

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

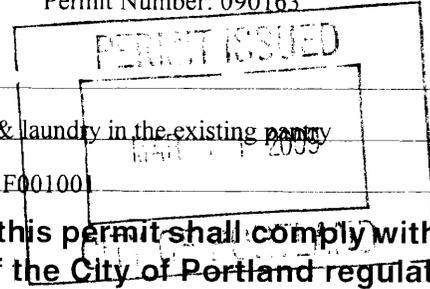
CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 090163



This is to certify that BARBEAU KEVIN A & DEIR... E M BA... UNITS/Rainbo... has permission to 2nd floor ONLY Remodel exist... kitchen full bath and add a bath & laundry in the existing party AT 50 MORNING ST... CB... 003 F001001

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 lathed or otherwise enclosed-in. 24 HOUR 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. CRPT. R. Gauthier
Health Dept.
Appeal Board
Other
Department Name

Christy L.H. 3/11/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 09-0163	Issue Date: 3/11/09	CBL: 003 F001001
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Location of Construction: 50 MORNING ST	Owner Name: BARBEAU KEVIN A & DEIRDRE	Owner Address: 23 OLDWOOD RD	Phone:
Business Name:	Contractor Name: Rainbow Construction	Contractor Address: PO Box 894 Portland	Phone: 2077993051
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R-6

Past Use: 3 unit residential - 2nd floor	Proposed Use: 3 unit residential- 2nd floor ONLY Remodel existing kitchen & full bath and add a 1/2 bath & laundry in the existing pantry	Permit Fee: \$270.00	Cost of Work: \$25,000.00	CEO District: 1
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Proposed Project Description: 2nd floor ONLY Remodel existing kitchen & full bath and add a 1/2 bath & laundry in the existing pantry	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Condition	INSPECTION: Use Group: R-2 Type: SB IBC-2003
	Signature: <i>KL</i>	Signature: <i>CL</i> 3/11/09

Legal use - 3 residential condos (#06-0750)

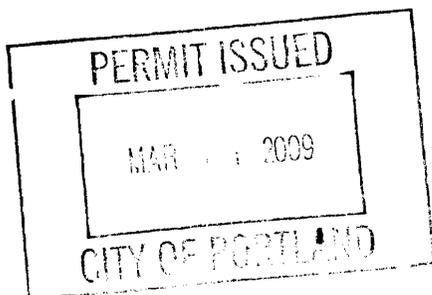
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Ldobson	Date Applied For: 03/04/2009	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/5/09</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: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <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: _____
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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

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0163	Date Applied For: 03/04/2009	CBL: 003 F001001
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Location of Construction: 50 MORNING ST	Owner Name: BARBEAU KEVIN A & DEIRDRE	Owner Address: 23 OLDWOOD RD	Phone:
Business Name:	Contractor Name: Rainbow Construction	Contractor Address: PO Box 894 Portland	Phone (207) 799-3051
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: 3 unit residential condos- 2nd floor ONLY Remodel existing kitchen & full bath and add a ½ bath & laundry in the existing pantry	Proposed Project Description: 2nd floor ONLY Remodel existing kitchen & full bath and add a ½ bath & laundry in the existing pantry
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 03/05/2009

Note: **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a three (3) family residential condominium dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 03/11/2009

Note: **Ok to Issue:**

- 1) All floors and walls that separate dwelling units or dwelling units and common areas are required to meet a 1 hour fire rated assembly and sound transmission rating of 45 STC.
- 2) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 3) There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each level
- 4) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 5) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 6) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 03/06/2009

Note: **Ok to Issue:**

- 1) Hardwired smoke detectors with battery backup will be required in the apartment.

