

Location of Construction: 66 Samuel Rd		Owner: Hibbs, Daniel		Phone: 797-2805		Permit No: 960267			
* Owner Address: Portland, ME 04103		Leasee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: Namco		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: APR 22 1996 CITY OF PORTLAND </div>			
Past Use: 1-fam		Proposed Use: Same w/above ground pool		COST OF WORK: \$ 2,352.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:				PERMIT FEE: \$ 30.00 INSPECTION: <i>Swynn</i> Use Group: <i>R3</i> Type: <i>59</i> Signature: <i>Hibbs</i>	
Proposed Project Description: Install above ground pool (24')				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____				Zone: <i>E-3</i> CBL: 437-C-009 Zoning Approval: <i>ok us 4/19/96</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 16 April 1996							

1. This permit application doesn't 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..

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 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 <i>Laurie Hibbs</i>		ADDRESS:		DATE: 16 April 1996		PHONE:	
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:	
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White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 7
D. J. Jorda

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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Contractor Name: Nanco		Address:		Phone:
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		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION Use Group <i>A3</i> Type: <i>503</i>	
		Signature:	Signature: <i>[Signature]</i>	
Proposed Project Description: Install above ground pool (24')		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>C-3</i> CBL: 437-C-009 Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____	
Permit Taken By: <i>Mary Gresik</i>		Date Applied For: <i>16 April 1996</i>		

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16 April 1996

SIGNATURE OF APPLICANT *Laurie Hibbs* ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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

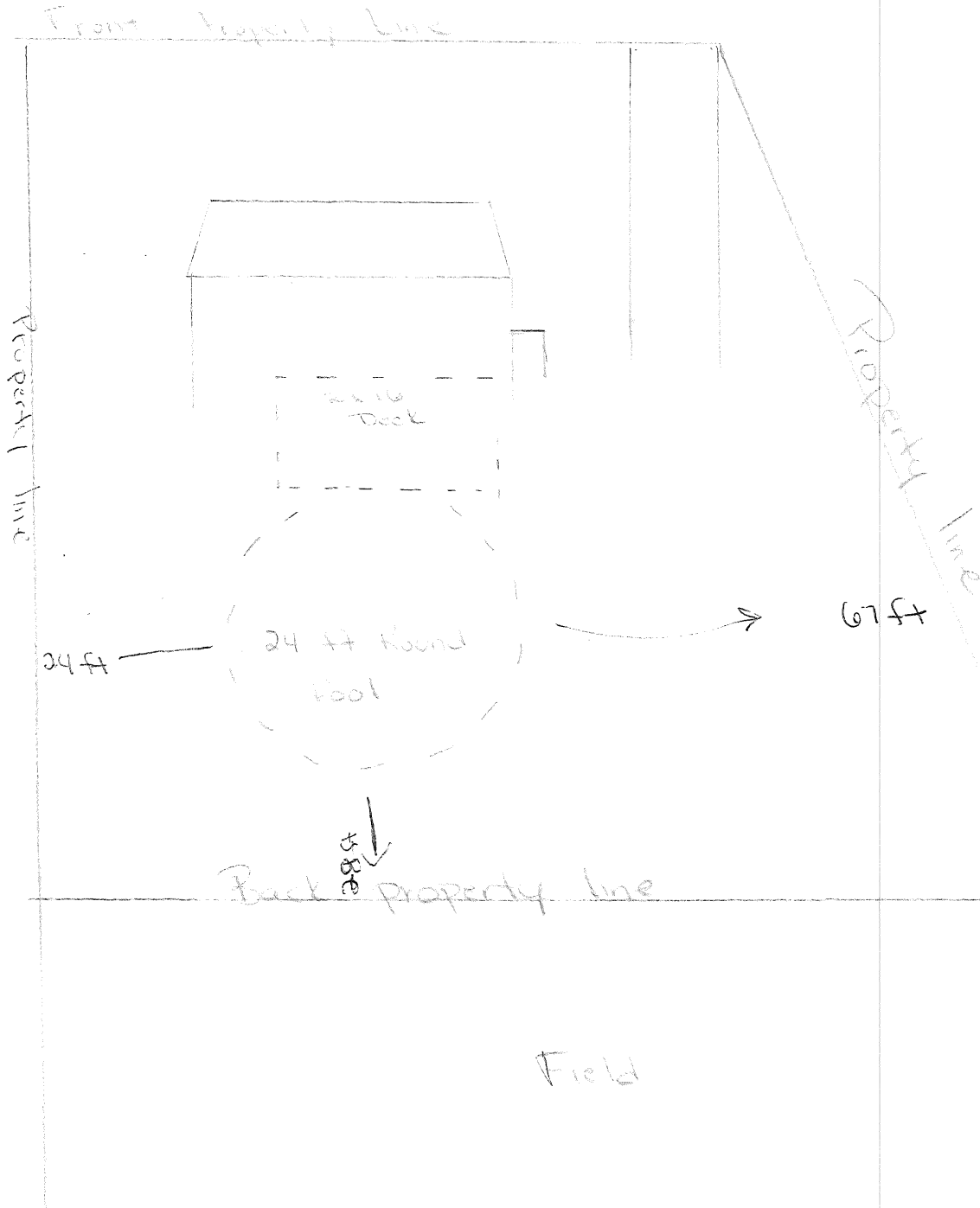
Date: *[Signature]*

CEO DISTRICT 6
A. Rowle

Hubbs, Dan + Laurie 66

Sammel Rd.

437-C-009



10' Reg All Around
 Pool to Property Lines
 and house
 (Deck OK)

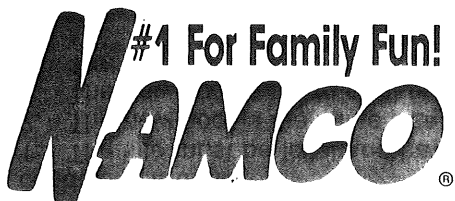
Deck is shown
 Existing on Assessor's
 CAMA system

Str. No. 27 Str. Phone # 854-0508

Jim

DATE 3/31/76

32678



Serving New England for over 25 years
WHOLESALE OUTLET

SOLD TO Laure Hubbs
STREET 460 Samuel Rd
CITY Port. STATE Me 04103
ZIP HOME PHONE NO. 797-2805 BUSINESS PHONE NO.

Comments disposal installation
balance paid by
Comm. Cred. &
picked up Dept 119
gh

PER.	RATE	SLM NO.	TRN	STORE	LOG NO.	CAT. NO.	ACCT. NO. SEVEN DIGITS	MISC.
		6785	8	27	91	1	0101028	

QUAN.	STOCK NO.	DEPT.	MODEL # / DESCRIPTION	# CTNS.
1	0807999		IA 1P 2452 Pool	1
1	1306499		print Liner	1
1	0998999		POOL	4
1	0217899		25' 1" IP Sand Filter	1
3	0973311		OTT 25A Sand	3
1	0721811		JT 27-18 Skimmer	1
1	0136811		ladder	1
1	0858311		maint kit	1
1	0677711		Julor Blanket	1
1	1343911		pool vac	1
1	0148111		VJ VA Vision	1
1	0150311		VJ VAC 15 ZC cartridge	1
1	0004399		INST	1

Sub Total	2218.79
Tax	133.14
Total	2352.13
Less Deposit	
Balance Due	

Cash Check MC / Visa TOTAL # Ctns.

BUYER'S SIGNATURE X _____ RECEIVED _____ CARTONS X _____

I HAVE READ AND UNDERSTOOD ALL CONDITIONS ON REVERSE SIDE.
PLEASE SEE REVERSE FOR STORE POLICY AND INSTALLATION CONDITIONS
THIS ORDER IS CONTINGENT ON APPROVAL OF CORPORATE OFFICER.
CUSTOMER COPY