Form # P DA DISPLAY THIS CA	ARD ON	PRINCIPAL	FRONTA	GE OF WORK
	TY OF	PORT	'LANC	
Application And Notes, If Any,	BU		TION	
Attached	P	ERMIT		Permit Number: 100605
This is to certify that	S C TRU EE /1	The Grou	m	
has permission to move kitchen out of be			ng ar nd bed	room
AT 102 EASTERN PROMENADE			003(	009003
provided that the person or perso	ons, fil <b>or</b> or o	o on a	cuting th	is permit shall comply with
of the provisions of the Statutes				he City of Portland regulation
the construction, maintenance au this department.	na use i bu	lidings and st	ru, res, a	nd of the application on file
	Noti	oi spectio n	ust be	PERMIT ISSUED
Apply to Public Works for street line and grade if nature of work requires	giver id wr befol his b			A certificate of occupancy must be procured by owner before this build
such information.	lath or of			ing or partitiereofds parcupied.
	HOUNOTI	CE IS REQUIRED	). <u> </u>	A
OTHER REQUIRED APPROVALS				City of Portland
Heelth Dept				
Appeal Board			Ar	1. B. C. Glaula
Other Department Name			$(\underline{\lambda}_{(m)})$	Director - Building & Inspection Services
	NALTY FOR	<b>REMOVING T</b>	HIS CARD	

Cit	y of Portland, Maine	- Building or Use	Permit	Application	<b>a</b> [	Permit No		Issue Date:		CBL:	
	Congress Street, 04101	-		-		10-	0605			003 C0	09003
Loca	tion of Construction:	Owner Name:			0	wner Addre	88:			Phone:	
102	EASTERN PROMENAD	E HILDRETH F	RANCE	ES C TRUSTE	11	02 EASTI	ERN PR	OMENAI	DE#3	1	
Busi	ness Name:	Contractor Name	:		Co	ontractor A	ddress:			Phone	
		The Woodville	e Group		2	23 Woodv	ville Roa	d Falmout	th	2073293	885
Less	ce/Buyer's Name	Phone:			Pe	rmit Type:					Zone:
	<u></u>				Ľ	Alteration	s - Mult	Family		<u>.                                    </u>	<u>R1</u>
Past	Use:	Proposed Use:			Pe	ermit Fee:		Cost of Wor	k: (	CEO District:	7
Res	diential condo - unit #3 - (					\$18	0.00	\$16,00	0.00	1	
) tota	al)	out of bedrooo between living			}	IRE DEPT:		Approved Denied	INSPEC Use Grou	TION: up: R-2	Type:SB
		l			-	* Jae	Cond	ition8	-	The a	0/
mo	osed Project Description: ve kitchen out of bedrooon	to new location betwee	en livinį	g area and		gnature:	(Yes	2	Signature		124/10
bed	room				PE	DESTRIA	NACTIV	ITIES DIST	<b>RICT (P</b> .	A.D.J	
}					A	ction:	Approve	d 📋 App	proved w/C	Conditions	Denied
					Si	gnature:	_		1	Date:	
Pern	nit Taken By:	Date Applied For:	[			Z	ning	Approva			
ldo	obson	06/01/2010	L		_		·				
1.	This permit application de	oes not preclude the	Spe	cial Zone or Revie	WS	]	Zoning	Appeal		Historic Pres	servation
	Applicant(s) from meeting Federal Rules.	g applicable State and	🗆 sh	oreland			Variance		ļ (	Z Not in Distri	ct or Landmark
2.	Building permits do not in septic or electrical work.	nclude plumbing,	🗔 wa	etland			Miscellan	eous	} [	_] Does Not Re	quire Review
3.	Building permits are void within six (6) months of the		Flo	ood Zone			Condition	al Use	{ {	Requires Re	view
	False information may inv permit and stop all work	validate a building	🗍 Sui	bdivision			Interpreta	tion	] [	Approved	
			🗋 Sit	e Plan			Approved		{ [	Approved w/	Conditions
	PERMIT IS	SUED	   Maj [	] Minor [] MM			Denied		{ [	Denied	
	JUN 24	2010	OY Date: (	13/10 ARM	• 	Date:			Dat	Nev. te:	

## City of Portland

### **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

PHONE

City of Portland, Maine - Bui	Iding or Use Permi	+		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (	~		-8716	10-0605	06/01/2010	003 C009003
Location of Construction:	Owner Name:		·	wner Address:		Phone:
102 EASTERN PROMENADE	HILDRETH FRANCI	ES C TRU		02 EASTERN PR	OMENADE #3	
Business Name:	Contractor Name:			ontractor Address:		Phone
	The Woodville Group	ı.	12	23 Woodville Roa	ad Falmouth	(207) 329-3885
Lessee/Buyer's Name	Phone:	1		ermit Type:		······································
L		J		Alterations - Mult	Family	
Proposed Use: residential condo - move kitchen out between living area and bedroom	of bedrooom to new loo	ation	•		boom to new location	between living area
Dept: Zoning Status: A	Approved with Condition	ns Revi	iewer:	Ann Machado	Approval Da	nte: 06/03/2010
Note:	11					Ok to Issue: 🗹
<ol> <li>This property shall remain as sev review and approval.</li> </ol>	en residential condomin	iums. Any	change	of use shall requir	e a separate permit a	pplication for
<ul> <li>2) This permit is being approved on work.</li> </ul>	the basis of plans subm	itted. Any	deviati	ons shall require a	separate approval be	fore starting that
Dept: Building Status: A	Approved with Condition	ns Revi	iewer	Jeanine Bourke	Approval Da	nte: 06/24/2010
Note:	ippiotod wan condition			Joanne Dourke		Ok to Issue: $\square$
<ol> <li>All penetratios through rated asso or UL 1479, per IBC 2003 Section</li> </ol>		d by an ap	proved	firestop system in:		
<ol> <li>Separate permits are required for hood exhaust systems and fuel ta</li> </ol>						
<ol> <li>Application approval based upon and approrval prior to work.</li> </ol>	information provided by	y applicani	t. Any d	eviation from app	roved plans requires	separate review
<ol> <li>Those renovating residential dwe must be powered by the electrica</li> </ol>	-			rea within or givin	g access to bedrooms	s. That detection
Dept: Fire Status: A Note:	Approved with Condition	ns <b>Re</b> vi	iewer:	Capt Keith Gautr		nte: 06/09/2010 Ok to Issue: 🗹
1) No means of egress shall be affect	ted by this renovation					
2) The entire structure shall comply Compliance shall be insured prio				ancy.		
3) All construction shall comply with	h NFPA 1 and 101.					
4) All smoke detectors and smoke a State law.	larms shall be photoelec	tric. Carbo	on Mon	oxide detectors ar	e required in the dwe	lling units by

# PERMIT ISSUED

City of Portland

## 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.
- X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- X Final inspection required at completion of work.

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.

## PERMIT ISSUED

JUN 2 4 2010

City of Portland

CITY OF PORTLAND, MAINE Department of Building Inspections
Original Receipt
6.1 20/0
Received from Geyer Location of Work 102 Ecution Pron
Location of Work 102 Ecution Pron
Cost of Construction \$ Building Fee:
Permit Fee \$ Site Fee:
Certificate of Occupancy Fee:
Total:
Building (IL) Plumbing (IS) Electrical (I2) Site Plan (U2)         Other
CBL: <u>3.C-9</u> Check #: <u>1785</u> Total Collected s <u>180</u>
No work is to be started until permit issued. Please keep original receipt for your records.
Taken by:
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy



# **General Building Permit Application**

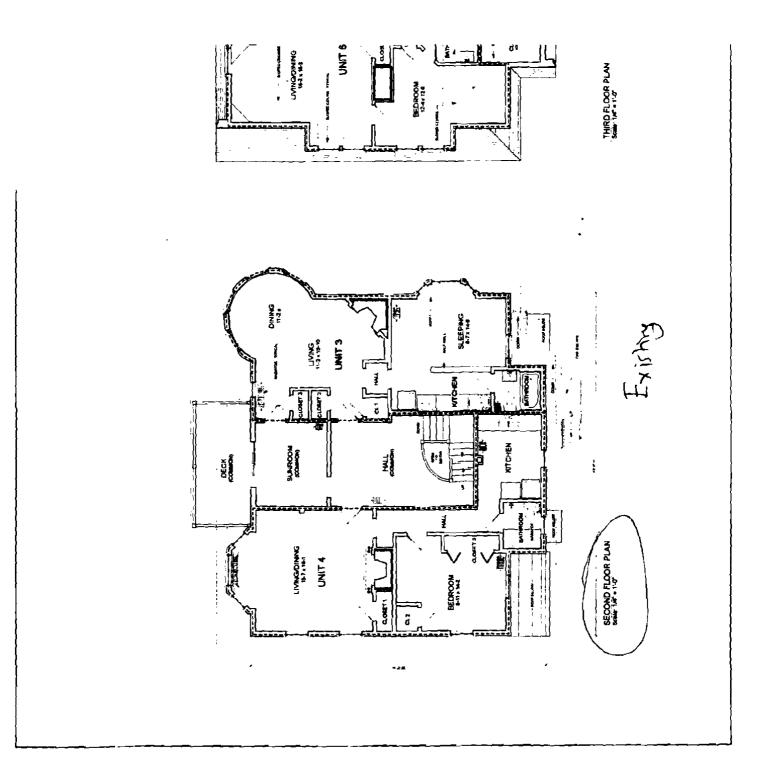
TLAN DI	Un:+ #3	
Location/Address of Construction: The Ca	ptain quarters 102 Easter	N Promenade Porthand
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# OO 3 C OO 9	Applicant * <u>must</u> be owner, Lessee or Buyer Name the Wood Ville Shou P Address 223 Wood Ville Rd City, State & Zip Falmouth Mc 041	329-3885
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Faun Hildreth	Cost Of Work: \$600
	Address P.O. BOX 4930	C of O Fee: \$
	City, State & Zip OLL Wich NJ 088 58	Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use:		
Is property part of a subdivision? Project description: Move trich.	If yes, please name	
Project description: Move trich.	in out of Bidhoom	to New
location Between L	Wing Ones And Bed room	、
Contractor's mame: The Wood Vil	Le Group MAY	
Address: 1223 Word Ville Ro		
City, State & Zip Fal more th Me	_04105 T	elephone: 3213885
Who should we contact when the permit is read	ty: Wally Te	elephone: 3293885
Mailing address:SQM_e	· · · · · · · · · · · · · · · · · · ·	

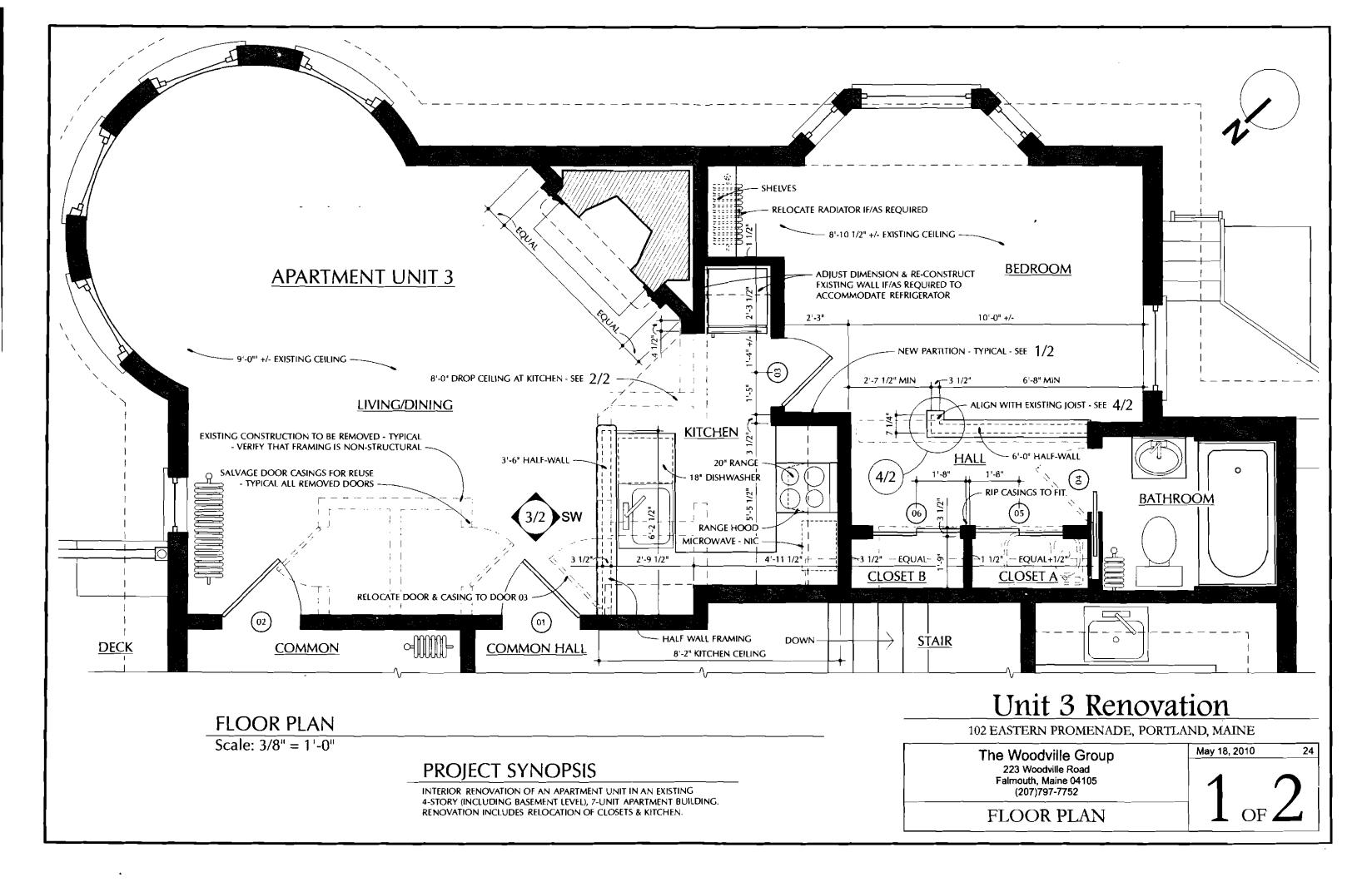
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

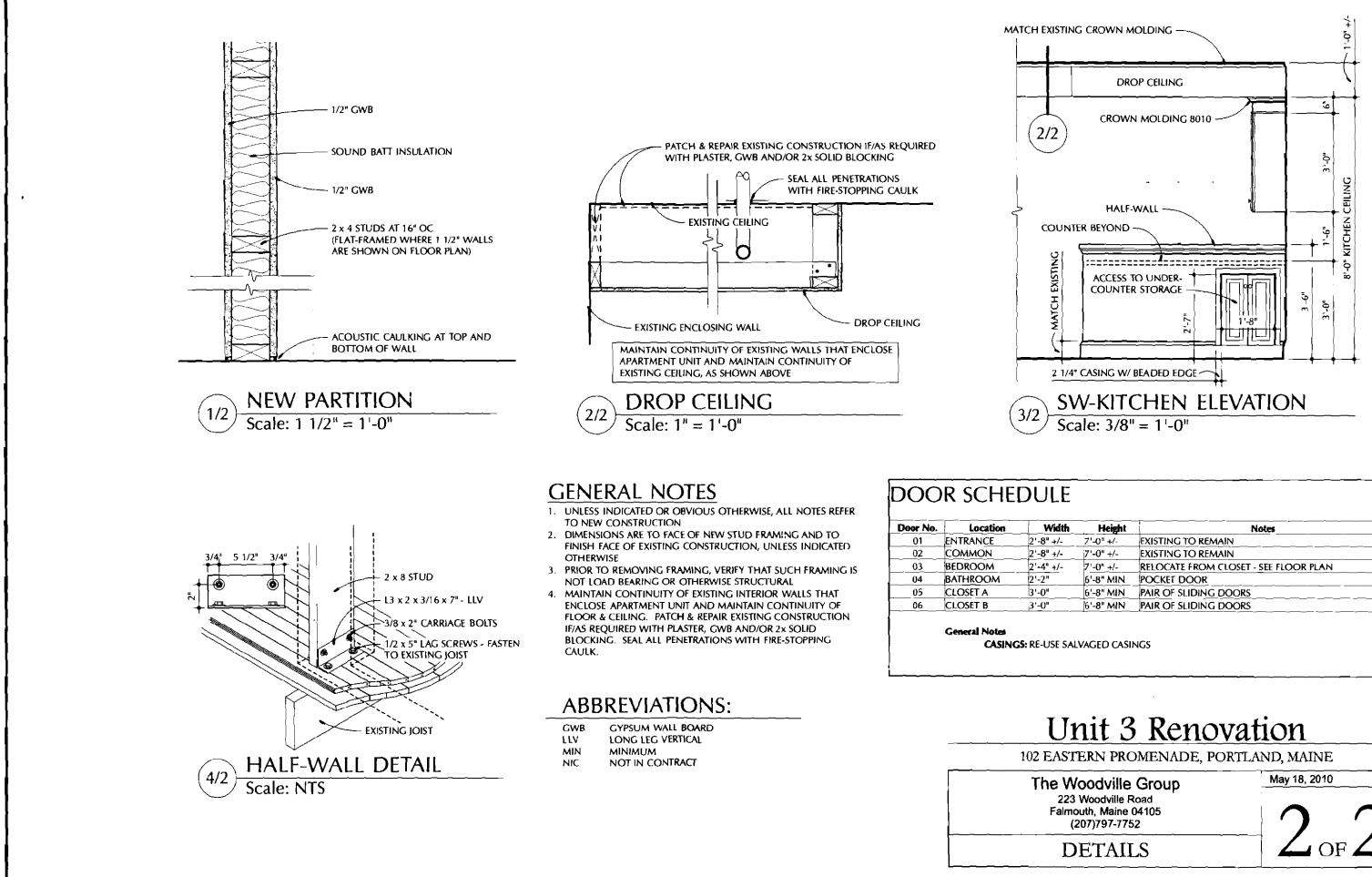
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmanuagov</u>, 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 tornform he provisions of the codes applicable to this permit.

Signature / Date: Dept. of Building Inspections City of Portland Maine This is not a permit; you may not commence ANY work until the permit is issue







Location	Width	Height	Notes
ANCE	2'-8" +/-	7'-0" +/-	EXISTING TO REMAIN
MON	2'-8" +/-	7'-0" +/-	EXISTING TO REMAIN
MOOM	2'-4" +/-	7'-0" +/-	RELOCATE FROM CLOSET - SEE FLOOR PLAN
ROOM	2'-2"	5'-8" MIN	POCKET DOOR
ET A	3'-0"	6'-8" MIN	PAIR OF SLIDING DOORS
ET B	3'-0"	6'-8" MIN	PAIR OF SLIDING DOORS