

	•		(207) 874-8703, Fax: (207) 874-			07-1053			347 A6	
Lo	cation of Construction:	ation of Construction: Owner Name:		Owner Address:			Phone:			
					P.O. Box 475			603-868-6340		
Bu	isiness Name:	Contractor Name			Contractor Address:			Phone		
_	DA Brackett		& CO. Inc.		84 Country Ln Portland			2077560687		
	essec/Buyer's Name Phone:			ļ	Permit Type:				Zone: R-3	
	Dwight Brackett				Single Family					
1	st Use:	Proposed Use:	•		Permi		Cost of Work		EO District:	
V				Home - New 26' x		\$1,195.00 \$110,000.0			SPECTION:	
		32' 2 story 3 b	edroom Colonial		FIRE DEPT: Approved INS Denied		INSPECT			
							Denied Use Grou		p: R3	Type: SB
					1		_	T	ron.	niz
Ì							IRC 2003 Signature: Jr 02/06/08			
	Proposed Project Description: New 26' x 32' 2 story 3 bedroom Colonial			Signature: PEDESTRIAN A					1 1/-	
N						Signature: Signat			ure: m 02/06/08	
						STRIAN ACT	ACTIVITIES DISTRICT (P.A.I		A.D.) '	D.) 7 C
					Action: Approved Approv		oved w/Co	ed w/Conditions Denied		
				Signat		Signature: Da		ate:		
Po	ermit Taken By: Date Applied For:			·						
1	dobson	08/28/2007			Zoning Approval					
		L	Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	ervation
1.	 This permit application d Applicant(s) from meetin Federal Rules. 		-	noreland N/A		Varia nd			Not in Distric	t or Landmar
2			Wetland N/A						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 parel 7 Zone>		eX	Conditional Use			Requires Rev [;] ew	
			Subdivision		Interpretation			Approved		
			「 Site Plan コロテー 0149			Approved			Approved w/Conditions	
	PERMII ISSUED Maj Minor			Minor [.] MM		Denied			Denied	
				ulcardition	<u>م</u> ا				Asn	
						Date:		Date		
	FEB 6	2008		10 19 //	· · · ·					

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

4/15/08. Checked foundation for Backfull-No 155mes seen- cic to Backfull- there No 155mes seen- cic to Backfull- there Settler from surveyon for settlacher, A.M. 6.3.08 - Close In - framing, plimbing In. AM. elec. - Olk to close In. AM. 8/7/08- Checked In Junit- need Landrails in Rean stairs (Joinstoday). No other issues Men ok for Final for CyO. Neen OK for Final for A.A

	CITY OF I	PORTLAND, MAINE	
TESURGAN	Department	of Building Inspection	
	Certificate	of Occup	ancy
MAILS POS	LOCATION	140 Pennell Ave	CBL 347 A008001
Issued to Hope Realty T	Trust/DA Brackett & CO. Inc.	Date of Issue	08/08/2008
	hat the building, premises, or j	part thereof, at the abo	we location, built — altered
• •	ts of Zoning Ordinance and Bu r otherwise, as indicated below.	ilding Code of the City	n, has been found to conform , and is hereby approved for OCCUPANCY
Entire		Single IRC 20	Family Residency, Type 5b, Use Group R-3, 03
Limiting Conditions:			
This certificate supersedes certificate issued			
Approved:			
1Pm		and a second	11 TTA
(Date) Inspecto)r	Inspect	or of Buildings
	ice: This certificate identifies lawful use of building of to owner when property changes hands. Copy will b		
	angan kanangan kanang	nine	