Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And

BU

Notes, If Any, Attached	PERMIT	Permit Number: 081205
This is to certify thatO'CONNELL MARY	L & JUI N M M Greg Sop	
has permission toRemove existing kitche	en, plast lathe, in te, rel window	ew cabinets, remove second set of steps & def
AT _61_TURNER ST	G	-014 E016001
•	of Mage and of the	ting this permit shall comply with all es of the City of Portland regulating tres, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information. PERMIT ISSUED	Not ation of ispectid must be give and writte permissic procure before this but and or presented in 2 lath or oth sed-in. 2 NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build-
OTHER REQUIRED APPROVALS		
Fire Dept. Health Dept. SEP 2 5 2008		// / // / / / / / / / / / / / / / / / /
Other Department Warre F PORTLANI	 	9/25/0 £ Ut 11 Ut Director - Building & Inshection Services
	NALTY FOR REMOVING THIS	CARD /

City of Portland, Main	ne - Buil	lding or Use	Permi	t Applicatio	n Per	rmit No:	Issue Date	1	CBL:	
389 Congress Street, 041		_		~ ~	1	08-1205	19/25/	08	014 E0	16001
Location of Construction:		Owner Name:			Owne	r Address:	$-\eta - \eta$		Phone:	
61 TURNER ST		O'CONNELL	MARY	L & JULIAN	61 T	URNER ST	•		1	
Business Name:		Contractor Name			Contr	actor Address:			Phone	
		Greg Soper			23 C	handler BK	North Yarm	outh	2078292	088
Lessee/Buyer's Name		Phone:		1		t Type:				Zone:
				l	ì	erations - Dw	ellings			
Past Use:		Proposed Use:	===	<u></u>		it Fee:	Cost of Wor		CEO District:	
Single Family Home		Single Family	Uoma	Damova	l cim	\$280.00	\$26,00		1	- }
Single raining frome		existing kitche			FIDE	DEPT:			CTION:	_i
		insulate, relpa			FIRE	DELL:	Approved	Lice Gr	roun Q-3	Type: SR
				nd set of steps			Denied	Oscor	10ap. 4C-3	Type.\J
		& defunct Chi		•					TRC-	2003
		<u> </u>			4					,
Proposed Project Description:	14 1 - 41-			1				l	roup: R-3 TRC - are: ¶25/08	- Da M
Remove existing kitchen, pl cabinets, remove second set				dow, new	Signat		WWW.PO. DAG	Signati	are: [[25]08	
cabinets, remove second set	i oi sieps d	x defunct Chilin	ley		PEDE	STRIAN ACT	IVITIES DIST	TRICT (P.A.Y.)	
					Action	n: Appro	ved 🗀 App	proved w	/Conditions	Denied
					G:	4			Data	
	1-	- 			Signa				Date:	
Permit Taken By:	1	pplied For: 1/2008	1			Zoning	g Approva	ıl		
ldobson			Sne	cial Zone or Revi		Zoni	ng Appeal	—	Historic Pres	
1. This permit application			Spe	ciai Zone of Revi	CWS	Zom	ng Appear	1	/	
Applicant(s) from meet	ting applic	cable State and	St	oreland		Variano	ce	İ	Not in Distri	ct or Landmarl
Federal Rules.						i		1		
2. Building permits do no septic or electrical wor		plumbing,	│ □ w	etland		Miscell	aneous		Does Not Re	equire Review
3. Building permits are vowithin six (6) months o			☐ FI	ood Zone		[] Conditi	onal Use		Requires Re	view
False information may					,	[}		
permit and stop all wor		a building	Si	ibdivision	KL	[] Interpre	tation	-	Approved	
Larrana and Larrana					his.		1	1		/Canditiana
				te Plan		Approv	ea	}	Approved w	Conditions
			No. 1 f					}	[] Danied	
l PFRM	IT ISSU	JED	Maj	Minor _ MM	1	Denied		}	Denied	
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SEP	2 5 20	08							" (
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OLDA OL	DODT	IANID								
CITY OF	PUNI	LAND								
				CERTIFICATI						
I hereby certify that I am the										
I have been authorized by the										
jurisdiction. In addition, if a shall have the authority to en										
such permit.	itei ali ale	as covered by st	ich pen	iiit at any reaso	iiauie ii	iour to emore	ce me provi	SIOH OI	the code(s) ap	plicable to
p										
	·									
SIGNATURE OF APPLICANT				ADDRES	S		DATE		PHC	NE
RESPONSIBLE PERSON IN CHA	ARGE OF W	ORK TITLE					DATE		PHC	NE
OT INDUE I DINDOIT III CIII	" OF OI W	VIUX, IIILL					DATE		FHC	1115

General Building Permit Application

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

Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Applicant *must be owner, Lessee or Buyer* Name Gues Sign State Address 23 Chardien TSK. City, State & Zip to the marty Name Tolke State Cost Of Work: \$ Cost Of Work: \$ Cost Of Work: \$ City, State & Zip Pentitude Cof O Fee: \$ City, State & Zip Pentitude Cof O Fee: \$ Total Fee: \$ 280 Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: Remove Castine Castine Castine Castine Cost Of Work: \$ Total Fee: \$ 280 Current legal use (i.e. single family) If yes, please name Project description: Remove Castine Casti	•	Area Square Footage of Lo	Number of Stories	
Chart# Block# Lot# Address Z3 CHANDIEN (SK. City, State & Zip in Harmony) Lessee/DBA (If Applicable) Owner (if different from Applicant) Name TOLLAN MALLS Address & TOLLAN ST C of O Fee: \$ City, State & Zip Politary Total Fee: \$ 280 Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Remode Casting Kitchen, Politary Lattle, Incorre Casting Contractor's name: Contractor's name: Contractor's name: Contractor's name: City, State & Zip N. Mandow The Market City Telephone: Telephone: Telephone:	Tax Assessor's Chart. Block & Lot	Applicant *must be owner, Lessee o		
Address Z3 CHANDLER PAR. City, State & Zip 10 HARRINGTY, Lessee/DBA (If Applicable) Owner (if different from Applicant) Name TOCKE AND MAKES Address G1 TOURIST C of O Fee: \$ City, State & Zip POURT ST City, State & Zip POURT ST Cof O Fee: \$ Total Fee: \$ 280 Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: REMICLE CASTING KITCHEN, PUBSIEN + UTHE, INSULTE TOTAL FEE: \$ Contractor's name: Contractor's name: Contractor's name: Contractor's name: Court. Sopen Address: City, State & Zip 10	Chart# Block# Lot#	• •	- 1 -	
City, State & Zip & ARRADITI, Lessee/DBA (If Applicable) Owner (if different from Applicant) Name TOUARD MARKS Address & TOUDET ST City, State & Zip POUTITED Cost Of Work: \$	14 & 16		К.	
Name TOURS Address GI TOWNERST C of O Fee: \$ City, State & Zip POWNERST C of O Fee: \$ Total Fee: \$ 280 Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: REMOVE WINDOW, NEW CABS Contractor's name: Contractor's name: Contractor's name: City, State & Zip N. NANDOW N. Telephone:		1	ı	
Address & TORNER ST C of O Fee: \$	Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of	
Current legal use (i.e. single family) Gity, State & Zip Pentano Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: Project descrip		Name Tourn which	Work: \$	
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: REMOVE WASTING KITCHEN, PUBLIC + UTHE, INSULTE TOOMY WELL CASS Contractor's name: City, State & Zip N. YARMOUTH, WE. Who should we contact when the permit is ready: Contractor's r		Address 6, TOILUEN ST	C of O Fee: \$	
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: REMOVE WASTING KITCHEN, PUBLIC ATTHE, INSULATE TOTALLY AND BK City, State & Zip N. YARMOUTH, WE. Telephone: \$29.206. Who should we contact when the permit is ready: 6.500cm Telephone: Telephone:			780	
If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: REMORE CASTINE KITCHEN, PUBSIEN + UTHE, INSULTE TOTALE WINDOW, NEW CASS. Contractor's name: Contractor's name: Contractor's name: City, State & Zip N YANNOUTH, WE Who should we contact when the permit is ready: Contractor's ready: Contractor's name: Contr			Total Fee: \$	
Address: 23 CHANSUM BK City, State & Zip N YANGUCTY WE Who should we contact when the permit is ready: 6 SOOCM Telephone: 29 20 5				
Address: 23 CHANDUM BK. City, State & Zip N. YANNOUTY WE. Who should we contact when the permit is ready: 6 SOOCM Telephone: 29 206	- · · · ·	2 A		
City, State & Zip N yAnnual Ty WE Telephone: \$29 - 20 (5) Who should we contact when the permit is ready: 6 - Soven Telephone:	MENURE CUINDO	Contractor's name: Give Sopen		
Who should we contact when the permit is ready: 6 Scoth Telephone:	Contractor's name: Gwt Sopen		-	
Who should we contact when the permit is ready: 6 Scoth Telephone:	Contractor's name:	·		
Mailing address:	Address: 23 CHANSUN BK		Telephone: 8-29 - 20(-5	
0	Address: 23 CHANSUM BK City, State & Zip N. YARROUTY	, me		
Please submit all of the information outlined on the applicable Checklist. Failure to	Address: 23 CHAWSUM BK City, State & Zip W. YARROW TY Who should we contact when the permit is rea	ady: 6. Soften		
do so will result in the automatic denial of your permit.	Address: 23 CHAWBUM BK City, State & Zip W. JANWUM Who should we contact when the permit is rea Mailing address:	ady: 6. Soven	Telephone:	

