

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 070659

This is to certify that QUINN PHILIP E & CYNTIA S JTS /Cornerstone Building Re
has permission to Lift & Repair Foundation
AT 77 MONTROSE AVE 176 F013001

PERMIT ISSUED
JUN - 7 2007

provided that the person or persons ~~form or~~ ~~tion of~~ ~~cepting~~ ~~this permit shall comply with all~~
of the provisions of the Statutes of ~~Maine 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.

ification of inspection must be
given and when permission proceed
before this building or part thereof is
closed or ~~service~~ closed-in 4
OUR NOTICES REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

6/6/07 *Clayton S. Allen*
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: 07-0659	Issue Date: 6/6/07	CBL: 176 F013001
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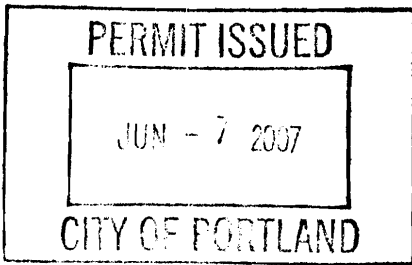
Location of Construction: 77 MONTROSE AVE	Owner Name: QUINN PHILIP E & CYNTHIA S J	Owner Address: 77 MONTROSE AVE	Phone:
Business Name:	Contractor Name: Cornerstone Building & Restoration	Contractor Address: 44 Coyle Street Portland	Phone 2077759085
Lessee/Buyer's Name	Phone:	Permit Type: Foundation Only/Residential	Zone: R-5

Past Use: Single Family Home	Proposed Use: Single Family Home - Lift & Repair Foundation	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 3
Proposed Project Description: Lift & Repair Foundation		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B IRC-2003 Signature: 6/6/07 CLM	
		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: 06/06/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 6/6/07 CLM	Date: _____	Date: 6/6/07 CLM



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