

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

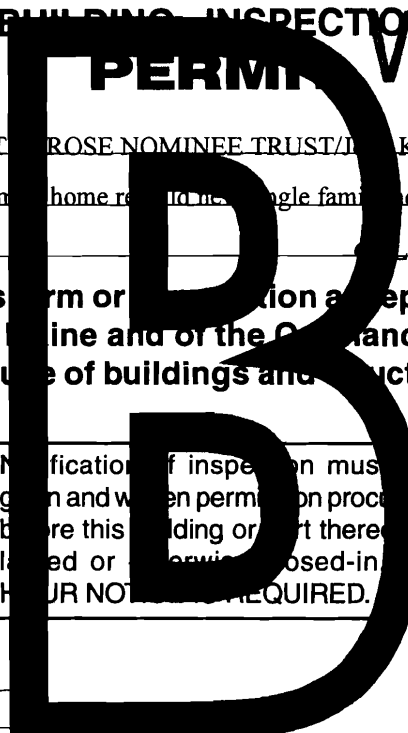
Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

WITHDRAW

Permit Number 011710



This is to certify that ROSE JEFFREY R TRUST ROSE NOMINEE TRUST/IT Kiel

has permission to Demolish original single family home re-build single family home in existing footprint. Expand second floor

AT 613 ISLAND AVE 092 E015001

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of this State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or service is used-in-which HOUR NOTIFICATION IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1310	Issue Date:	CBL: 092 E015001
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Location of Construction: 613 ISLAND AVE	Owner Name: ROSE JEFFREY R TRUSTEE ROS	Owner Address: 1 FARNAM TERR	Phone:
Business Name:	Contractor Name: John Kiely	Contractor Address: 591 Island Ave Peaks Island	Phone 2077662026
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: PR-2

Past Use: Single Family Home	Proposed Use: Single Family Home - Demolish original single family home rebuild new single family home in existing footprint. Expand second floor	Permit Fee: \$1,480.00	Cost of Work: \$146,000.00	CEO District: 2
Proposed Project Description: Demolish original single family home rebuild new single family home in existing footprint. Expand second floor		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 10/17/2007	Zoning Approval		
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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..	Special Zone or Reviews <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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WITHDRAW

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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE