

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 041690

PERMIT ISSUED
NOV 12 2004
CITY OF PORTLAND

This is to certify that Leeman Aaron/self
has permission to Repair front stairs in same footprint, add posts to existing
AT 102 Washington Ave City of Portland 12 K 24 01

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 closed or enclosed-in. **48 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Jeanie Burke 11/10/04
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: 04-1690	Issue Date: NOV 12 2004	CBL: 012 K024001
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Location of Construction: 102 Washington Ave	Owner Name: Leeman Aaron	Owner Address: 102 Washington Ave CITY OF PORTLAND	Phone: 874-0883
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: B2B

Past Use: Two Family	Proposed Use: Two Family w/repair of front stairs	Permit Fee: \$30.00	Cost of Work: \$50.00	CEO District: 1
Proposed Project Description: Repair front stairs in same footprint, add posts to carry existing roof.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB	
		Signature: <i>JMB 11/10/04</i>		Signature: <i>JMB 11/10/04</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: jmb	Date Applied For: 11/10/2004	Zoning Approval
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- 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 <i>Z-unit</i> <input type="checkbox"/> Subdivision <i>JK</i> <input type="checkbox"/> Site Plan <i>JK</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 11/10/04</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> <i>Amended</i> <input type="checkbox"/> <i>Appeal</i> Date: <i>JMB 11/12/04</i>	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: <i>JMB</i>
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CERTIFICATION

I hereby certify that I am the owner of record of the named property and 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: 04-1690	Date Applied For: 11/10/2004	CBL: 012 K024001
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Location of Construction: 102 Washington Ave	Owner Name: Leeman Aaron	Owner Address: 102 Washington Ave	Phone: () 874-0883
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	

Proposed Use: Two Family w/repair of front stairs	Proposed Project Description: Repair front stairs in same footprint, add posts to carry existing roof.
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Dept: Zoning	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 11/10/2004
Note: 1) Must remain in the same footprint			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 11/10/2004
Note:			Ok to Issue: <input type="checkbox"/>

04-1690

All Purpose 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>102 Washington Avenue</u>		
Total Square Footage of Proposed Structure <u>25</u>	Square Footage of Lot <u>2204</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>12</u> Block# <u>K</u> Lot# <u>2y</u>	Owner: <u>Aaron Leeman</u>	Telephone: <u>773-4161</u> <u>874-0883</u> <i>Cheryl</i>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ 50.00 <u>50.00</u> Fee: \$ <u>30.00</u>
Current use: <u>2 family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>repair front stairs - same footprint</u>		
Project description: _____		
Contractor's name, address & telephone: <u>Aaron Leeman</u>		
Who should we contact when the permit is ready: <u>874-0883 Cheryl Leeman</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>Cheryl Leeman</u>	Date: _____
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	102 W. Main St
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: LEMAN	First: JASON
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Applicant Name:	Cheryl Lemann
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Mailing Address of Owner/Applicant (If Different)	41 W. Main St #1110
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Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: Cheryl Lemann Date: 9/29/05

058022

PORTLAND Date Permit Issued: 11/18/05 PERMIT # 9235 \$ 154.00 TOWN COPY Double Fee FEE Charged

Local Plumbing Inspector Signature: Jimmy Munson L.P.I. # 13610

12 K 024

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: A. Rowe Date Approved: 9/29/05

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <i>2 family</i> 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>2395</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	3	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
TRANSFER FEE [\$6.00]				
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

54 64



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 Information

Card Number	1 of 1
Parcel ID	012 K024001
Location	102 WASHINGTON AVE
Land Use	TWO FAMILY
Owner Address	CARTER DONALD L DURHAM RD NEW GLOUCESTER ME 04260
Book/Page	10616/164
Legal	12-K-24 WASHINGTON AVE 102-104 2242 SF

Valuation Information

Land	Building	Total
\$26,250	\$69,510	\$95,760

Property Information

Year Built	Style	Story Height	Sq. Ft.	Total Acres	
1880	Old Style	2	1865	0.051	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement
5	2		11	Full Finsh	Full

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
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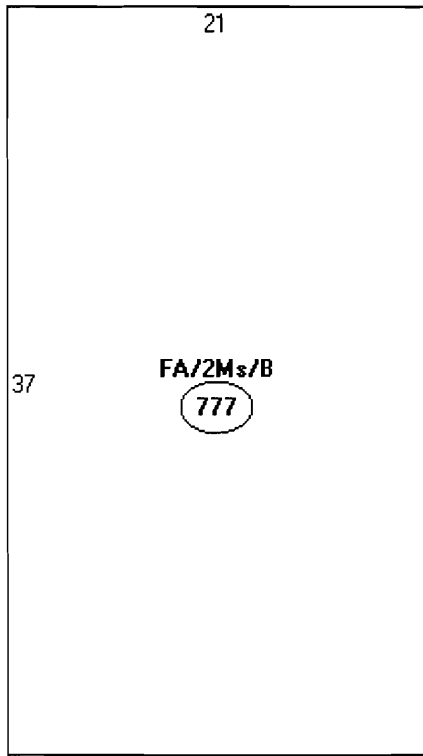
Picture and Sketch

Picture	Sketch	Tax Map
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[Click here to view Tax Roll Information.](#)

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

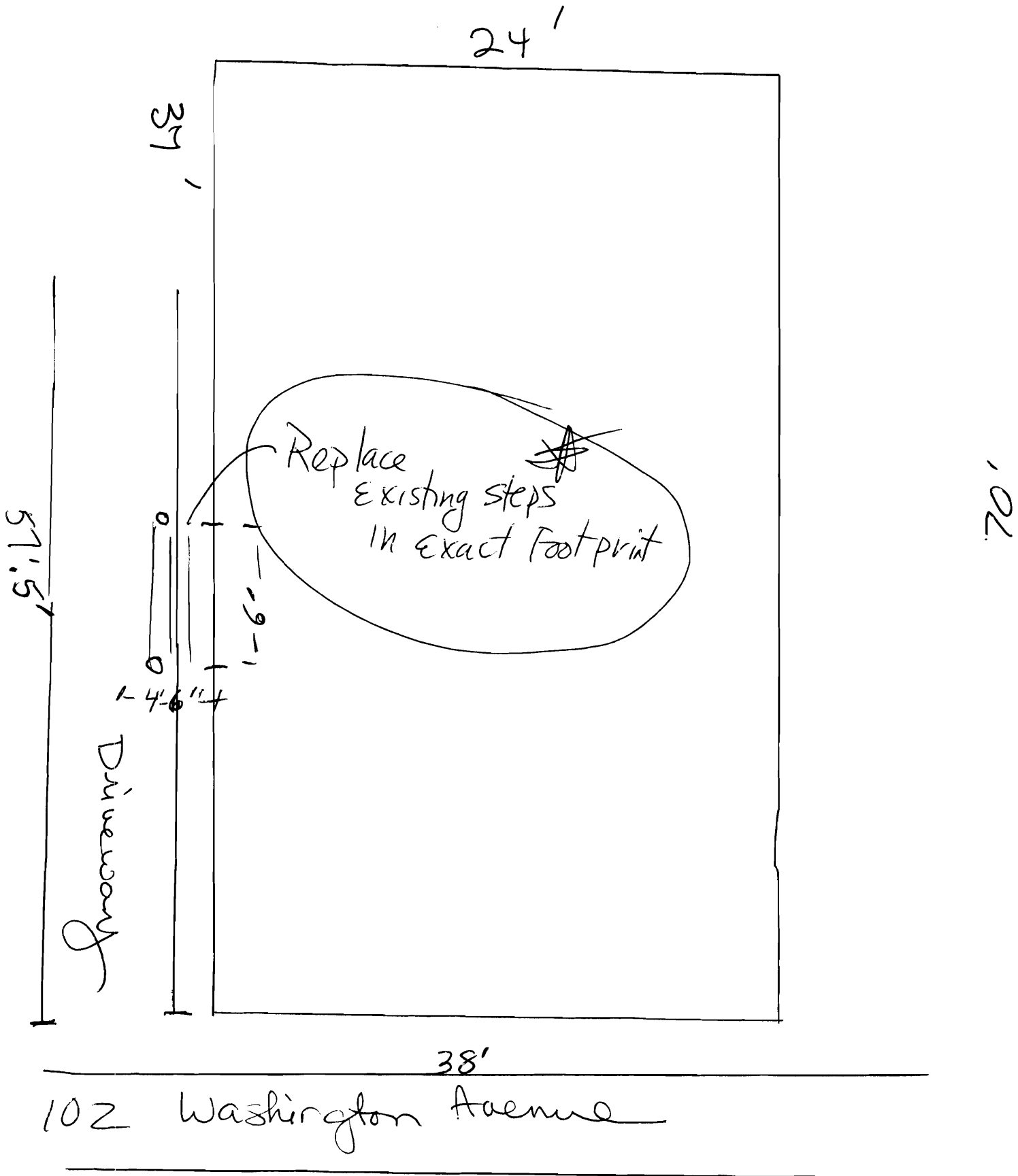
New Search!

