

Location of Construction: 12 HERITAGE CT	Owner Name: MACDONALD ANDREW M & ELI	Owner Address: 12 HERITAGE CT	Phone:
Business Name:	Contractor Name: Cornerstone Building & Restoration	Contractor Address: 44 Coyle Street Portland	Phone 2077759085
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 10/17/2007
Note: **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 10/17/2007
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO