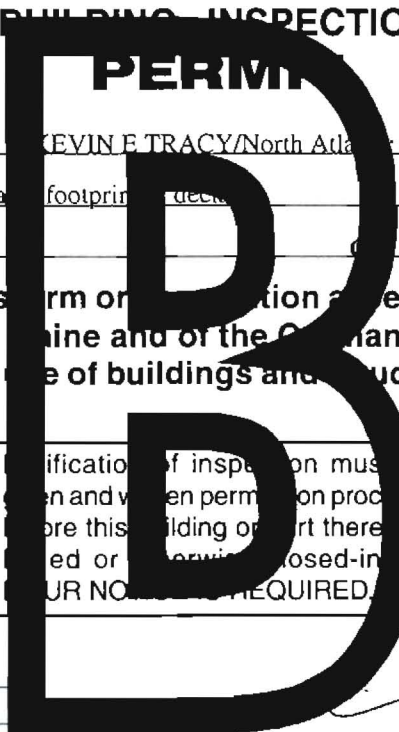


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 061186
AUG 23 2006
CITY OF PORTLAND

This is to certify that PHILBROOK ROBERT W & KEVIN E TRACY/North Atlantic Cu
has permission to Roof over deck within the same footprint as deck
AT 295 CAPISIC ST City of Portland, Oregon 97224 B023001



provided that the person or persons in firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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.

Classification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. **FOUR NOTICES ARE 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 _____

[Signature]
8/22/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>295 Capisic St.</u>	
Total Square Footage of Proposed Structure	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>224 B 23</u>	Owner: <u>Kevin Tracy</u> <u>Robert Philbrook</u>
Lessee/Buyer's Name (If Applicable)	Telephone: <u>831 3947</u>
Applicant name, address & telephone: <u>Kevin E Tracy</u> <u>Po Box 1973</u> <u>Portland ME 04104</u>	Cost Of Work: \$ <u>21,000</u> Fee: \$ <u>30</u> C of O Fee: \$ _____
Current Specific use: <u>Deck</u>	<u>Residence (single)</u>
Proposed Specific use: <u>Roof over deck</u>	<u>Residence (single)</u>
Project description: <u>Roof over Existing deck in same footprint of deck</u>	
Contractor's name, address & telephone: <u>North Atlantic Custom Builders</u>	
Who should we contact when the permit is ready: <u>Kevin Tracy</u>	Phone: <u>831 3947</u>
Mailing address: <u>Po Box 1973</u> <u>Portland ME 04104</u>	

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: [Signature]

Date: Aug 11 2006

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1186	Issue Date: PERMIT ISSUED AUG 23 2006	CBL: 224 B028001
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Location of Construction: 295 CAPISIC ST	Owner Name: PHILBROOK ROBERT W & KEVI	Owner Address: 295 CAPISIC ST	Phone:
Business Name:	Contractor Name: North Atlantic Custom Builders Inc.	Contractor Address: P.O. Box Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	Zone:

Past Use: Single Family	Proposed Use: Single Family roof over existing deck within the same footprint as deck	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 3
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Proposed Project Description:
Roof over deck within the same footprint of deck

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i> Signature: <i>[Signature]</i>
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: dmartin	Date Applied For: 08/11/2006	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: <i>8/22/06</i>	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: <i>8/22/06</i>
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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 _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1156	Date Applied For: 08/07/2006	CBL: 027 F002001
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Location of Construction: 27 MONUMENT SQ	Owner Name: COHEN JOHN B	Owner Address: 27 MONUMENT SQ	Phone:
Business Name:	Contractor Name: HardyPond Construction	Contractor Address: 1039 Riverside St Suite 11 Portland	Phone: (207) 797-6066
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	

Proposed Use: Commercial/ install 74 sq ft of new signage Connected w/ permit# 061154	Proposed Project Description: install 74 sq ft of new signage Connected w/ permit# 061154
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 08/09/2006

Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 08/10/2006

Note: **Ok to Issue:**

Dept: Planning **Status:** Approved **Reviewer:** Carrie Marsh **Approval Date:** 08/09/2006

Note: **Ok to Issue:**