

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080665
PERMIT ISSUED
JUN 13 2008
CITY OF PORTLAND

This is to certify that HERMANN ZARRA /proprietor/owner
has permission to replace top front window facing Washington ave 2nd floor
AT 28 MARION ST 013 H001001

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of this State 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 when permission procured before this building or part thereof is altered or closed-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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

4/13/08 *Clayton M*
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: 08-0665	Issue Date: 06/13/2008	CBL: 013 H001001
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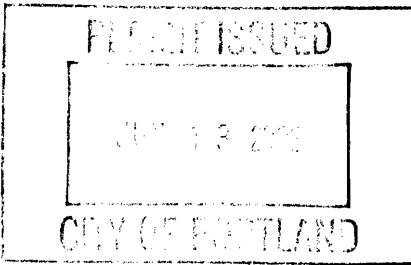
Location of Construction: 28 MARION ST	Owner Name: HERMANN ZARRA	Owner Address: 28 MARION ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: 3 unit per permit#071334	Proposed Use: 3 unit per permit#071334 - replace top front window facing Washington ave third floor	Permit Fee: \$30.00	Cost of Work: \$215.00	CEO District: 1
Proposed Project Description: replace top front window facing Washington ave third floor		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B IRL-2003	
		Signature: [Signature]		Signature: [Signature] 6/13
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: Idobson	Date Applied For: 06/13/2008	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 <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>O.K.</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 6/13 [Signature]	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 <i>OK</i> <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 6/13 [Signature]
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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

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.

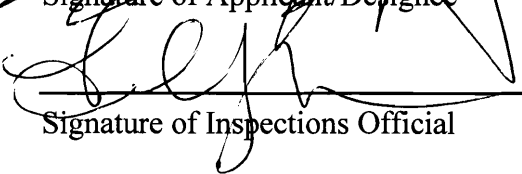
X Final inspection required at completion of work.

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


Signature of Inspections Official

6.13.08
Date

6.13.08
Date



General Building Permit Application

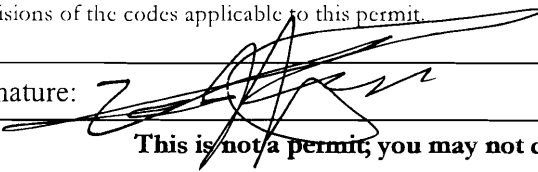
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>28 Marion St.</u>		
Total Square Footage of Proposed Structure/Area <u>2140</u>		Square Footage of Lot 1400 <u>2235</u>
Tax Assessor's Chart, Block & Lot Chart# <u>13</u> Block# <u>H</u> Lot# <u>1</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>ZARFA HERMANN</u> Address <u>28 MARION ST. #2</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone: <u>207-233-2600</u>
Lessee/DBA (If Applicable) <u>n/a</u>	Owner (if different from Applicant) Name <u>SOME</u> Address _____ City, State & Zip _____	Cost Of Work: \$ <u>215.00</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Multi unit (3)</u> If vacant, what was the previous use? <u>n/a</u> Proposed Specific use: <u>Replacing Window</u> Is property part of a subdivision? <u>no</u> If yes, please name _____ Project description: <u>Replacing top front window facing Washington Ave on the third floor.</u>		
Contractor's name: <u>ZARFA HERMANN</u> Address: <u>28 MARION ST. #2</u> City, State & Zip <u>Portland, ME 04101</u> Telephone: <u>207-233-2800</u> Who should we contact when the permit is ready: <u>ZARFA HERMANN</u> Telephone: _____ Mailing address: _____		

