

Location of Construction: **13 Kenneth St. 04103		Owner: **Tim Higgins		Phone: 7732040	
Owner Address: SAA		Lessee/Buyer's Name: N/A		Phone: N/A	
Contractor Name: Tim Higgins Owner:		Address: SAA		Phone: SAA	
Past Use: Vacant		Proposed Use: 1-Family		COST OF WORK: \$ 0	
				PERMIT FEE: \$ 30.00	
				INSPECTION: Use Group A-3 Type: 5/6	
				Signature: <i>Higgins</i>	
Proposed Project Description: Amend Permit #990702 to construct 24x34 Colonial with 22x22 garage. <i>Increase size of Foundation ONLY</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	
Permit Taken By: KA		Date Applied For: 4-4-00		Signature: _____ Date: _____	

Permit No:
000277

PERMIT ISSUED

Permit Issued:
APR - 5 2000

CITY OF PORTLAND

Zone: *R-3* CBL: 382-5-022

Zoning Approval:
[Signature]

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE: 4-4-00	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT

COMMENTS

4/7/00 Setback inspection Front and sides were very close, but surveyor's pins were present measured directly from them. 14' Left side 14'6" Right Side 25' Setback on Front O.K.

4/13/00 Backfill inspection checked filter stone, fabric, damp proofing, Fill material. OK to fill in

11/30/00- Final- need guards on stairs - egress windows don't meet - told him he can't have fire outs. - need guards on front stairs or raise grade.

12/4/00- All corrected- OK to issue CO.

See other permits for notes - # 000366, 000632, 990702

CBL- 382-B-002
Permit #- 000277

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____



Certificate of Occupancy

LOCATION 13 Kenneth Street CBL: 382-B-022

Issued to Tim Higgins

Date of Issue December 5, 2000

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No 000277, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family with garage
Use Group
Type 5B
Boca 1999

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

12/5/00 *Tim Higgins*

(Date) Inspector

[Signature]

Inspector of Buildings



Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.