

Location of Construction: 1179 Washington Ave	Owner Name: Russell Martha A	Owner Address: 1179 Washington Ave	Phone: 797-0678
Business Name:	Contractor Name: Owner	Contractor Address: 1179 Washington Ave Portland	Phone: 2077970678
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Multi Family	Zone:

Dept: Zoning	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 06/24/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval. ***NOTE*** THE CURRENT OWNER DOES NOT USE THE ACCESSORY HOME OCCUPATION APPROVAL GRANTED 3/22/99, THIS PROPERTY IS STILL A LEGAL TWO FAMILY.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 06/24/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) The design load spec sheet for the engineered beam(s) must be submitted to this office. The design of the spiral stairway must be submitted to this office.			
2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			
3) Separate permits are required for any electrical, plumbing, or heating.			
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

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