

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

**PERMIT**

**PERMIT ISSUED**  
Permit Number: 050993  
DEC 12 2005  
**CITY OF PORTLAND**

This is to certify that Schilling Peter C /David Lave  
has permission to replace all drywall, interior trim & floors vinyl windows on 3rd floor; patch roof shingles  
AT 7 Cleeve St 013 F002001

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.

**OTHER REQUIRED APPROVALS**

Fire Dept. Capt. Greg Cass  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*Jeannie Bourke* 12/8/05  
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: 05-0993	Issue Date: <b>PERMIT ISSUED</b>	CBL: 013 F002001
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<b>Location of Construction:</b> 7 Cleeve St	<b>Owner Name:</b> Schilling Peter C	<b>Owner Address:</b> 7 Cleeve St	<b>Phone:</b> 851-0045
<b>Business Name:</b>	<b>Contractor Name:</b> David Lavalle	<b>Contractor Address:</b> 177 Lindsey Road	<b>Phone:</b> 207-252-0515
<b>Lessee/Buyer's Name:</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	<b>Zone:</b> R201

<b>Past USE:</b> three unit residence	<b>proposed Use:</b> three unit residence rebuilt to original condition after lightening strike and fire	<b>Permit Fee:</b> \$471.00	<b>Cost of Work:</b> \$50,000.00	<b>CEO District:</b> 1
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<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION</b> Use Group: R2 Type: SB
Signature: <i>Capt. Case</i>	Signature: <i>JMB 12/8/05</i>

*Legal use: three (3) dwelling units*

**Proposed Project Description:**  
 replace all drywall, interior trim and floors, vinyl windows on third floor; patch roof shingles

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> jharris	<b>Date Applied For:</b> 07/20/2005	<b>Zoning Approval</b>	
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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..	<b>Special Zone or Reviews</b> <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 with condit</i> Date: <i>8/3/05</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Use  <input type="checkbox"/> Interpretation  <input type="checkbox"/> Approved  <input checked="" type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmar :  <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 <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

<b>Permit No:</b> 05-0993	<b>Date Applied For:</b> 0712012005	<b>CBL:</b> 013 F002001
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<b>Location of Construction:</b> 7 Cleeve St	<b>Owner Name:</b> Schilling Peter C	<b>Owner Address:</b> 7 Cleeve St	<b>Phone:</b> ( ) 851-0045
<b>Business Name:</b>	<b>Contractor Name:</b> David Lavalle	<b>Contractor Address:</b> 177 Lindsey Road Wells	<b>Phone</b> (207) 252-0515
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	
<b>Proposed Use:</b> three unit residence rebuilt to original condition after lightning strike and fire		<b>Proposed Project Description:</b> replace all drywall, interior trim & floors, vinyl windows on 3rd floor; patch roof shingles	

**Note:****Ok to Issue:** 

- 1) This property shall remain a three (3) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) 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.
- 3) Separate permits shall be required for future decks, sheds, pools, and/or garages.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 12/08/2005**Note:** **Ok to Issue:** 

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 08/04/2005**Note:** **Ok to Issue:** 

- 1) All building construction to comply with NFPA 101

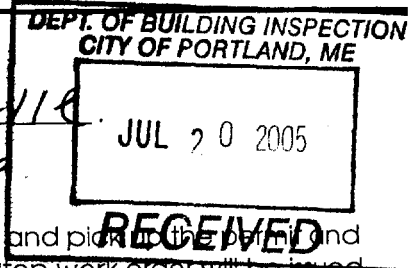
**Comments:**

- 08/11/2005-tmm: left message w/builder - need fire wall and floor/ceiling assembly details. Need to know if there is any framing and what flooring is being removed.
- 08/25/2005-tmm: met w/new builder - went over requirements.
- 12/08/2005-jmb: Joe Robinson dropped off details on 12/7 and spoke to him about details as noted on plans, ok to issue

# 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**.

7  
132  
130  
1352

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# 13      F      002	Owner: Peter Schilling		Telephone: 617-851-0045
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: 252-0515 DAVID LAVALLÉ 177 Lindsey Rd Wells. 04090.	Cost Of Work: \$ 53000 Fee: \$ 471.00	
Current use: <u>APARTMENTS - 3 units</u>			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: <u>1 week.</u>			
Proposed use: <u>RE BUILD to ORIGINAL condition After Fire (lightening)</u>			
Project description: <u>REPLACE All Drywall / interior trim &amp; floots</u>			
Contractor's name, address & telephone:			
Who should we contact when the permit is ready: <u>DAVID LAVALLÉ</u>			
Mailing address: <u>177 Lindsey Rd Wells Me. 04090</u>		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. <b>PHONE: 207 252-0515</b>	

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.

Signature of applicant: <u>David Lavallé</u>	Date: <u>7-14-05</u>
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✓ # 1189

3rd floor  
only.

Demolition

Remove All old PLASTER

Remove All FLOORS

Remove All trim

Remove All insulation

Rebuild All to existing condition

NO FRAMING OR ALTERING will be Done.

Right side of Building will be Resided

Right side of Roof will be going to PATCH Shingles

Replace fire Doors to EACH unit that was Broken

Replace All vinyl Replacement windows.

STAIR wells ARE JUST BEING CLEANED.

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<b>Business Name:</b>	<b>Contractor Name:</b> David Lavalley	<b>Contractor Address:</b> 177 Lindsey Road Wells	<b>Phone</b> (207) 252-05 15
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	

<b>Proposed Use:</b> three unit residence rebuilt to original condition after lightening strike and fire	<b>Proposed Project Description:</b> replace all drywall, interior trim & floors, vinyl windows on 3rd floor; patch roof shingles
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*(Empty space for notes or signatures)*

<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b>
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 08/04/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input type="checkbox"/>
1) All building construction to comply with NFPA101			

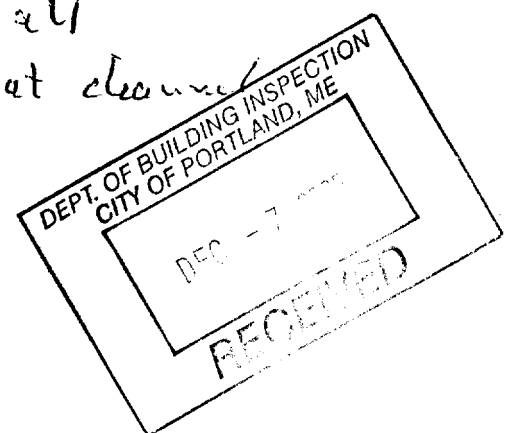
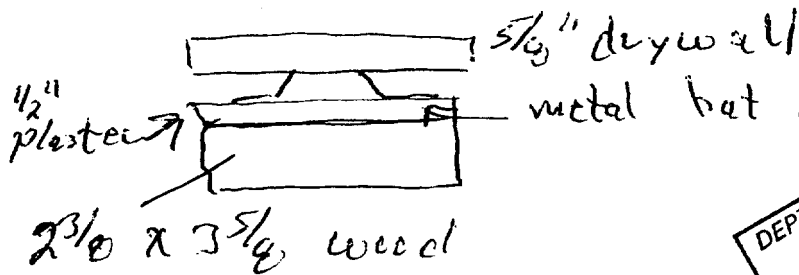
**Comments:**  
8/11/2005-tmm: left message w/builder - need fire wall and floor/ceiling assembly details. Need to know if there is any framing and what flooring is being removed.

JAY BOBROWSKI  
call 838-2638

Tammy - See me  
@ re: this!  
A. Rowe

Contractor: Southern Maine Restoration L.L.C.  
 Ph# Cell # = (207) 415-7586  
 Contact: Joe Robinson  
 Job Location: 7-9 Clare St...

- A
- 1) Office leaving existing floor install pad and carpet
  - 2) Bedroom # two: Leaving, sanding and refinishing
  - 3) Bedroom #1: Leaving, sanding and refinishing.
  - 4) Hallways and stairs: leaving and just cleaning
  - 5) Removal of finish flooring: Bath, Kitchen, Dining, Living room and Great Room.
  - 6) Thickness of Floor after removal is 2 layers 1" thick each.
  - 7) Finish flooring:  
 Bath  $\frac{1}{2}$ " cement board with  $12\frac{1}{2} \times 12$ " ceramic tile  
 Kitchen  $\frac{1}{2}$ " cement board with  $12 \times 12$ " ceramic tile  
 Dining, Living Room, Great Room  $2\frac{1}{4} \times 3\frac{1}{4}$ " red oak.
- B  
 Fire walls marked (A) with detail



C Insulation = 3rd Floor  
Ceiling = 3.5" Kraft 24 o/c  
10 1/2" Blown in Fiberglas  
Exterior Walls = 3.5" Unfaced 15" o/c  
with 4 Mil Poly

D) Patch 2 holes in Roof area  
Breathing 1/2" Plywood two layers, felt paper  
3 tab shingles

### 2nd Floor Renovations

- A. remove finish flooring in Livingroom  
area replace with 2 1/4" x 3/4" maple
- B. Refinish and clean existing floors