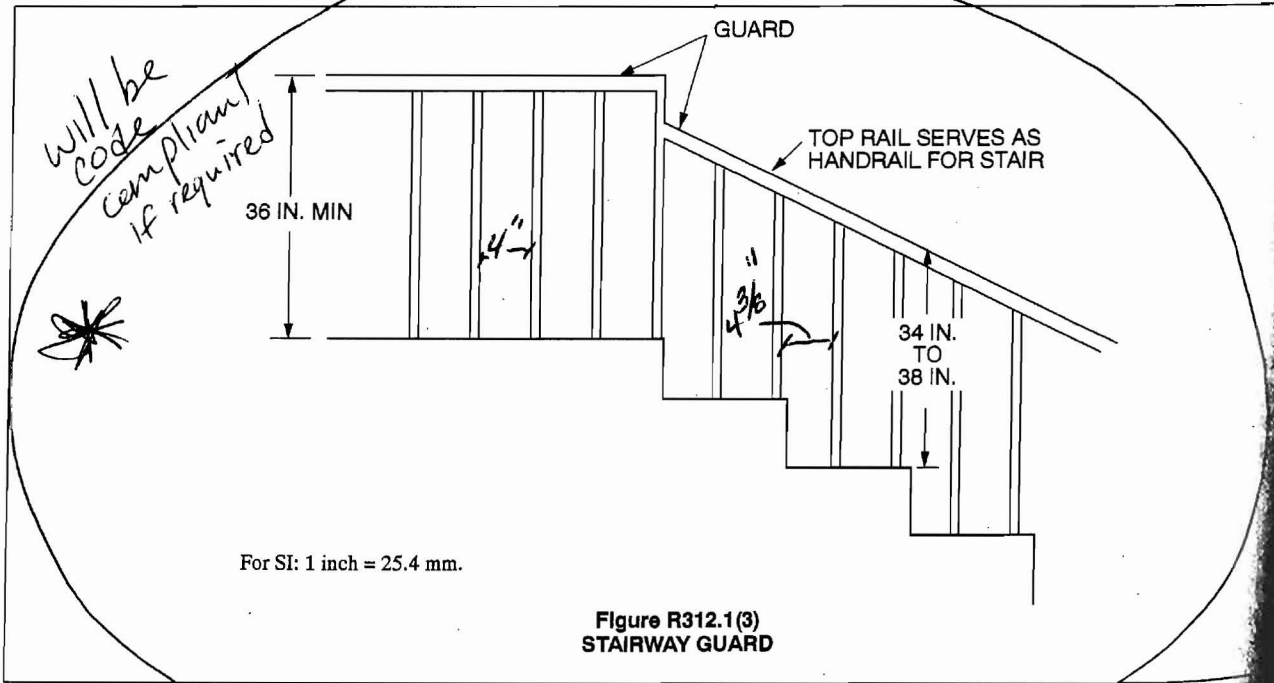
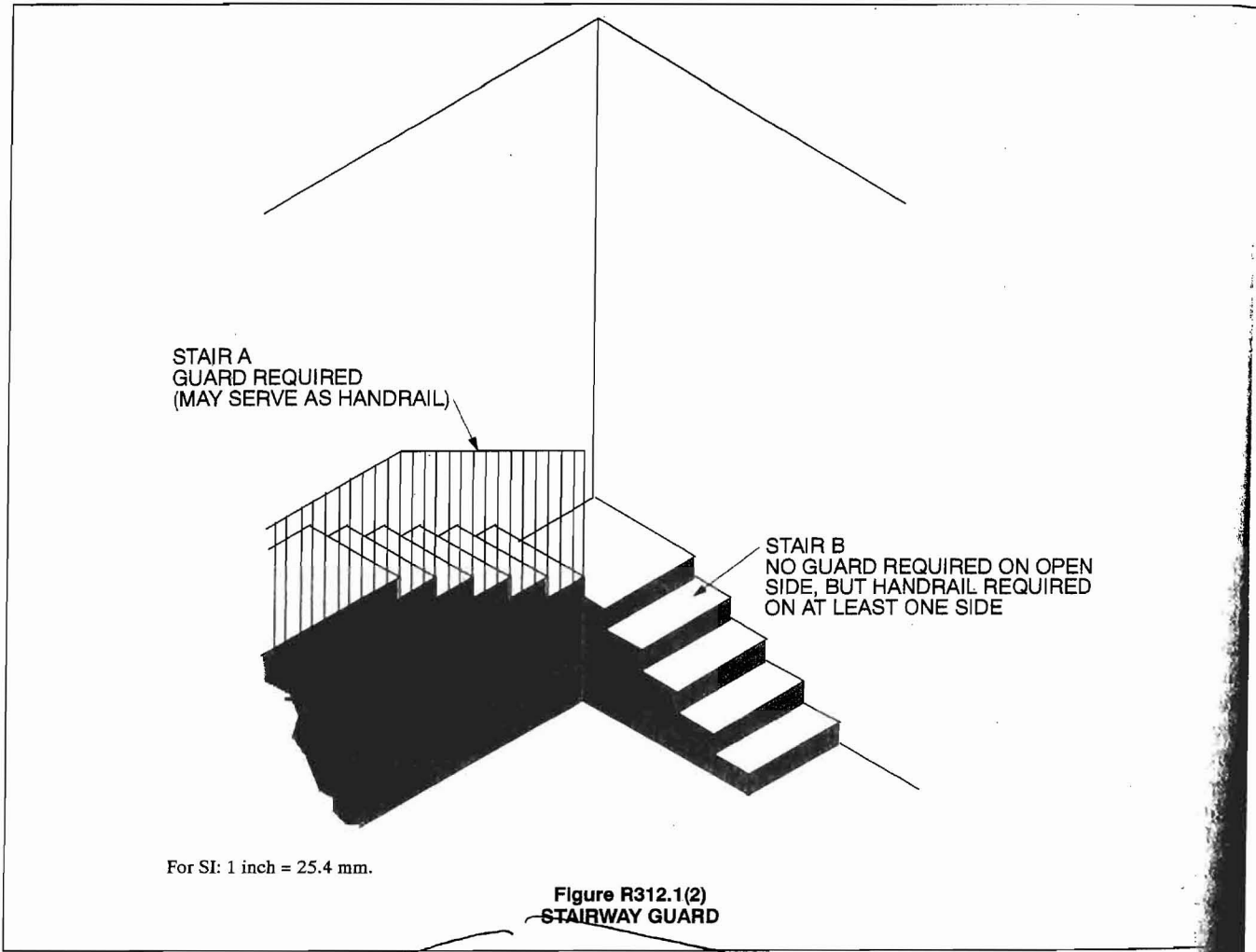


Descriptor/Area

A: FA/2Ms/B
777 sqft

B2B
zone





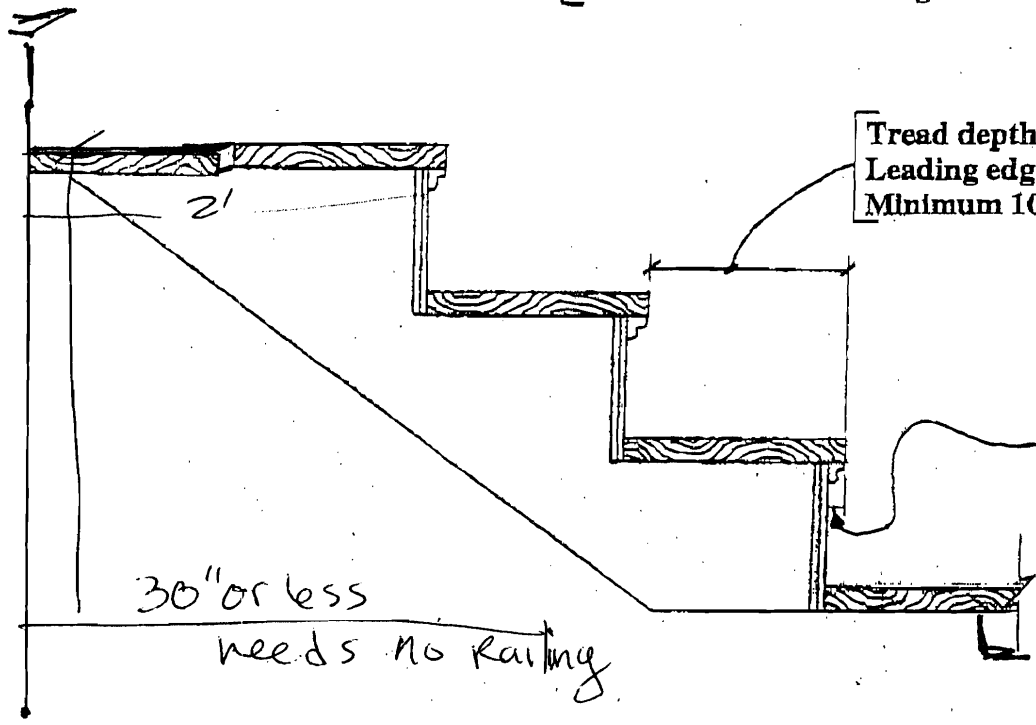
Aaron Heeman
102 Washington Avenue
Portland 04101

Correct method of measuring treads and risers:

Riser height measured:
Stepping surface to stepping surface
Maximum 7 3/4" riser height

Tread depth measured:
Leading edge to leading edge
Minimum 10" net tread

3/4" to 1 1/2" nosing required on
treads which are less than 11" net.



30" or less
needs no railing



CITY OF PORTLAND, MAINE
Department of Building Inspections

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Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (I1) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: _____

Check #: 1705 _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy