95** PHONE: \_\_\_\_\_

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

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

**PERMIT ISSUED**  
**APR 26 1995**  
**CITY OF PORTLAND**

Zone: **CB-1** CBL: **089-A-QG1**  
 Zoning Approval: **stay within existing footprint**  
 Special Zone or Reviews:  
 Shoveland **4/25/95**  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: **4/25/95**  
 Signature: \_\_\_\_\_

CEO DISTRICT: **6**  
**A. Rowle**

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

|  |  |   |  |   |
|--|--|---|--|---|
| Location of Construction:<br><b>77 Lyndon Ave Peaks Island</b>                           |  | Owner:<br><b>Bunton, John S.</b>  | Phone:   | Permit # <b>950887</b>  |
| Owner Address:   | Lease/Buyer's Name:                                      | Phone:  | Business Name:   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b><br/>                 Permit Issued:<br/> <b>APR 26 1995</b><br/> <b>CITY OF PORTLAND</b> </div>   |
| Contractor Name:<br><b>Bunton Construction</b>   | Address:<br><b>EC 81 Box 226 West Newfield, ME 04095</b> | Phone:<br><b>793-4861</b>   |  |   |
| Past Use:<br><b>1-fam</b>  | Proposed Use:<br><b>Same<br/>w/rebuilt porch</b>         | COST OF WORK:<br><b>\$ 10,000.00</b>  | PERMIT FEE:<br><b>\$ 70.00</b>   |   |
|  |  | FIRE DEPT. <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied   | INSPECTION:<br>Use Group <b>A3</b> Type <b>5B</b><br>Signature: <i>[Signature]</i> |   |
| Proposed Project Description:<br><b>Rebuild porch (not to exceed existing footprint)</b> |  | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)<br>Action: Approved <input type="checkbox"/><br>Approved with Conditions: <input type="checkbox"/><br>Denied <input type="checkbox"/> |  | Zone: <b>IR-1</b> CBL: <b>089-A-001</b><br>Zoning Approval: <i>[Signature]</i><br>Special Zone or Reviews:<br><input type="checkbox"/> Shoreland <i>[Signature]</i><br><input type="checkbox"/> Welland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> |
| Permit Taken By:<br><b>Mary Grevik</b>   | Date Applied For:<br><b>26 April 1995</b>                | Signature: _____ Date: _____  |  | Zoning Appeal<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied   |

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SIGNATURE OF APPLICANT **Bill Bunton** ADDRESS: \_\_\_\_\_ DATE: **24 Apr 95** PHONE: \_\_\_\_\_

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

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

Date: **4/25/95**  
*[Signature]*  
 CEO DISTRICT **6**  
*[Signature]*

COMMENTS

6/19/96 Completed

*[Signature]*

|             | Type  | Inspection Record | Date  |
|-------------|-------|-------------------|-------|
| Foundation: | _____ | _____             | _____ |
| Framing:    | _____ | _____             | _____ |
| Plumbing:   | _____ | _____             | _____ |
| Final:      | _____ | _____             | _____ |
| Other:      | _____ | _____             | _____ |

please check off the appropriate description

|                           |                                     |   |                          |               |                                     |           |
|---------------------------|-------------------------------------|---|--------------------------|---------------|-------------------------------------|-----------|
| FOUNDATION                | <input type="checkbox"/>            | Frost Wall, min 4" below grade.<br>8" thick                               |                          |               |                                     |           |
|                           | <input checked="" type="checkbox"/> | Sono Tube, 4" below grade.<br>6" min. on footing, hard pan or<br>bedrock. |                          |               |                                     |           |
|                           | <input type="checkbox"/>            | Other   |                          |               |                                     |           |
| SILL                      | <input type="checkbox"/>            | Size  |                          |               |                                     |           |
| SPAN OF SILL              | <input type="checkbox"/>            | Distance betwe foundation supports  |                          |               |                                     |           |
| JOISTS SPAN               | <input checked="" type="checkbox"/> | 8'  |                          |               |                                     |           |
| JOISTS SIZE               | <input checked="" type="checkbox"/> | 2 x 6   | <input type="checkbox"/> | 2 x 8         | <input type="checkbox"/>            | 2 x 10    |
| DISTANCE BETWEEN JOISTS   | <input type="checkbox"/>            | 16" O.C.  | <input type="checkbox"/> | 24" O.C.      | <input checked="" type="checkbox"/> | 20" other |
| DECKING                   | <input checked="" type="checkbox"/> | 5/4   | <input type="checkbox"/> | other explain |                                     |           |
| GUARD HEIGHT              | <input type="checkbox"/>            | 32"   | <input type="checkbox"/> | 36"           | <input type="checkbox"/>            | 42"       |
| DISTANCE BETWEEN BALUSTER | <input type="checkbox"/>            | 4" spacing between  |                          |               |                                     |           |
| STAIR CONSTRUCTION        | <input type="checkbox"/>            | minimum   | 9" tread                 |               |                                     |           |
|                           | <input type="checkbox"/>            | maximum   | 8 1/4" rise              |               |                                     |           |

