

Location of Construction: <i>51 Myrtle St</i>	Owner: <i>Antonio Cavallo</i>	Phone: <i>773 6960</i>
Owner Address: <i>same</i>	Leasee/Buyer's Name:	Phone:
Contractor Name: <i>W. D. Brown</i>	Address: <i>339 - Old Mill Rd</i>	Phone: <i>985 - 8944</i>
Past Use: <i>2fam.</i>	Proposed Use: <i>work from home, 1st floor in 2fam</i>	COST OF WORK: <i>\$ 47,000</i>
		PERMIT FEE: <i>\$ 250</i>
		INSPECTION: Use Group: Type:
Proposed Project Description: <i>1. par. A - line AS per plans</i>		Signature: _____
		Signature: _____

Permit # **960720**

PERMIT ISSUED

Permit Issued:
JUL 24 1996

CITY OF PORTLAND

Zone: _____ CBL: _____

Zoning Approval: _____

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Permit Taken By: *MS* Date Applied For: *7/19/96*

1. This permit application doesn't 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..

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: _____

PERMIT ISSUED WITH REQUIREMENTS

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: _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT

Don't forget permits when out under permits interior demolition

T. Brown

COMMENTS

8/8/96 - Did walk thru^{of} space - most of 1st flr gutted -
discussed fire ratings & fire doors & smokes.
No finish work started yet.

11/12/96 OK, Completed. A. Rowe

X

960720
26-K-2

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