

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

Please Read
Application And
Notes, If Any,
Attached

PERMIT

Permit Number: 030653

This is to certify that Russo Patricia A Wid Vn Ve E. Neal Inc.

has permission to Repair collapsed 11'6" x 16 D

AT 94 Primrose Ln 350 B011001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

Notification of inspection must be given and written permission procured before this building or part thereof is occupied or closed-in.
HEAVY NOTICE IS 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

William King
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0653	Issue Date:	CBL: 350 B011001
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Location of Construction: 94 Primrose Ln	Owner Name: Russo Patricia A Wid Vn Vet	Owner Address: 94 Primrose Ln	Phone:
Business Name:	Contractor Name: D.E. Neal & Sons Inc.	Contractor Address: 54 Tenny Hill Road Faymond	Phone 2076555077
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Residential	Proposed Use: No Change	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B	

Proposed Project Description: Repair collapsed 11'6" x 16 Deck	Signature:	Signature: <i>[Handwritten Signature]</i> 6/11/03
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: mjn	Date Applied For: 06/11/2003	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"/>	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	Historic Preservation <input 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>[Handwritten Signature]</i>	Date:	Date:

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

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Permit No: 03-0653	Date Applied For: 06/11/2003	CBL: 350 B011001
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Business Name:	Contractor Name: D.E. Neal & Sons Inc.	Contractor Address: 54 Tenny Hill Road Faymond	Phone (207) 655-5077
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: No Change	Proposed Project Description: Repair collapsed 11'6" x 16 Deck
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Dept: Zoning	Status: Not Applicable	Reviewer:	Approval Date:	Ok to Issue: <input type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Mike Nugent	Approval Date: 06/11/2003	Ok to Issue: <input checked="" type="checkbox"/>
Note:	1) Repairs limited to affixing the band joist to the foundation wall with 5/8 " carriage bolts and repair any defects to other bearing members that may have occurred during the prevuious failure only no expansion of the existing structure.			

Proposal

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of

Pages

D. E. NEAL & SONS, INC.

54 Tenny Hill Road
RAYMOND, MAINE 04071
(207) 655-5077

PROPOSAL SUBMITTED TO <i>Pat Russo</i>		PHONE <i>797-8266</i>	DATE <i>June 10 2003</i>
STREET <i>94 Prim Rose</i>		JOB NAME <i>Deck Repair</i>	
CITY, STATE and ZIP CODE <i>Portland, Me.</i>		JOB LOCATION <i>94 Prim Rose</i>	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

*materials and labor to lift deck back
in place and Bolt through Foundation
wall with 5/8" carriage bolts 29" OC.
repair or replace 4x4 posts*

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

_____ dollars (\$ _____).

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Signature _____

Signature _____