In m 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.

Cianatuma		Data: 0 /
Signature:	R/	Date: 9.24 \circ
L		1 = 1 = 0

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

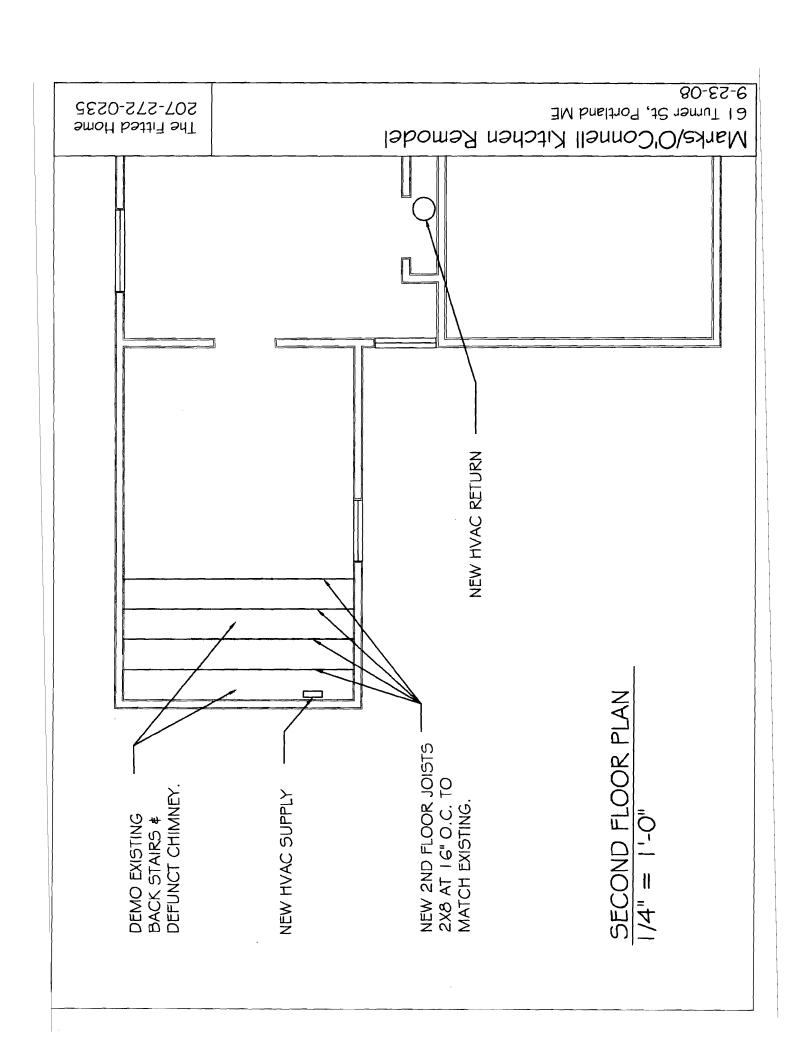


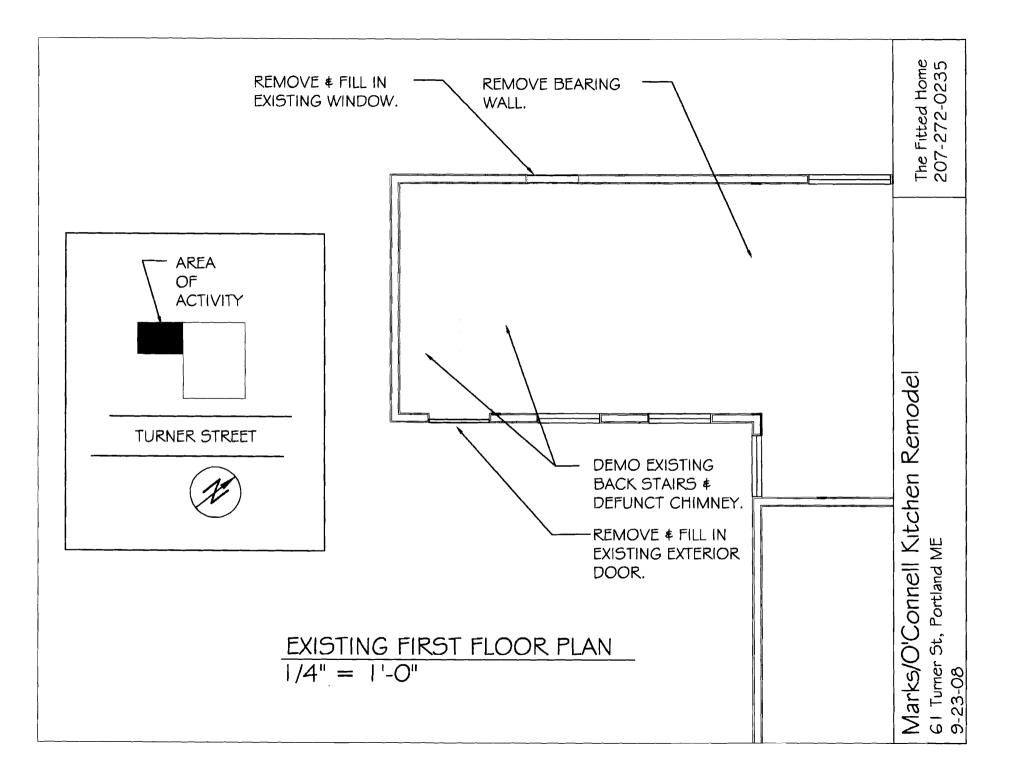
Permitting By Appointment

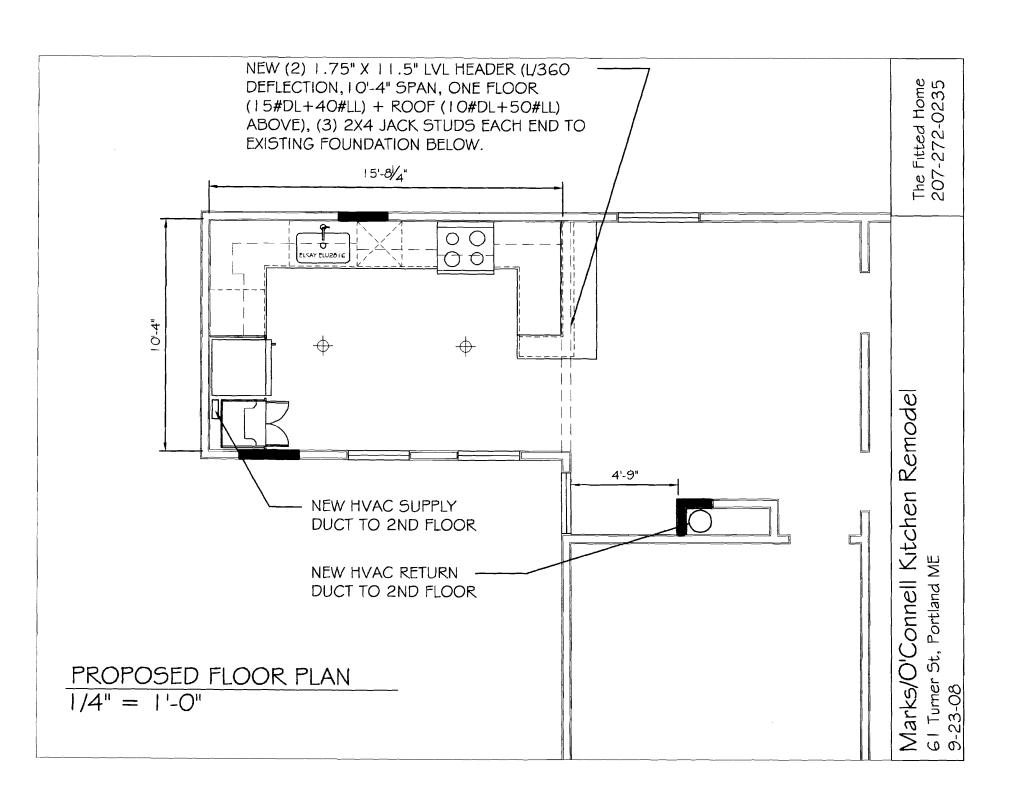
As part of Portland's city-wide effort to improve customer service and help streamline doing business within the City, the Inspections Division has developed a new permitting system for qualified properties and for specific construction projects. Under this new program, you may be eligible to receive a building permit on the day you have a scheduled appointment with Inspection staff.

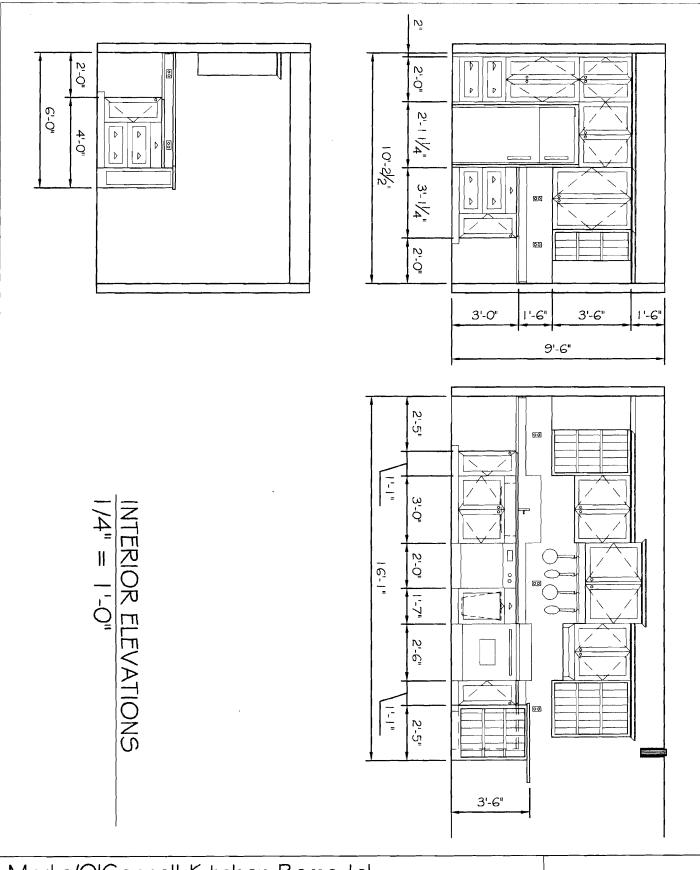
and for specific construction projects. Under this new prograpermit on the day you have a scheduled appointment with Ins	· · · · · · · · · · · · · · · · · · ·
This permitting program applies only to existing on within a historic district or sho	
Eligible Projects	
Please submit a complete application with the required plans	
☐ Interior renovations, gut rehabs including structural changes	
□ Attached and detached garages	
□ Additions, decks, sheds, pools, dormers (two family addition	must be less than 500 s.f.)
□ Rebuild of any exterior structure listed above	
Inspections are still required per City Code of Ordinance.	
In order to be sure the City fully understands the full scope of the project, the Plan additional information prior to the issuance of a permit. For further information vibrally inspections office, room 315 City Hall or call 874-8703.	
hereby certify that this project meets the above criteria and that the work performed will n	not go beyond these parameters.
Signature of applicant:	Date: 9.24, 0X

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







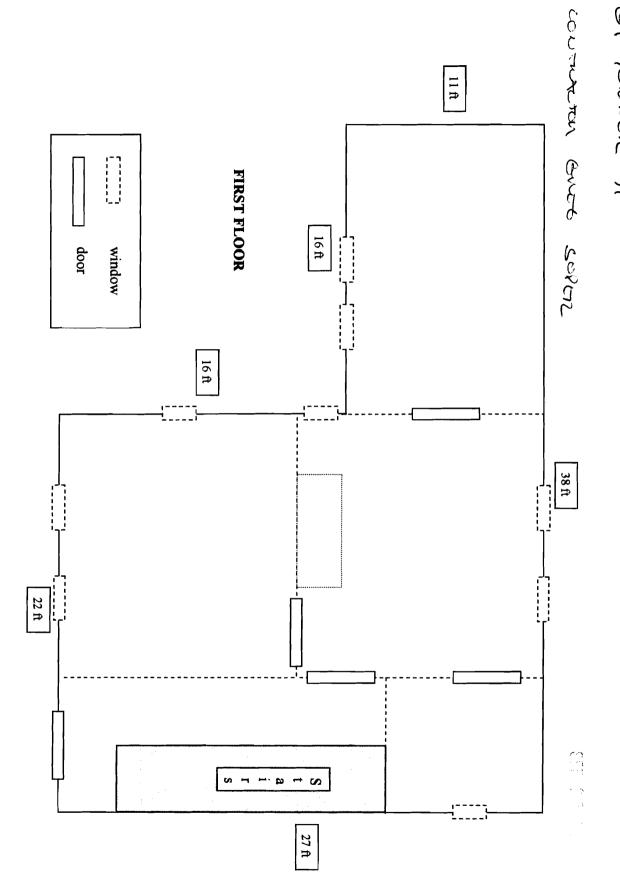


Marks/O'Connell Kitchen Remodel 61 Turner St, Portland ME

9-23-08

The Fitted Home 207-272-0235





City of Portland, N	Maine - Bu	ilding or Use Permit	t		Permit No:	Date Applied For:	CBL:
389 Congress Street,	04101 Tel:	: (207) 874-8703, Fax: (207) 874-	8716	08-1205	09/24/2008	014 E016001
Location of Construction:		Owner Name:		О	wner Address:		Phone:
61 TURNER ST		O'CONNELL MARY	L & JULIA	$N \mid 6$	1 TURNER ST		
Business Name:		Contractor Name:		C	ontractor Address:		Phone
		Greg Soper		2	23 Chandler BK N	orth Yarmouth	(207) 829-2088
Lessee/Buyer's Name		Phone:		P	ermit Type:		<u> </u>
					Alterations - Dwe	llings	
Proposed Use:			Pr	oposed	Project Description:		<u> </u>
insulate, relpace windo & defunct Chimney	ow, new cabir	nets, remove second set of	steps n	ew cat	pinets, remove sec	ond set of steps & d	efunct Chimney
Dept: Zoning	Status:	Approved	Revie	wer:	Chris Hanson	Approval D	ate: 09/25/2008
Note:							Ok to Issue:
Dept: Building Note:	Status:	Approved with Condition	s Revie	wer:	Chris Hanson	Approval D	ate: 09/25/2008 Ok to Issue: ✓
	1 C		Т	.41		CC	OV 10 1920c.
1) The design load sp	ec sheets for	any engineered beam(s) /	I russes mu	ist be s	submitted to this o	IIIce.	
1 ' 1 1	•	or any electrical, plumbing, submitted for approval as a		-			

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.

Order 1	Release" will be incurred if the proced	lure is not followed as stated below.	
A Pre-c	construction Meeting will take place u	pon receipt of your building permit.	
X	_ Framing/Rough Plumbing/Electric	al: Prior to Any Insulating or drywalling	
X	_ Final inspection required at compl	etion of work.	
		tain projects. Your inspector can advise you? 7. All projects <u>DO require</u> a final inspection.	if
•	of the inspections do not occur, the pro RDLESS OF THE NOTICE OR CIRC		
	TICATE OF OCCUPANICES MUST I PACE MAY BE OCCUPIED.	BE ISSUED AND PAID FOR, BEFORE	
		25.08	
Signatu	re of Applicant/Designee	Date	
 Signatu	re of Inspections Official		

CBL: 014 E016001 **Building Permit #:** 08-1205