Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

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	CITY	OF DODTI AND	

Please Read Application And Notes, If Any, Attached

PERMI

PERMIT ISSUED
Permit Number: 070505

JUN 2 6 200

epting this permit shall comply with all

ctures, and of the application on file in

ances of the City of Portland regulating

016 E020001

This is to certify that

GROSS LAURENCE W/No ern Lighte Stone Wor

has permission to _

Replace existing cinder block all w/ K one is ocking books in same footprin

ine and of the

of buildings and

m or

CITY OF PORTLAND

4/13/07

AT 49 ST LAWRENCE ST

provided that the person or persons, of the provisions of the Statutes of the construction, maintenance and uthis department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication f inspect in must be an and we en permit on procult re this ding or the there are dispersional to the control of the

IR NOTICE IS KEQUIRED.

tion a

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Health Dept.

Appeal Board

Other ______

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

City of Portland, Ma	ine - Buil	ding or Use	Permi	t Applicatio	n Peri	mit No:	Issue Date	:	CBL:	
389 Congress Street, 04	101 Tel: (207) 874-8703	B, Fax:	(207) 874-871	.6	07-0505			016 E0	20001
Location of Construction:		Owner Name:			Owner	Address:			Phone:	
49 ST LAWRENCE ST		GROSS LAUI	RENCE	W	PO B	OX 10152				
Business Name:		Contractor Name	::		Contra	ctor Address:			Phone	
		Northern Ligh	ts Stone	Works	Portl	and				
Lessee/Buyer's Name		Phone:		Permit Type:			•	Zone:		
					Alterations - Multi Family				RL	
Past Use:		Proposed Use:			Permit	t Fee:	Cost of Wor	k:	CEO District:	Ī
Residential 3 unit		Residential 3 i	unit repl	ace existing		\$60.00	\$3,31	2.00	1	
		cinder block w			FIRE	DEPT:	Approved	INSPE	CTION:	
		interlocking b	locks in	same		_	Denied	Use Gr	oup: 12 - 2	Type:
i .		frootprint		(,	1 / Miled			Ise Group: R-2 Type: TBC 10031		
legal	J& -	3 Fam.ly p	wm.	wohlly,		1//	/]	1	-130 20	الرحم
Proposed Project Description:	_	1			1 /	1//	M	_ <	-//	' //
Replace existing cinder bl	ock wall w	Keystone interl	ocking	blocks in	Signati	ure:		Signatu	ıre:	$\gamma \subseteq$
same footprint					PEDES	STRIAN ACT	IVITIES DIST	RICT (P.A.D.)	
					Action	: Appro	ved Apr	roved w	/Conditions	Denie
			_		Signat	ure:			Date:	
Permit Taken By:		pplied For:				Zoning	g Approva	ıl		
dmartin	05/0	7/2007							TT' ('- D	4,
1. This permit application			Spe	cial Zone or Revi	ews	Zoni	ng Appeal		Historic Pres	
Applicant(s) from me Federal Rules.	eting applic	cable State and	St	oreland		Variano	e		Not in Distri	ct or Landmai
2. Building permits do r septic or electrical wo		plumbing,	□ w	etland		Miscell	aneous		Does Not Re	quire Review
3. Building permits are within six (6) months			Flood Zone		Conditi	litional Use Requires		Requires Rev	view	
False information ma permit and stop all we		a building	Subdivision			Interpretation		Approved		
DEDMIT	001050		☐ Si	te Plan		Approv	ed		Approved w/	Conditions (
PERMIT	220F D	_	Mai f	Minor MM		Denied			Denied	
									JEM .	
JUN 2	6 200		Date:	= w/ w/d, ho 5/22/07 A	× 1	Date:			Date:	
0011 2	J (1		Dute.	3 130 101 71	ן יעק					
		_								
CITY OF P	ORTLAN	D '								
			(CERTIFICATI	ON					
I hereby certify that I am th	ne owner of	record of the na	med pr	operty, or that t	he prop	osed work i	s authorized	by the	owner of reco	rd and that
I have been authorized by	he owner to	o make this appl	ication	as his authorize	d agent	and I agree	to conform $\\$	to all a	pplicable laws	of this
jurisdiction. In addition, if										
shall have the authority to such permit.	enter all are	as covered by si	uch peri	nit at any reaso	nable h	our to enfor	ce the provi	sion of	the code(s) ap	plicable to
such permit.										
SIGNATURE OF APPLICANT				ADDRES	S		DATE		PHC	NE
RESPONSIBLE PERSON IN C	HARGE OF V	VORK TITLE			-		DATE		PHC	NE.
THE COUNTY OF THE PROPERTY OF THE C.	THOL OF A	OKK, IIIEE					DAIL		1110	

