

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 01-1260 Issue Date: OCT 31 2001 CBL: 132 F006001

Location of Construction: 37 Orkney St	Owner Name: Faren Judith Anne	Owner Address: 37 Orkney St CITY OF PORTLAND	Phone: 207-773-1724
Business Name:	Contractor Name: Sirois, John	Contractor Address: P.O Box 697 Westbrook	Phone: 2078923044
Lessee/Buyer's Name	Phone:	Permit Type: Garages - Detached	Zone: R-5

Past Use: Single Family	Proposed Use: Single Family	Permit Fee: \$84.00	Cost of Work: \$10,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U Type: SB Bear 99 DC 10/30	

Proposed Project Description:
Construct 20'x20' Garage

Signature: _____ Date: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 10/12/2001	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 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 checked="" 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: 10/30
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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

10/23/01 - 10:45 message for contractor - need to ~~use~~ have
at least 2 savna tubes per sides and corners.

Also - will need good monumentation of prop lines.

10/29/01 - Met w/owner - went over req. for better
and more accurate info. T.M. + M.N.

11/8/01 Checked set backs OK to
pour some tubes now

- 11/27-01 Checked framing, rafters walls
& headers OK roof shingle done
Contractor putting on vinyl siding.
Garage door not yet installed