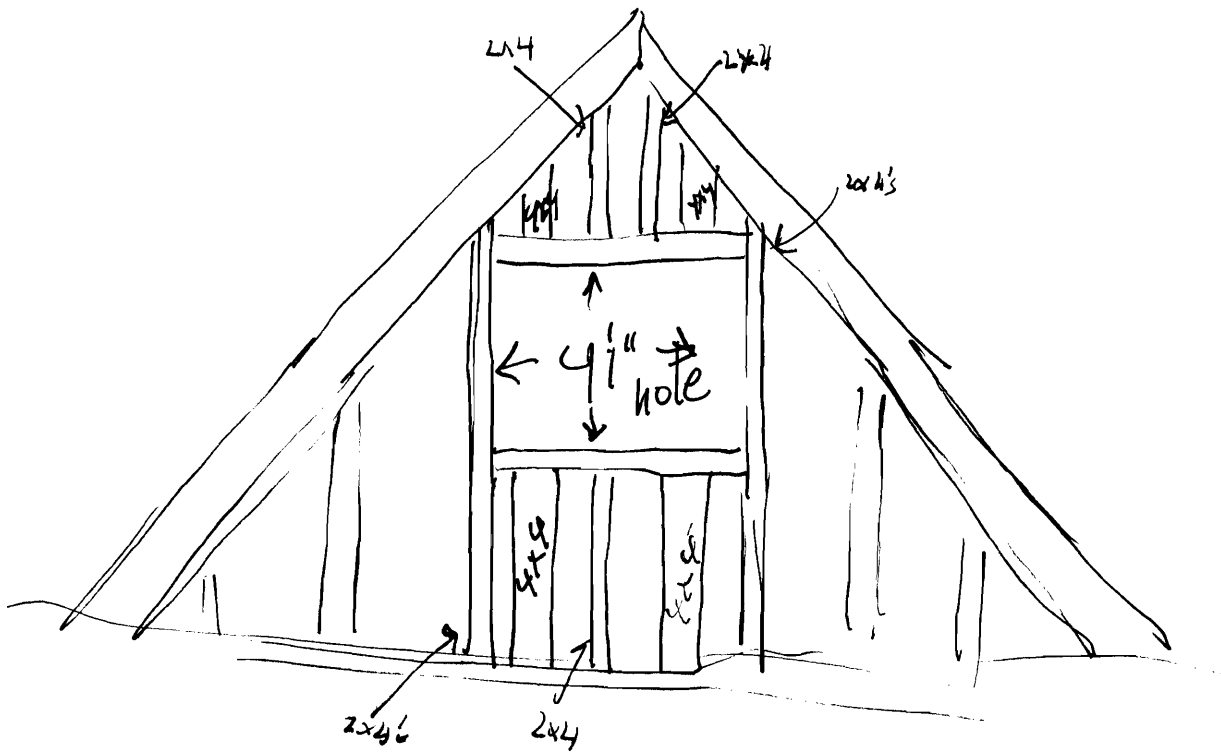
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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: 6/13/08

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



City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1334	Issue Date:	CBL: 013 H001001
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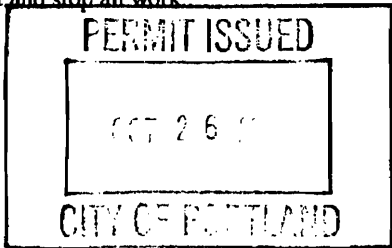
Location of Construction: 28 MARION ST	Owner Name: HERMANN ZARRA	Owner Address: 28 MARION ST	Phone:
Business Name:	Contractor Name: Mike MacDonald Heating Service	Contractor Address: 87 Penn Ave South Portland	Phone: 2073187079
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: B-4

Past Use: 3 unit Residential	Proposed Use: 3 unit Residential - install new 556 rinnai on floor in attic <i>legulation - 3 dv. 1 per assessor's pc (1957 cad)</i>	Permit Fee: \$110.00	Cost of Work: \$8,200.00	CEO District: 1
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Proposed Project Description: install new 556 rinnai on floor in attic	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R2 Type: SB IBC 2003 31 ME G-45 R495 Signature: <i>Greg Carr</i> Signature: <i>Jm 10/25/07</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: Idobson	Date Applied For: 10/18/2007	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"/> Date: <i>10/23/07</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 Date: <i>Am</i>
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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