please use space below for drawing of deck with measurements.

*Replacement of existing porch on all sides  
Railing to be replaced to exact as was*

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|  |  |   |                                 |  |
|--|--|---|---------------------------------|--|
| Location of Construction:<br><b>11 Harrisa St Peaks Isl</b>                            |  | Owner:<br><b>Robert A. Duscusa</b>  | Phone:<br><b>766-2920</b>       | Permit No: <b>950897</b>   |
| Owner Address:<br><b>324 04108</b>   |  | Lessee/Buyer's Name:  | Phone:                          | Business Name:   |
| Contractor Name:<br><b>self</b>  |  | Address:  |                                 | Phone:   |
| Proposed Use:<br><b>Same</b>   |  | COST OF WORK:<br><b>\$ 350.00</b>   | PERMIT FEE:<br><b>\$ 25.00</b>  |  |
| Proposed Project Description:<br><br><b>Replace window 32 x 59 with window 62 x 26</b> |  | FIRE DEPT. <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: Type: |  |
| Signature:   |  | Signature:  |                                 | Zone: CBL: <b>085-J-118</b>  |
| Signature:   |  | Signature:  |                                 | Zoning Approval: <b>3 8/24/95</b><br>Special Zone or Reviews:<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan (m) <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> |
| Permit Taken By: <b>Mary Gresik</b>  |  | Date Applied For: <b>23 August 1995</b>   |                                 |  |

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- Zoning Appeal
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

**CERTIFICATION**

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- Action:
- Approved
  - Approved with Conditions
  - Denied

SIGNATURE OF APPLICANT: **Robert Duscusa** ADDRESS: DATE: **23 August 1995** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor & Canary-D.P.W. Pink-Public File Ivory Card-Inspector

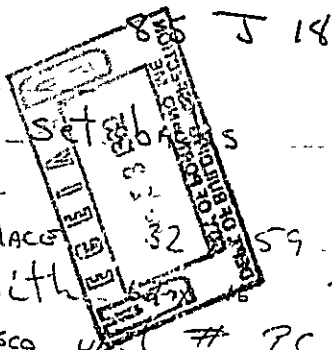
Date: **8/24/95**  
*[Signature]*  
CEO DISTRICT: **6**  
*[Signature]*

COMMENTS

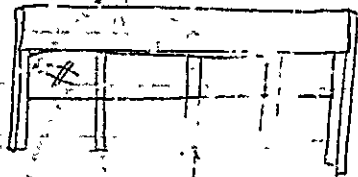
O/K AA  
6/19/96

| Type        | Inspection Record | Date  |
|-------------|-------------------|-------|
| Foundation: | _____             | _____ |
| Framing:    | _____             | _____ |
| Plumbing:   | _____             | _____ |
| Final:      | _____             | _____ |
| Other:      | _____             | _____ |

3050 2a # CBL



Replace with Brosco # 7C 165 double hung window  
Thermopane lining



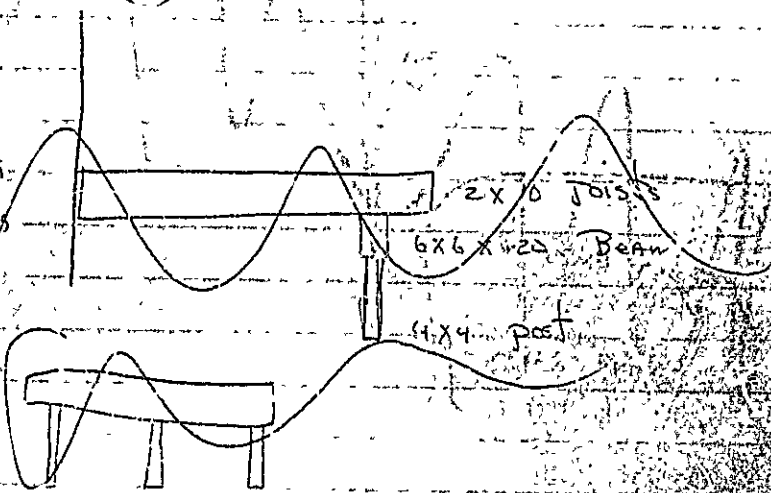
2x10 header

Added king-  
Jack cripples

2x4 studs every 16" o.c.

10 x 22 ft deck across the  
back of house to replace 4x4 landing  
and stairs

Existing building



940587

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$60 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Plot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Peter B. Dier Johnson Phone # \_\_\_\_\_  
Address: New Island Ave- Peaks Island, ME 04108

LOCATION OF CONSTRUCTION New Island Ave - Peaks Isl  
Job # or: Fred Carlson Sub: 772-9755

Address: 75 Granite St- Ptld, ME Phone # 04102  
Est. Construction Cost: 8000 Proposed Use: 1- fam w ext renov

\_\_\_\_\_ Past Use: 1- fam  
# of Existing Res Units \_\_\_\_\_ # of New Res Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lt. Size: \_\_\_\_\_  
Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Co \_\_\_\_\_  
Conversion: replace roof

|                            |  |
|----------------------------|--|
| For Official Use Only      |  |
| Date <u>6/13/94</u>        | Subdivision <u>JAN 17 1994</u>             |
| Inside Fire Lines _____    | Name _____                                 |
| Blgd Code _____            | Lot _____                                  |
| Time Limit _____           | Ownership _____ Public _____ Private _____ |
| Estimated Cost <u>8000</u> |  |

Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: Zoning Board Approval, Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval, Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditions' Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain, Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WSP

Foundation: 5 0 6  
 1. Type of Soil \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size \_\_\_\_\_  
 4. Foundation Size \_\_\_\_\_  
 5. Other \_\_\_\_\_

Floors:  
 1. Joist Size \_\_\_\_\_ Sills must be anchored.  
 2. Joist Spacing \_\_\_\_\_ Size \_\_\_\_\_  
 3. Joist Column Spacing \_\_\_\_\_ Size \_\_\_\_\_  
 4. Joist Size \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type \_\_\_\_\_ Size \_\_\_\_\_  
 6. Floor Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing, Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

Interior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Ceiling:  
 1. Ceiling Joists Size \_\_\_\_\_ **HISTORIC PRESERVATION**  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District per Landmark  
 3. Type Ceiling \_\_\_\_\_ Does not require review  
 4. Insulation Type \_\_\_\_\_ Requires Review  
 5. Ceiling Height \_\_\_\_\_

Roof:  
 1. Truss Rafters Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys:  
 Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type \_\_\_\_\_  
 2. Pool Size \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must comply with National Electrical Code and State Law.

Permit Received by Louise E. Chase  
 Signature of Applicant Fred Carlson Date 6/13/94

CEO's District \_\_\_\_\_

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

White - Tax Assessor

Ivory Treg - CEO

CONTINUED TO REVERSE SIDE



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

June 17, 1994

Mr. Fred Carlson  
75 Granite Street  
Portland, Maine 04102

RE: New Island Ave.  
Peaks Island, Me.

Dear Sir,

Your application to replace a roof has been reviewed and a permit is herewith issued subject to the following requirements: This permit doesn't preclude the applicant from meeting applicable State and Federal laws.

Your plan shows 2x6 rafters, a minimum of 2"x8" @ 16 O.C. is required.

If you have any questions regarding these requirements, please give this office a call.