BUILDING PERMIT INSPECTION PROCEDURES

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

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

Mailed



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>50 Morning Street</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>3</u> <u>F</u> <u>1</u>	Applicant * must be owner, Lessee or Buyer * Name <u>Deirdre Barbeau</u> Address <u>23 Oldwood Road</u> City, State & Zip <u>Wilbraham, MA 01095</u>	Telephone: <u>802-345-0051</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>25,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>270</u>
Current legal use (i.e. single family) <u>3 Family</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>this is to remodel the existing kitchen & Full Bath. ALSO ADD a 1/2 Bath & laundry in the existing pantry.</u>		
Contractor's name: <u>Rainbow Construction, Inc.</u> Address: <u>150 Ocean House Road</u> City, State & Zip <u>Cape Elizabeth, ME 04107</u> Telephone: <u>207-799-3051</u> Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: <u>P.O. Box 894, Portland, ME 04104</u>		

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

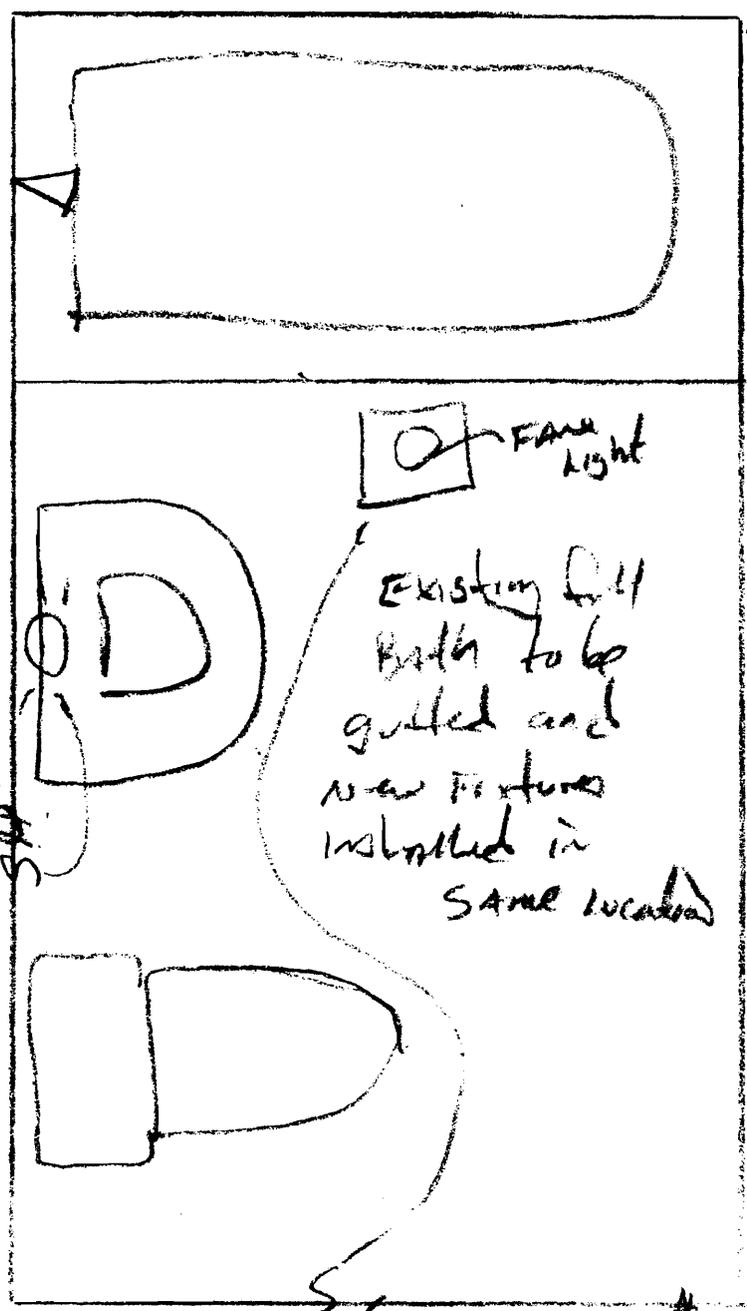
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division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

Signature: _____ Date: _____

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

5'



9'

Slip resistant

Existing Bath
Bath to be
gutted and
new fixtures
installed in
same location

FAN
light

50 Morningside
2nd floor

5/8" Fire rated ceiling

