

Location of Construction: <i>36 WAIRVILLE ST.</i>		Owner: <i>MIKE CONNOLLY</i>		Phone: <i>774-3392</i>	
Owner Address: <i>8 SHELBROOKE ST</i>		Lessee/Buyer's Name:		Phone:	
Contractor Name: <i>LTS RECSAPES INC.</i>		Address: <i>844 STEVENS AVE PORTLAND</i>		Phone: <i>878-9121</i>	
Past Use: <i>RETAINING WALL</i>		Proposed Use: <i>RETAINING WALL</i>		COST OF WORK: <i>\$ 9,000</i>	
				PERMIT FEE: \$	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature: <i>Hoffer</i>	
Proposed Project Description: <i>wall REPAIR FAILED RETAINING WALL WITH LARGER STONE TO LIMITS OF FAILURE</i>		PEDESTRIAN ACTIVITIES DISTRICT (PAAD.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
		Signature:		Date:	

Permit No: **970723**

PERMIT ISSUED

Permit Issued:
JUL 10 1997

CITY OF PORTLAND

Zone: *R-6* CBL: *017-E-015*

Zoning Approval:
OK 7/9/97

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Permit Taken By: _____ Date Applied For: _____

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

FILED WITH PERMIT

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 provisions of the code(s) applicable to such permit

Buzgalla
SIGNATURE OF APPLICANT

844 STEVENS AVE PORTLAND
ADDRESS:

7-2-97
DATE:

878-9121
PHONE:

Buzgalla
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

President
TITLE

PHONE: _____

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: *8/July/97*

[Signature]

CEO DISTRICT 1

M. W...

COMMENTS

7-19 Checked wall large stones being placed by contractor, tapered stones back toward 36 waterline to add strength to wall river

~~12/97 Work nearly completed river
completa~~

970723
17-E-15

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