

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 041519

This is to certify that Cole Dean /Windemere Home
has permission to Single Family Home/ 4 Bedroom 2-story attached garage
AT 0 Stepping Stone Ln 406 F053001 CITY OF PORTLAND

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. HEAR 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

[Signature]
11/05/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

Permit No: 04-1519 Issue Date: CBL: 406 F053001

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Location of Construction: 0 Stepping Stone Ln <i>6th St</i>		Owner Name: Cole Dean		Owner Address: 21 C Great Falls Rd		Phone:	
Business Name:		Contractor Name: Windemere Homes		Contractor Address: 14 Windemere Lane Saco		Phone <i>3</i> 207228-2233	
Lessee/Buyer's Name		Phone:				Zone: <i>R-3</i>	
Past Use: Vacant Lot #3		Proposed Use: Single Family Home/ 4 Bedroom 2-story w/ attached garage		Permit Fee: \$1,76 1.00		Cost of Work: \$1 85,000.00	
				CEO District: 4			
				FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R-3</i> Type: <i>5B</i> <i>IRC 2003</i>	
Proposed Project Description: Single Family Home/ 4 Bedroom 2-story w/ attached garage		Signature:		Signature:			
		PACIFIC TRIANGLE COMMUNITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		Signature:		Date:			

DENIED

Permit Taken By: Idobson		Date Applied For: 10/08/2004		Zoning Approval			
<p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>		Special Zone or Reviews <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 7 zone X</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2004-0210</i> Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MMS <i>OK with conditions</i> Date: <i>10/14/04</i>		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 Date: <i>10/14/04</i>		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmar <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:	

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