City of Portland, Maine - Building or Use Permit Application					Permit No: 08-1199		Issue Date:		CBL: 224A C021001	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716										
Location of Construction: Owner Name: DIPAOLO TIM					Owner Address: 15 HALET ST		Phone:			
Business Name: Contractor Na				Contractor Address:				Phone		
		ry Building Movers, In		453 Gorham Road Scarborough			gh	2078393213		
Lessee/Buyer's Name Phone:				Permit Type: Alterations - Dwellings			Zone:			
Past Use:	Proposed Use:	Proposed Use: Single Family Home - Repair the existing foundation by adding footings		Permit Fee: Cost of Wo						
Single Family Home				\$90.00 \$6,50						
							INSPECTION: Use Group: Type			
Proposed Project Description: Repair the existing foundation by a	adding factings			<u> </u>						
Repair the existing foundation by a	dding footings			Signature: PEDESTRIAN ACTIVITIES DIST			Signature: RICT (P.A.D.)			
				Action Approved Approve			proved w	ed w/Condition Denied		
			Signature:				Date:			
-	Applied For: /23/2008	Zoning Approval				l				
This permit application does not preclude:		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
Applicant(s) from meeting appreciate Rules.	•	☐ Shoreland			☐ Variance			Not in District or Landm		
2. Building permits do not includ septic or electrical work.			etland		Miscellaneous			Does Not Require Revie		
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			ıbdivision		☐ Interpretatio			Approved		
		☐ Si	te Plan		Approve	ed		Approved w	/Condition	
			Mino MM	Denied				☐ Denied		
		Date:		D	Date:			Date:		
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all to such permit.	r to make this appl for work described	med projection in the	as his authorized application is iss	ne propos l agent a sued, I ce	and I agree to ertify that th	o conform t e code offic	o all ap cial's au	plicable laws of thorized representations.	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS	S		DATE		P	НО	

Location of Construction: 15 HALET ST	Owner Name: DIPAOLO TIMOTHY J		Owner Address: 15 HALET ST	Phone:	
Business Name:	Contractor Name: James G. Merry Building		Contractor Address: 453 Gorham Road Scarborough	Phone 2078393213	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings	•	Zone:

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Chris Hanson
 Approval Date:
 09/24/2008

 Note:
 Ok to Issue:
 ✓

e: Ok to Issue: 🗹

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Chris Hanson
 Approval Date:
 09/24/2008

 Note:
 Ok to Issue:
 ✓

- 1) This permit DOES NOT certify the use of the property or building. It only authorizes the construction activities.
- 2) Frost protection must be installed per the enclosed detail as discussed w/owner/contractor.
- 3) 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.
- 4) 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	РНО