Form # P Q4 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read BU PERMIT ISSUED bnA notispilera ION Notes, If Any, Permit Number: 100419 Attached MAX 1 0 2010 This is to certify that ____Caseo Bay Ventures/Caseo Bay ntures has permission to _____remove wood floor & pour con ge dou doors to AT -102 EASTERN PROMENADE 003 C00900T bting this permit shall comply with all provided that the person or persons, fi or cd ron ac ces of the City of Portland regulating of the provisions of the Statutes of Ma e and of the the construction, maintenance and use of buildings and structures, and of the application on file in this department. Noti ation o spection nust b ermissi Apply to Public Works for street line give ha writte procured A certificate of occupancy must be and grade if nature of work requires befd this bui a or pr nereof i procured by owner before this buildsuch information. lath or oth ing or part thereof is occupied. NOTICE IS REQUIRED. HO OTHER REQUIRED APPROVALS Fire Dept. Health Dept. Appeal Board Other _

PENALTY FOR REMOVING THIS CARD

Department Name

City of Portland, Maine - Bui	_			.	Baue Daic:	}`	CBL:	
389 Congress Street, 04101 Tel: ((207) 874-87 03	, Fax: (2	207) 874 -8 71	6 10-0419	1		003 C00	9001
ocation of Construction: Owner Name:			Owner Address:	Owner Address:		Phone:		
102 EASTERN PROMENADE Casco Bay Ven				223 Woodville St	ree		329-3885	
Business Name:	Contractor Name			Contractor Address:			hone	
	Casco Bay Ve	ntures		223 Woodville R	oad Falmouth		20779777	52
Lessee/Buyer's Name	Phone:	{		Permit Type:				Zone:
	<u> </u>			Alterations - Mu				R6
Past Use:	Proposed Use:			Permit Fee:	Cost of Work:	i	District:]
7 residential condos with detached 7 single reside				\$90.00		.00	1	<u> </u>
carriage house	detached carri- wood floor &	~	-	FIRE DEPT:	Approveu	NSPECTIO		T 03
	change double				Denied	Use Group: ((-Z	Туре: 53
	carriage house	, associa		1//2	1	TBU	2013	
Proposed Project Description:	nermit #02019	54			2	2100		11
remove wood floor & pour concrete:	slab, change don	ble door	s to single in	Signature: ()M	B- 1.	Signature	Sub (Klin
carriage house, associated with perm		2001	nerien m	PEDESTRIAN ACTI)	7/1
- ,				{		_		l Danied
				Action: Approx	vea [] Appro	oved w/Condi	tions [Denied
				Signature:		Date:	:	
Permit Taken By: Date A	pplied For:			Zoning	Approval			
jmb 04/2	9/2010			_				
1. This permit application does not		Spec	ial Zone or Revie	ews Zoni:	ng Appeal	H	storic Prese	rvation
Applicant(s) from meeting applicable State and Federal Rules.		☐ Sho	Shoreland		☐ Variance		Not in District or Landmari	
Building permits do not include plumbing, septic or electrical work.		☐ Wei	tland	Miscellaneous			Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.		∏ Flox	Flood Zone Conditional Use		□R	Requires Review		
False information may invalidate permit and stop all work.	a building	Subdivision		[] Interpret	☐ Interpretation		Approved	
		Site	Plan	Approve	ed		pproved w/C	Conditions
PERMIT ISSUED	,	Maj [Minor MM	Denied Denied		<u> </u>	enied /	
	} }	10/10	14 Cong	3775				
MAN 1 0 2010	} {	Date:	-5 5/°	PADIDATE:		Date:		<i></i>
CITY OF PORTLANI	D							
		C	ERTIFICATI	ON				
		med pro						
hereby certify that I am the owner of have been authorized by the owner to urisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	d in the a	pplication is is	ssued, I certify that	the code offic	ial's author	rized repre	esentative

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE

DATE

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

<u>X</u>	Framing/Rough I	Plumbing/Electrical: 1	Prior to Any	Insulating o	r drywalling
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The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

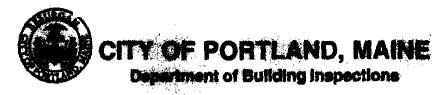
IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

CBL: 003 C009001 Building Permit #: 10-0419

City of Portland, Maine - I	Building or Use Permi	t		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 T	_		16	10-0419	04/29/2010	003	C009001
Location of Construction:	Owner Name:	<u> </u>	lo	wner Address:		Phone:	
102 EASTERN PROMENADE	Casco Bay Ventures		- 12	223 Woodville Str	ee	()329-3885	
Business Name:	Contractor Name:		Contractor Address:		Phone		
	Casco Bay Ventures		12	223 Woodville Ro	ad Falmouth	(207)	797-7752
Lessee/Buyer's Name	Phone;		P	ermit Type:			
<u> </u>	_1		Ţ	Alterations - Mult	i Family_		
Proposed Use:		Prop	osed	Project Description:			
7 single residential condos with d	letached carriage house, rem	nove rem	iove	wood floor & por	ır concrete slab, char	nge doui	ble doors to
wood floor & pour concrete slab,	•	gle in sin	gle i	n carriage house, a	associated with perm	it #0801	84
carriage house, associated with p	ermit #080184	}					
Dept: Zoning Statu	s: Approved with Condition	ns Review	er:	Marge Schmucka	al Approval D	ate:	05/04/2010
Note:	••			•		Ok to l	Issue: 🗹
1) The carriage house use is for	accessory storage only - no	living spaces					
ľ	, , ,	• •					
 This is NOT an approval for not limited to items such as st 						it includ	ling, but
This property shall remain a sapplication for review and ap		dwelling units.	. Aı	ny change of use sl	hall require a separat	e permi	t
4) This permit is being approved work.	d on the basis of plans subm	itted. Any de	viati	ions shall require a	separate approval b	efore sta	arting that
Dept: Building Status	s: Approved with Condition	ns Review	er:	Jeanine Bourke	Approval D	ate:	05/05/2010
Note:						Ok to l	Issue: 🗹
Separate pennits are required hood exhaust systems and fue				•		-	mercial
Application approval based u and approrval prior to work.	pon information provided b	y applicant. A	пус	leviation from app	roved plans requires	separate	e review

Comments:

5/5/2010-jmb: This permit was required under the conditions of permit #08-0184



Original Receipt

		Dia	2C,	20) /)
	<u>/</u> .	who -		
Received from 1	where	10 1 - 1	elle	
Location of Work	103	Easter	m Di	20)0
Cost of Construction	\$	50	ROWING TOO:	
Permit Fee	\$		Site Fee:	
	Certifi	icate of Occupa	ncy Fee:	
· ·			Total:	50.00
Building (IL) Plun	nbing (15)	_ Electrical (12)	Site P	lan (U2)
Other				
CBL: 003	(000)		
Check #: 3 26		Total Co	liected :	500C
No work is Please kee			-	
Taken by:	Ho	u	ų	
WHITE - Applicant's Co YELLOW - Office Copy PINK - Permit Copy	эру Э			<i>(1</i>),

General Building Permit Application

Hyon or the property owner ower real estate or personal property cases or user charges on any roperty within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 9 and	ge at 102 Castern Pro	7 m
Total Square Footage of Proposed Structure/.		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 3	Applicant must be owner, Lessee or Buye Name Casco Bay Venters Address 223 Wood Vitta St City, State & Zip Fal - 04105	3293885
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of & 2900, Cof O Fee: \$ Total Fee: \$
If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Remove word F 4 to 8" Remove © 9 36" Door And on	clook AND Pour Concre away Docks Replace U Le Small Window	to Floor associated with one with
Contractor's name: Cas Co Bay V- Address: Z23 WOOLUCLO City, State & Zip Fal - O4105 Who should we contact when the permit is read Mailing address: 223 WoolUctlo	RI Te	dephone: 3293885 dephone: 3293885
Please submit all of the information of do so will result in the	outlined on the applicable Checklis automatic denial of your permit.	t. Failure to

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmainc.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

<u> </u>	<u></u>		
Signature Wally	Dejen	Date: 4-28-10	
			

This is not a permit; you may not commence ANY work until the permit is issue

