

Location of Construction: 20 Tampa	Owner Name: PRUE DALE D & LESTER A JTS	Owner Address: 605 ALLEN AVE	Phone:
Business Name:	Contractor Name: Advanced Building	Contractor Address: 92 Scotton Hill Rd Scarborough	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	Zone:

Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 08/31/2005
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Conditions from previous permit apply			
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 08/31/2005
Note: 8/31/05 left vm w/Lester P. & the contractor That the notes & plans had some discrepancies, ie the garage header must be a microlam, and sheet rock all surfaces of garage.	Ok to Issue: <input checked="" type="checkbox"/>		
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
2) The design load spec sheets for any engineered beam(s) must be submitted to this office.			

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