Form # P 04

Other _

DepartmentName

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	CI	TY OF	PORTL	AND	
Please Read Application And		E	CTION		
Notes, If Any, Attached		PF	RMIT	Permit	Number 051067 PERMIT ISSUED
Attablica				1	PERIVITI ISSUED
This is to certify that	Corner Enterprises Limi	ted/L M Build			
has permission to	Repair exisiting foundat	ion			AUG - 9 2005
AT 24 Washington Ave			C	013 F006001	3930
		ons. m or	dion a pop	ting this no	Hit Shail Comply With all
provided that the of the provisions			of the and	es of the Ci	ty of Portland regulating
the construction					the application on file in
this department	•			\	
		Nication	inspec n must		
Apply to Public Wo		gan and w	n permis		tificate of occupancy must be
and grade if nature	of work requires		ding or t thereo		red by owner before this build-
such information.		la ed or d	osed-in.	ing or	part thereof is occupied.
OTHER REQUIE	DED ADDROVAL C				- 1 11 11/
OTHER REQUIR	RED APPROVALS				1 1 8 9 00
Health Dept.					// . /
Appeal Board			(/ <u>/</u>	AT A

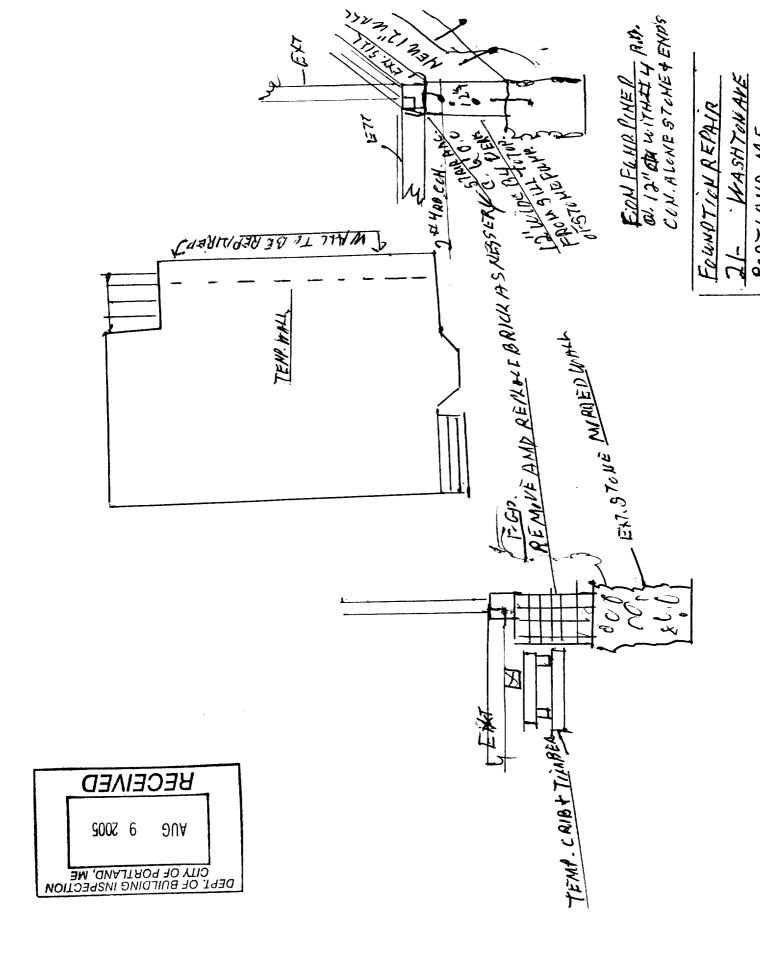
PENALTY FOR REMOVING THIS CARD

				1 1	PERMIT ISSU	JED	
City of Portland, Mair	ne - Building or Use l	Permit Application	n Permi		Issue Date:	CBL:	
389 Congress Street, 0410	01 Tel: (207) 874-8703	, Fax: (207) 874-871	6	05-1067	AUG _ q 30	013 F	006001
Location of Construction:	Owner Name:		Owner A	diress:		Phone:	
24 Washington Ave	Corner Enterp	rises Limited	Po Box		C/AF PA		
Business Name:	Contractor Name				Y OF PORTL		
	L & M Builder	rs		ay Rd. Fal	mouth	207797	
Lessee/Buyer's Name	Phone:		Permit T		/Residential		Zone:
Past Use:	Proposed Use:	<u>-</u>	Permit F	ee:	Cost of Work:	CEO District:	
Commercial	Commercial R	epair exisiting	İ	\$246.00	\$25,000.00	1	
foundation			FIRE DE	EPT:	TAPPIOVEG	ECTION: Group: R	Type: 513
Proposed Project Description:				\checkmark / /			/
Repair exisiting foundation			Signature		Signa VITIES DISTRICT		$\overline{}$
			Action:	Approv		w/Conditions	Denied
			Signature	 e:	_	Date:	
Permit Taken By:	Date Applied For:		<u></u>	Zoning	Approval		··
dmartin	08/09/2005						
1. This permit application	does not preclude the	Special Zone or Revi	ews	Zoni	ng Appeal	Historic Pr	eservation
Applicant(s) from meet Federal Rules.	ting applicable State and	Shoreland		Varianc	e /	Not in Dist	rict or Landmark
2. Building permits do no septic or electrical work		☐ Wetland		Miscella	aneous	Does Not F	Require Review
•	oid if work is not started	☐ Flood Zone		Condition	oral Use	Requires R	eriew
within six (6) months o	f the date of issuance.			<i>Il</i>		- 17	
False information may permit and stop all wor	Subdivision		Interpre	tation /	Approved	/	
		Site Plan		Approve	ed	Approved	w/Conditions
		Maj Minor MM		Denied		Denied	
		late:	la	ate:		Date:	

CERTIFICATION

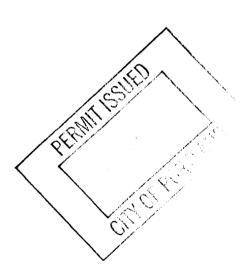
I hereby certify that 1 am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



MER EHTERPRIES, INC

• /	aine - Building or Use Permi 4101 Tel: (207) 874-8703, Fax:		05-1067	08/09/2005	013 F006001
Location of Construction: Owner Name: Ow		Owner Address:		Phone:	
24 Washington Ave	Corner Enterprises Li	mited F	Po Box 407		
Business Name:	Contractor Name:	C	ontractor Address:		Phone
	L & M Builders	1	51 Gray Rd. Falm	outh	(207) 797-7089
Lessee/Buyer's Name	Phone:	Po	ermit Type:		•
			Foundation Only/I	Residential	
Proposed Use:	Ť	Proposed	Project Description:		
Commercial Repair exist	ting foundation	Repair	exisiting foundation	on	
Dept: Zoning Note:	Status: Approved	Reviewer:	Tammy Munson	Approval D	Oate: 08/09/2005 Ok to Issue: □
1) This does NOT certif	fy the use of the building.				
Dept: Building Note:	Status: Approved	Reviewer:	Tammy Munson	Approval D	Oate: 08/09/2005 Ok to Issue: □



All Purpose Building Permit Application

If YOU or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 2/-	WASHT OH AU	E. PORT	LAND ME.
Total Square Footage of Proposed Structu			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 13	Owner:	LAC.	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	ost 05/25,0 =7 ork:\$\frac{25,0 =7}{2}	
If the location is currently vacant, what was approximately how long has it been vacant. Proposed use: REPISIR FULLO Project description: Contractor's name, address & telephone: Who should we contact when the permit Mailing address: We will contact you by phone when the preview the requirements before starting a and a \$100.00fee if any work starts before	ant: 7/04 SER DRAWING LAM. ALD'S INC. is ready: 831-3099 permit is ready. You must conny work, with a Plan Reviewe	AUG REC 1516-RA4	k up the permit and

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

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Signature of applicant: Wm 10 o Busic.	Date: 8-8-06
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

					PERMIT ISSU	ED	
City of Portland, Maine	- Building or Use l	Permit Application	1 Permit		Issue Date:	CBL:	
389 Congress Street, 04101				05-1067	AUG _ a and	013 F	006001
Location of Construction:	Owner Name:		Owner A			Phone:	
24 Washington Ave	Corner Enterpr	ises Limited	Po Box		TV AF BANK		
Business Name:	Contractor Name		ľ	Address	OIII L.	AND hone	
	L & M Builder	S	1	ıy Rd. Fa	lmouth	20779 77	
Lessee/Buyer's Name	Phone:		Permit Ty	-	/D! 1! - 1		Zone:
			<u> </u>		y/Residential		
Past Use:	Proposed Use:		Permit Fee: Cost of Work: CEO District:				
Commercial	Commercial R	epair exisiting		\$246.00	\$25,000.00	1	
	foundation		FIRE DE		Approved INSPE Use G	TBC 2	Type: 513
Proposed Project Description:		47] /\	J / I			
Repair exisiting foundation			Signature		Signat		
			Action:	Appro	oved Approved w		Denied
	_		Signature	:		Date:	
Permit Taken By:	Date Applied For:			Zoning	g Approval		
dmartin	08/09/2005	Consist Zana an Danie		Zon	ing Appeal	Historic Pro	oganwation
		Special Zone or Revie	ews				
		Shoreland		Varian	ce ./	Not in Distr	rict or Landmarl
		☐ Wetland	,	☐ Miscell	aneous	Does Not R	equive Review
		☐ Flood Zone		Conditi	ional Use	Requires R	eriew
		Subdivision		Interpre	etation	Approved	/ '
		Site Plan		☐ Approv	zed /	Approved v	v/Conditions
		Maj Minor MM		Denied		denied	
		late:	la	te:	Ι	Date:	
				,			

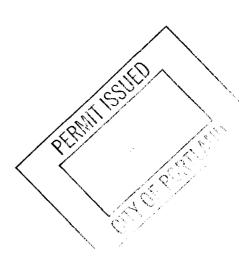
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Main	e - Building or Use Perm	it	Permit No:	Date Applied For:	CBL:	
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Business Name:	Contractor Name:	C	ontractor Address:		Phone	
	L & M Builders	1	51 Gray Rd. Falm	nouth	(207) 797-7089	
Lessee/Buyer's Name	Phone:	P	ermit Type:		•	
			Foundation Only/Residential			
Proposed Use:		Proposed	Project Description:			
Commercial Repair exisiting	g foundation	Repair	exisiting foundation	on		
						
i						
Dept: Building S	tatus: Approved	Reviewer:	$\overline{\text{Tammy }}\overline{\text{M}}\text{unson}$	Approval D	Vate: 08/09/2005	

Note:



Ok to Issue: \Box

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in **48-72** hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place	e upon receipt of your building permit.
Footing/Building Location Inspect	cion; Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of Cinspection If any of the inspections do not occuphase, REGARDLESS OF THE NOTICE	Occupancy. All projects DO require a final cur, the project cannot go on to the next
CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCUPANICE	ES MUST BE ISSUED AND PAID FOR, PIED
Signature of Applicant/Designee Signature of Inspections Official	Date Date
CBL: 18 + 00 Ce Building Permit #	<u> </u>