Sincerely,

  
Samuel Hoffses  
Chief of Inspections

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

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Location of Construction:<br>41A New Island Ave., Peaks Island         |  | Owner:<br>Remington O. Schmidt  |  | Phone:<br>773-1430   |  |
| Owner Address:   |  | Le. sec/Buyer's Name  |  | Phone:   |  |
| Contractor Name:   |  | Address:  |  | Phone:   |  |
| Past Use:<br><del>XXXXXXXX</del><br>Single Family Dwelling             |  | Proposed Use:<br>Same w/ exterior renos   |  | COST OF WORK:<br>\$ 5,000.00   |  |
| Proposed Project Description:<br><br>Exterior renovations as per plans |  | FIRE DEPT. <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied   |  | PERMIT FEE:<br>\$ 5.00   |  |
| Permit Taken By:<br>Vicki Dover  |  | Date Applied For:<br>June 21, 1996  |  | INSPECTION:<br>Use Group: Type:<br>Signature: <i>J. P. [unclear]</i> |  |
| PI PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)                             |  | Action: <input type="checkbox"/> Approved<br><input type="checkbox"/> Approved with Conditions<br><input type="checkbox"/> Denied |  | Signature: _____ Date: _____   |  |

Permit No: **360609**

**PERMIT ISSUED**

Permit Issued:  
**JUN 28 1996**

**CITY OF PORTLAND**

Zone: *CR-2* CR: *CR-2* *CR-2*  
*CR-2* *CR-2* *CR-2*

Zoning Approval:  
*OK - 3/26/96*

Special Zone or Reviews:  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  minor  mm

Zoning Appeal  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Historic Preservation  
 No Lin District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: *6/24/96*

*J. Audin B.*

GEO DISTRICT  
*ATC*  
*A. Rowle*

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.  
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Mail permit

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**PERMIT ISSUED WITH REQUIREMENTS**

SIGNATURE OF APPLICANT: *Remington O. Schmidt* ADDRESS: 41A New Island Ave, Peaks Island 773-1430 DATE: 6/21/96 PHONE: \_\_\_\_\_

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

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

City of Portland, Maine - Building or Use Permit Application

Street, 04101 Tel: (207) 874-8703, FAX: 874-8716

|  |                         |   |   |   |
|--|-------------------------|---|---|---|
| Location of Construction:<br>16 New Island Ave. Portland Island  |                         | Owner:<br>Richard [unclear]   | Phone:<br>767-1476 Augusta<br>623-1213 Augusta  | Permit No:<br><b>50084</b>  |
| Owner/Address:<br>21 North St. Augusta 04330   |                         | Leasee/Buyer's Name:  | Business Name:  |   |
| Contractor:<br>Catalant Dry Services, Inc.   |                         | Address:<br>P.O. Box Portland, ME 04108   | Phone:<br>766-3375  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b><br/> <b>FEB - 2 1995</b><br/> <b>CITY OF PORTLAND</b><br/>                 Zone: CB4-3-3             </div> |
| Past Use:<br>one story wooden cottage summer   | Proposed Use:<br>vacant | COST OF WORK:<br>\$ 4,000.00  | PERMIT FEE:<br>\$ 40.00   |   |
| Proposed Project Description:<br>to demolish as listed above<br>submitted call list photo-(2)  |                         | FIRE DEPT: <input type="checkbox"/> Approved<br><input type="checkbox"/> Denied   | INSPECTION:<br>Use Group: 93 Type: [unclear]<br>Signature: [unclear]  |   |
| Permit Taken By: Latini  |                         | Date Applied For: 1-23-95   | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):<br>Action: <input type="checkbox"/> Approved<br><input type="checkbox"/> Approved with Conditions<br><input type="checkbox"/> Denied<br>Signature: [unclear] Date: [unclear] |   |
| <p>1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work</p> <p>3. 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.</p> <p>Temp Permit #05055</p>   |                         | Zoning Approval: [unclear]<br><input type="checkbox"/> Special Zone or Reviews:<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>  |   |   |
| <p style="text-align: center;"><b>CERTIFICATION</b></p> <p>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</p> |                         | Zoning Appeal:<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Historic Preservation:<br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br>Action:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved with Conditions<br><input checked="" type="checkbox"/> Denied<br>Date: 1/25/95<br>Signature: [unclear] |   |   |
| SIGNATURE OF APPLICANT   |                         | ADDRESS   | DATE:   | PHONE:  |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  |                         | PHONE:  |   | CEO DISTRICT: <b>6</b><br>[unclear]   |

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

COMMENTS

4/3/96 Completed  
a/c

Inspection Record

| Type              | Date  |
|-------------------|-------|
| Foundation: _____ | _____ |
| Framing: _____    | _____ |
| Plumbing: _____   | _____ |
| Final: _____      | _____ |
| Other: _____      | _____ |

