

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

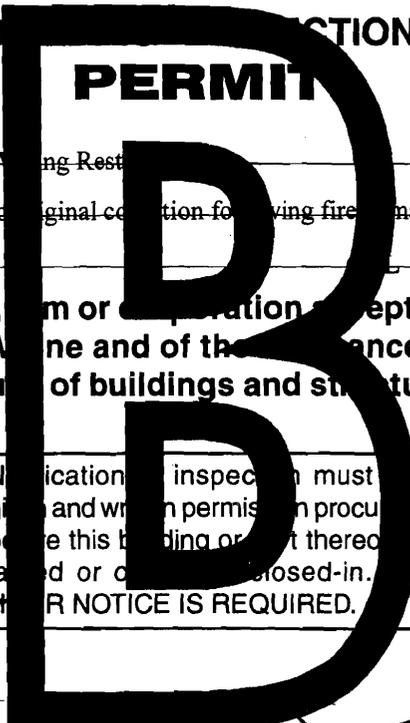
PERMIT

Permit Number: 080019

Please Read Application And Notes, If Any, Attached

This is to certify that MCINTYRE MEAGAN L / Living Rest
has permission to Interior renovations, rehab to original condition following fire damage.
AT 20 VESPER ST 003 K004001

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 altered or closed-in. **48 HOUR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PERMIT ISSUED

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. FEB - 4 2008

Appeal Board _____

Other _____

Department of Building & Inspection Services
CITY OF PORTLAND

[Signature] 2/4/08
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 ISSUED

Permit No: 08-0019	Issue Date: FEB - 4 2008	CBL: 003 K004001
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Location of Construction: 20 VESPER ST	Owner Name: MCINTYRE MEAGAN L	Owner Address: 20 VESPER ST	Phone: 6278
Business Name:	Contractor Name: Viking Restoration	Contractor Address: 1809 Congress St Portland	Phone: 2078282900
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R-6

Past Use: Duplex	Proposed Use: Duplex - Interior renovations & rebuild & permit side deck <i>2 dwelling units</i>	Permit Fee: \$710.00	Cost of Work: \$69,000.00	CED District: 1
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Proposed Project Description:
Interior renovations, rehab to original condition following fire damage.
rebuild & permit side decks

FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> Signature:	INSPECTION: Use Group: <i>R-3</i> Type: <i>5B</i> <i>IRC 2003</i> Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: lmd	Date Applied For: 01/08/2008	Zoning Approval
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1. This permit application does not 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..	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"/> <i>OK w/cond. hour</i> Date: <i>1/11/08</i> <i>AM</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 <i>AM</i> 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	

7/14/08 deck risers need space to be $\leq 4"$ open space
minimal work needed around chimney area
SMH.
resilient channel near SMH

7/14/08 graspable handrail required
O-kona stairs ~~OK~~
stair ~~height~~ rise
 $8\frac{1}{2}$ $8\pm$ $9\frac{1}{4}$ $3\frac{1}{4}"$ difference
 $3\frac{1}{2}$ MAX allowed
rise 7-7-7-6 with

Bedroom window = $28\frac{1}{2} w \times 28\frac{1}{4} h$ OK
OK/ IAC Direct grade level

8/01/08 close SMH