Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

| Application And Notes, If Any, Attached | PERMIN Permit Number: 060955 | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| This is to certify thatDIPHILIPPO MICHA | | PERMIT ISSUED | | | | | | | |
| has permission to Foundation Only for a AT _15 TIDE MILL RD | | JUN 2 8 2006 | | | | | | | |
| provided that the person or person of the provisions of the Statutes the construction, maintenance at this department. | | this permit shall comply with all the City of Portland regulating and of the application on file in | | | | | | | |
| Apply to Public Works for street line and grade if nature of work requires such information. | fication of inspect in must be gon and we en permit on procult to re this liding or an at there is led or a consed-in the JR NOTICE IS REQUIRED. | A certificate of occupancy must be procured by owner before this building or part thereof is occupied. | | | | | | | |
| OTHER REQUIRED APPROVALS | | | | | | | | | |

Health Dept. Appeal Board _ Other ___

Department Name

PENALTY FOR REMOVING THIS CARD

| City of Portland, Ma | | 0 | | | | 06 0055 a | Issue | Date: | | | CBL: | مرد | <u>.</u> | |
|---|-------------------------------|---|----------------------------------|-------------------------------------|-------------------------------|---|---------------|------------------|----------------------------|-----------------------|--|------------------|------------------|--|
| 389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name: 15 TIDE MILL RD DIPHILIPPO | | | MICHAEL A & LISA | | Owner Address: | | PFI | | TIM | 100 | HIFN | CP 01 | 70 1 | |
| | | | | | | | , r | | -100 | Phone: | 1 | | | |
| Business Name: Contractor Nan Lessee/Buyer's Name Phone: | | Φ | | | | | Jl | JN 2 | 2 8 2005° | | | | | |
| | | Phone: | | | Permit Type: Foundation Onl | | /Res | OF P | OR | RTLAN | - | Zone: | | |
| Past Use: | | Proposed Use: | ===== | | | rmit Fee: | Cost of Work: | | | CEO District: | | | | |
| Vacant Land Foundation | | Foundation Only for a 44' X 54' Single Family Home w/ attached garage | | | | | | | SPECTION: | | | | | |
| | | | | | - | | | | | | tambation to the tambation of tambation of the tambation of the tambation of the tambation of the tambation of tambation of tambation of tambation of tambation of the tambation of tamb | | | |
| Foundation Only for a 44' X 54' Single Family Home | | | w/ attached garage | | | | | | Signature: | | | | | |
| | | | | | PEDESTRIAN ACTIVITIES DISTRIC | | | | | P.A.I | D.) | 1 | 7 | |
| | | | | | ſ | etion: Appro | ved | App | roved w | /Con | ditions |] D | enied | |
| | | | | | | Signature: | | | | Date: | | | | |
| Permit Taken By: mjn | _ | oplied For: 7/2006 | | | Zoning Approval | | | | | | | | | |
| 1. This permit applicati | on does not | preclude the | Special Zone or Reviews | | zs Zoning Appeal | | | | Historic Preservation | | | | | |
| Applicant(s) from meeting applicable State and Federal Rules. | | | Shoreland | | _ Variance | | | | Not in District or Landman | | | | | |
| 2. Building permits do not include plumbing, septic or electrical work. | | Wetland | | | ☐ Miscellaneous | | | | Does Not Require Review | | | | | |
| 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 | | Flood Zone | | Conditional Use | | | ļ | Requires Review | | | | | | |
| | | a building | lding Subdivision | | | Interpretation Approved | | | | Approved | | | | |
| | | | | | | | | | | Approved w/Conditions | | | | |
| | | Maj Minor Mi | | Minor MM | M Denied | | | | Denied | | | | | |
| | | Date: | | | Date: | | | Date: | | | | | | |
| I hereby certify that I am t I have been authorized by jurisdiction. In addition, i shall have the authority to such permit. | the owner to f a permit fo | make this appli work described | med pro ication a d in the | as his authorized application is is | ne p d ag ssue | roposed work is gent and I agree ed, I certify that | to conf | form t de off | o all a | pplic auth | cable lav orized re | vs of prese | this entative | |
| SIGNATURE OF APPLICANT | | | | ADDRES | | | <u> </u> | DATE | | | | HONE | | |
| | | | | NEONES | J | | • | D/112 | | | | 10.11 | • | |
| | | | | | | | | | | | | | | |