				PERMIT ISSUED		
City of Portland, M	faine - Building or Use	Permit Applicati	On Permit No:	Issue Date: CBI:		
	04101 Tel: (207) 874-870			AUG 3 0 2007 0 2 J0 0001		
Location of Construction:	Owner Name:		Owner Addres :	Phote:		
9 Everett St	Rathband Jam	ies D	9 Everett St	CITY OF PORTLAND <sup>332-513</sup>		
Business Name:	Contractor Nam	e:	Contractor Address:	Phone		
	no contractor	/ self	Portland			
Lessee/Buyer's Name	Phone:		Permit Type:	rellings	,	
			Alterations - Dw	rellings /2-4	0	
Past Use:	Proposed Use:		Permit Fee:	Cost of Work: CEO District:		
single family	single family	- remove wall &	\$60.00	\$4,000.00 1		
	create larger of	opening	FIRE DEPT:	Approved INSPECTION:		
			$ \square                                   $	$\begin{array}{c c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \end{array} \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} $	5B	
				i -		
				M IRC 2003	2	
Proposed Project Descriptio			$\neg N   l$			
remove wall and create	larger opening		Signature: Signature:			
			PEDESTRIAN ACT	IVITIES DISTRICT (P.A.D.)		
			Action: Approv	ved Approved w/Conditions Denied	$\mathcal{A}$	
			Signature:	Date:	-	
Permit Taken By:	Date Applied For:	T				
tmm	08/30/2007		Zoning	g Approval		
1. This permit applica	tion does not preclude the	Special Zone or Rev	iews Zoni	ng Appeal Historic Preservation		
	meeting applicable State and		Varianc	e DNot in District or Land	dmark	
Federal Rules.		Shoreland 1			IIIaik	
2. Building permits de	o not include plumbing,	Wetland	Miscell	medus 🗌 🗌 Does Not Require Rev	view	
septic or electrical						
-	e void if work is not started	Good Zyne	Conditio	om Use Requires Review		
	hs of the date of issuance.					
	nay invalidate a building	Subdivision	Interpre	tation Approved		
permit and stop all	work					
		Site Plan		ed Approved w/Condition	ns	
		,				
		Maj 📋 Minor 🗍 M	M Denied	Denied		
		alahl	1	Alante	7	
		Date: 8 30 0	Date:	Date: 0/30/0	/	
				/ / _		
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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



## **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: 9	rett	AT:		
Total Square Footage of Proposed Structure		Square Footage of Lot		
288				
Tax Assessor's Chart, Block & Lot	Owner:			Telephone:
Chart# Block# Lot#				207-
013 20001	James	Rathband		332-1513
Lessee/Buyer's Name (If Applicable)	Applicant na	ame, address & telephone:		ost Of
	Tomes	RathBand	W	ork: \$
			F	ee: \$
	Portan	H 97. J. ME 04101		
	Ent			of O Fee: \$
Current legal use (i.e. single family) $\frac{2 - 91}{2}$	2 74.11.10	/		
If vacant, what was the previous use? Proposed Specific use:	rhi			
Is property part of a subdivision? $\mathcal{N}^{\mathcal{O}}$		ves, please name		
Is property part of a subdivision? <u>No</u> Project description: <u>Reference</u>	mode	/ Wall Remainer	1	
	/			
Selt				
Contractor's name, address & telephone:				
Who should we contact when the permit is reac	Tame	Rothbard		
Mailing address:	Phone: <u>3</u>	2-1513		
8		· · · ·		
Portland MC OUIUI				

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at <u>www.portlandmaine.gov</u>, stop by the Building Inspections 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 of applicant: Date:

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

## BUILDING PERMIT INSPECTION PROCEDURES Please call <u>874-8703</u> or <u>874-8693</u> (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.

Footing/Building Location Inspectio	<b>n</b> : Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrica	l: Prior to any insulating or drywalling
	rior to any occupancy of the structure or se. NOTE: There is a \$75.00 fee per aspection at this point.

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.

CERTFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED /

ant/Designee

Signature of Inspections Official

CBL

Building Permit #: \_07 - 1060

City of Portland, Main	e - Building or Use Permi	t	Permit No:	Date Applied For:	CBL:
•	01 Tel: (207) 874-8703, Fax: (		6 07-1060	08/30/2007	012 J010001
Location of Construction:	Owner Name:		Owner Address:		Phone:
9 Everett St	Rathband James D		9 Everett St		207-332-1513
Business Name:	Contractor Name:		Contractor Address:		Phone
	no contractor / self		Portland		
Lessee/Buyer's Name	Phone:		Permit Type:		·
			Alterations - Dwe	ellings	
Proposed Use:		Propose	ed Project Description	:	
single family - remove wall	& create larger opening	remov	e wall and create l	arger opening	
Dant: Zoning S	tatus: Approved with Condition	De Davianar		Approval	Dato: 08/30/2007
Dept: Zoning S Note:	tatus: Approved with Condition	ns <b>Reviewer</b> :	Tammy Munson	Approval I	Date: 08/30/2007 Ok to Issue: ☑
Note: 1) This is NOT an approva	tatus: Approved with Condition for an additional dwelling unit. as stoves, microwaves, refrigera	You SHALL NO	OT add any additio	nal kitchen equipme	Ok to Issue: 🗹
Note: 1) This is NOT an approva not limited to items such	l for an additional dwelling unit.	You SHALL No tors, or kitchen s	OT add any additio	nal kitchen equipme special approvals.	Ok to Issue: 🗹
Note: 1) This is NOT an approva not limited to items such	l for an additional dwelling unit. as stoves, microwaves, refrigera	You SHALL No tors, or kitchen s	DT add any additio inks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue: 🗹
Note:         1) This is NOT an approva not limited to items such         Dept: Building       S         Note:         1) Separate permits are req	l for an additional dwelling unit. as stoves, microwaves, refrigera	You SHALL No tors, or kitchen s ns <b>Reviewer</b> : g, or HVAC syste	DT add any additio inks, etc. Without Tammy Munson ems.	nal kitchen equipme special approvals.	Ok to Issue: 🗹 ent including, but Date: 08/30/2007
<ul> <li>Note:</li> <li>1) This is NOT an approva not limited to items such</li> <li>Dept: Building S</li> <li>Note:</li> <li>1) Separate permits are req Separate plans may need</li> </ul>	l for an additional dwelling unit. as stoves, microwaves, refrigera tatus: Approved with Condition uired for any electrical, plumbing	You SHALL No tors, or kitchen s ms <b>Reviewer</b> : g, or HVAC syste a part of this pro	DT add any additio inks, etc. Without Tammy Munson ems. cess.	nal kitchen equipme special approvals.	Ok to Issue: ont including, but Date: 08/30/2007

8/30/2007



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current	Owner	Inforn	nation
---------	-------	--------	--------

Card Number	1 of 1
Parcel ID	012 J010001
Location	9 EVERETT ST
Land Use	SINGLE FAMILY
Owner Address	RATHBAND JAMES D 9 EVERETT ST PORTLAND ME 04101
Book/Page	23723/222
Legal	12-J-10 EVERETT ST 7 2400 SF
Current Assessed Valuation	

Land	Building	Total
\$60,800	\$88,400	\$149,200

Property Info	ormation				
Year Built	<b>Style</b>	Story Height	<b>Sq. Ft.</b>	<b>Total Acres</b>	
1890	Old Style	2	1480	0.055	
Bedrooms	Full Baths	Half Baths	Total Rooms	<b>Attic</b>	<b>Basement</b>
4	1	1	7	Unfin	Full
Outbuildings ≖ype	Quantity	Year Built	Size	Grade	Condition

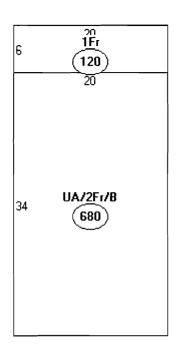
Sales Information						
Date	Туре	Price	Book/Page			
03/02/2006	LAND + BLDING	\$160,000	23723-222			

Picture and Sketch Picture Sketch Tax Map

Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or  $\underline{e}$ -mailed.

New Search!







