

City of Portland, Maine - Building or Use Permit Application

Permit No: 04-1494	Issue Date:	CBL: 373 A001001
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Location of Construction: 1661 Washington Ave	Owner Name: Call Philip M & Karol E Jts	Owner Address: 1661 Washington Ave	Phone: 797-7256
Business Name:	Contractor Name: Whitco Construction	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone:

Past Use: single family home	Proposed Use: single family home w/ garage/master	CEO District: 5
Proposed Project Description: build garage/master bedroom addition for single family home		FIRE DEPT: <input type="checkbox"/> <input type="checkbox"/>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) <input type="checkbox"/> <input type="checkbox"/> Approved w/Condition <input type="checkbox"/>

Date Applied For: dmm	Special Zone or Reviews	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	<input type="checkbox"/>	<input type="checkbox"/> Not in District or Landma
2. Building permits do not include plumbing, septic or electrical work.	<input type="checkbox"/>	<input type="checkbox"/> Does Not Require Revie
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..	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Approved w/Condition
	Maj <input type="checkbox"/> <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/>

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

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Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 10/28/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 10/28/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

Comments:
10/26/04-tmm: need ventilation in crawl space, need 1/2" diam anchor bolts, area under stairs fire rated?, 3046 window egress?, headroom in stairs not shown, stair details on exterior stairs and interior stairs into house not shown, guardrails details not shown. Called owner left message.

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