-	aine - Building or Use Per		Permit No:	Date Applied For:	CBL:
389 Congress Street, 0	4101 Tel: (207) 874-8703, Fa	ax: (207) 874-871	6 07-0505	05/07/2007	016 E020001
Location of Construction:	Owner Name:		Owner Address:		Phone:
49 ST LAWRENCE ST	GROSS LAUREN	ICE W	PO BOX 10152		
Business Name:	Contractor Name:		Contractor Address:		Phone
	Northern Lights St	tone Works	Portland		
Lessee/Buyer's Name	Phone:		Permit Type:	_	
			Alterations - Mult	ti Family	
	e existing cinder block wall w/ K	•	ed Project Description:		ne interlocking block
Residential 3 unit replac	e existing cinder block wall w/ Kome frootprint Status: Approved with Condi	eystone Replain sai			ne interlocking block Date: 05/22/2007
interlocking blocks in sa Dept: Zoning	me frootprint	eystone Replain sai	ce existing cinder b	lock wall w/ Keysto	
Residential 3 unit replace interlocking blocks in sa Dept: Zoning Note: Legal use of the	Status: Approved with Condi	reystone Replain san itions Reviewer per microfiche.	ce existing cinder bene footprint : Ann Machado	lock wall w/ Keysto Approval D	Oate: 05/22/2007 Ok to Issue: ✓
Residential 3 unit replace interlocking blocks in sa Dept: Zoning Note: Legal use of the 1) This permit is being work.	Status: Approved with Condibuilding is three dwelling units p	itions Reviewer per microfiche.	ce existing cinder bene footprint : Ann Machado tions shall require a	Approval I	Oate: 05/22/2007 Ok to Issue: ✓
Residential 3 unit replace interlocking blocks in sa Dept: Zoning Note: Legal use of the 1) This permit is being work.	Status: Approved with Condibuilding is three dwelling units papproved on the basis of plans su	reystone Replain san replain s	ce existing cinder bene footprint : Ann Machado tions shall require a	Approval I	Date: 05/22/2007 Ok to Issue: ✓ Defore starting that

General 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: 49 Total Square Footage of Proposed Structure		
Total Square 1 ootage of 1 toposed Structure	Square 1 ootage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: LAURENCE GROSS	Telephone: 232-1619
Lessee/Buyer's Name (If Applicable)	11 9.41	Cost Of
Dessee/ Duyer's Ivame (If Applicable)	Applicant name, address & telephone:	Work: \$ 3,312
	10 AMHERST ST	
	PORTUND IME 04103	~ 1
	232-1619	C of O Fee: \$ N/A
8 (8 7/	UNIT APARIMENT	
If vacant, what was the previous use?	USTING CINDER BLOCK WAS	CL
s property part of a subdivision?	If yes, please name	
Project description: REPLACE EXIS	TING CINDER BLOCK W	IACL WITH NEW
CEYSTONE INTERLOCKING E	BLOCK IN FOOTPRINT OF E	XISTING WALL
	•	
Who should we contact when the permit is re	DRIHERN LIEHTS STON 198 BROWN ST UNIT #3, eady: LAUNENCE Cross Phone: 232-1619	WESTBROOK, ME 040 831-6898
Who should we contact when the permit is re	198 BROWN ST UNIT # 3, eady: LAUNENCE 62055 Phone: 232-1619	WESTBROOK, ME 040 831-6898
Who should we contact when the permit is refailing address:	198 BROWN ST UNIT # 3, eady: LAUNENCE 67055 Phone: 232-1619	831-6898
Who should we contact when the permit is refailing address:	Phone: 232-1619 Itlined in the Commercial Application	831-6898
Who should we contact when the permit is restailing address: Please submit all of the information or ailure to do so will result in the auton	Phone: 232-1619 Itlined in the Commercial Application natic denial of your permit.	S31-6595
Tho should we contact when the permit is refailing address: lease submit all of the information ou ailure to do so will result in the auton order to be sure the City fully understands the f	Phone: 232-1619 Itlined in the Commercial Application matic denial of your permit. Full scope of the project, the Planning and Develo	S31-6595 Checklist.
Who should we contact when the permit is refailing address: Please submit all of the information or ailure to do so will result in the auton order to be sure the City fully understands the figurest additional information prior to the issuance	Phone: 232-1619 Itlined in the Commercial Application matic denial of your permit. Full scope of the project, the Planning and Develoe of a permit. For further information visit us on-	S31-6696 Checklist. Spment Department may line at
Who should we contact when the permit is re- Mailing address: Please submit all of the information out ailure to do so will result in the auton to order to be sure the City fully understands the frequest additional information prior to the issuance www.portlandmaine.gov, stop by the Building Insp	Phone: 232-1619 Itlined in the Commercial Application matic denial of your permit. Full scope of the project, the Planning and Develoe of a permit. For further information visit us on-	S31-6696 Checklist. Spment Department may line at
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Who should we contact when the permit is refailing address: Please submit all of the information or failure to do so will result in the automation or forder to be sure the City fully understands the frequest additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspired or forder to the insulation and authorized by the owner to make this application a formation, if a permit for work described in this application thority to enter all areas covered by this permit at any formation of applicant:	Phone: 232-1619 Itlined in the Commercial Application natic denial of your permit. Full scope of the project, the Planning and Develope of a permit. For further information visit us on ections office, room 315 City Hall or call 874-87 med property, or that the owner of record authorizes the shis/her authorized agent. I agree to conform to all again is issued, I certify that the Code Official's authorized agent is issued, I certify that the Code Official's authorized agent. Date: 5 DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME	To Checklist. The proposed work and that I have pplicable laws of this jurisdiction. Zed representative shall have the sapplicable to this permit.
Mho should we contact when the permit is refailing address: The lease submit all of the information out all of the autonor are to do so will result in the autonor are to be sure the City fully understands the fuguest additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspired by the owner of record of the nation authorized by the owner to make this application a addition, if a permit for work described in this application thority to enter all areas covered by this permit at any dignature of applicant:	Phone: 232-1619 Itlined in the Commercial Application natic denial of your permit. Full scope of the project, the Planning and Develope of a permit. For further information visit us on pections office, room 315 City Hall or call 874-87 med property, or that the owner of record authorizes the shis/her authorized agent. I agree to conform to all a action is issued, I certify that the Code Official's authorized agent is issued, I certify that the Code Official's authorized agent. Date: 5 DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME To not commence ANY work until the permit of the codes of t	To Checklist. The proposed work and that I have pplicable laws of this jurisdiction. Zed representative shall have the sapplicable to this permit.
Mho should we contact when the permit is refailing address: The lease submit all of the information out all of the autonor are to do so will result in the autonor are to be sure the City fully understands the fuguest additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspired by the owner of record of the nation authorized by the owner to make this application a addition, if a permit for work described in this application thority to enter all areas covered by this permit at any dignature of applicant:	Phone: 232-1619 Itlined in the Commercial Application natic denial of your permit. Full scope of the project, the Planning and Develope of a permit. For further information visit us on ections office, room 315 City Hall or call 874-87 med property, or that the owner of record authorizes the shis/her authorized agent. I agree to conform to all again is issued, I certify that the Code Official's authorized agent is issued, I certify that the Code Official's authorized agent. Date: 5 DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME	The Checklist. The proposed work and that I have pplicable laws of this jurisdiction. Zed representative shall have the sapplicable to this permit.

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BOOKPAGECOUNTY_CAMBERS			
CHNER: LAURENCE W GROSS		**************************************	
NESS REFERENCE MEDIT TO COMPANY COLL ESTATE OF COMPANY THOSE AUCT BY NESSEL TO TOOMS INC. 5/02/95		Topic AND One was Seed Name	
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	5		Prince
— 6 Colleges states	LAWRF	NGE STR	
		/ (BITOMIN	ovsi)

49 St.Lawrence St. Portland, ME

Notes: New wall to fall in exact footprint of Existing wall.

Northern Lights Stone works Inc.