Form # P 04	DISPLAY			ON <b>O</b> F	PRINCIPAL			OF	WORK
Please Read Application And Notes, If Any, Attached	1		E			TION		Numbe	r: 071060
This is to certify	that <u>Rathbar</u>	<u>d James D /no</u>	o contra	/ self		_			
has permission	to <u>remove</u>	wall and creat	te larger	ening					
AT <u>9 Everett St</u>	t					<b>C</b> 012 J	010001		
of the prov the constru- this depart Apply to Pu and grade it	blic Works for	street line	s of I and u		inspection permised in permise	nuster erecu	A cert	ty of the a	hall comply with all Portland regulating pplication on file in of occupancy must be owner before this build- ereof is occupied.
Buominionn	ation. PERM	11 1220EL	, i , H		TICE IS REQUIRE		ing or		
OTHEI Fire Dept Health Dept Appeal Board _ Other	REQUIRED APP AUG CITY OF Department Name	PORTLAN	1D				Difector	- Building 8	8/30/07
		F	PENALTY	f FOI	R REMOVING	THIS CARE			

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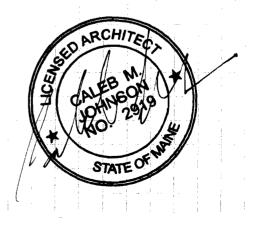
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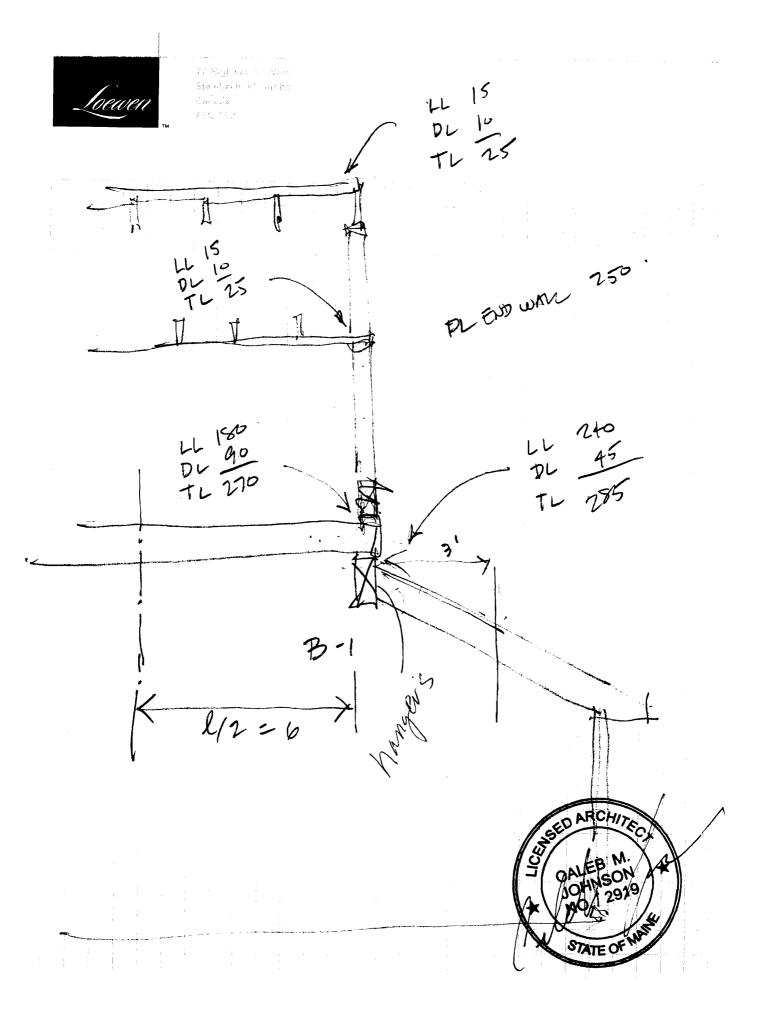
77 Hichway SC Wast Stellohanh, McNiloba Consida REGISTI

B-1 W=620 PLF M P, 6,2 P  $\frac{l=|g'|}{V. I. \mp.}$ 

6×14 PS1



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1.800.563.9367

MARTINE. TAPE SECURE/ tooc SET UD 1. DEMOCISIT COMPCETE KIT Brcf 2. STRUCTURAE MODIFICATIONS. PENSIE ROUGH FRAMMS INSTACL NEW WWDOWS 3. SAUD RETWISH FLOORS (THINK OF MESS) ROUGH : ELECTRICIAN POUG H 5. Pumpine PANT + DRYWACK PANT FWISH GARDENTEN 6 **G** . INSTACL CABUTER & SUFACE 7. G. FNISH ECEC PLUMBUL 9. AST INSPECTA

