Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PECTION

		PERMIT ISSUED
This is to certify that131 MORNING STREET L	/Ronald Course Construction	100010
has permission tocmend permit # 061659 change	oof fran & chare stair la	(11) = 3 000
AT _131 MORNING ST		01

provided that the person or persons, rm or provided that the permit shall comply with all of the provisions of the Statutes of line and of the fact ances of the City of Portland regulating the construction, maintenance and use of buildings and so octures, 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.

n fication is inspect in must be an and with an permit on proct be re this ding or at thereodel and or consed-in. He JR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Permit Number: 080523

OTHER REQUIRED APPROVALS

Fire Dept. ______

Health Dept.

Appeal Board ______

Department Name

Man Man Lange Co /12/03

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 of 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

1/1/12/22 N V M 22 M

Signature of Inspections Official

Date

6/17

Date



CBL: 014 N004001

Building Permit #: 08-0523

	04101 Tel. (207) 874	(207) 874-8703, Fax: (207) 874-8710		6 08-0523		014 N00		
Location of Construction:		Owner Name:		Owner Address:		Phone:		
131 MORNING ST	131 MC	131 MORNING STREET LLC		PO BOX 4271				
Business Name:		Contractor Name:		Contractor Address:		Phone		
	Ronald	Cooper Con	struction	19 Vista Drive W	indham	2072522621		
Lessee/Buyer's Name Phone:				Permit Type:		,	Zone:	
				Amendment to M	<u>lultifamily</u>		R-6	
Past Use:	Proposed Use:			Permit Fee:	Cost of Work:	CEO District:		
		sidential - amend permit #		\$30.00	\$30.00	11		
		change roof	framing &	FIRE DEPT:	npproved	CTION:		
	cnange	stair layout			Denied Use Gr	roup:	Type:	
le	adva-3 resid	abal du						
	<u></u>							
Proposed Project Description		.1	1	<i>[</i>	0			
mend permit # 061659	change roof framing &	change stair	layout	Signature: Cve				
				PEDESTRIAN ACTIVITIES DISTRICT (P.A		P.A.D.)	A.D.)	
				Action: Approv	ed Approved w	/Conditions	Denied	
				Signature:		Date:		
Permit Taken By:	Date Applied For:			Zoning	Approval			
ldobson	05/19/2008			Zoning	rpprovar			
1. This permit applica	tion does not preclude	the S	pecial Zone or Review	vs Zonir	g Appeal	Historic Prese	rvation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland	☐ Variance		Not in Distric	t or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		,	Wetland	☐ Miscella	☐ Miscellaneous		uire Review	
 Building permits are void if work is not started within six (6) months of the date of issuance. 		artea j —	Flood Zone	Conditional Use		Requires Review		
within six (6) mont	False information may invalidate a building permit and stop all work			[Interpretation		┌ .		
False information n	nay invalidate a buildin	g	Subdivision	[Interpret	ation	Approved		
False information n	nay invalidate a buildin		Subdivision Site Plan	Interpret		Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve			Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve	d	Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve Denied	d	☐ Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve Denied	d	☐ Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve Denied	d	☐ Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	Approve Denied	d	☐ Approved w/C	Conditions	
False information n	nay invalidate a buildin	☐ Ma	Site Plan	☐ Approve☐ ☐ Denied ☐ Date:	d	☐ Approved w/C	Conditions	

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: 131	Mocning Area Square Pootage of Lot				
Total Square Footage of Proposed Structure/Area Square Footage of Lot					
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r* Telephone:			
Chart# Block# Lot#	Name C+ Management				
14 N 4	· · · · · · · · · · · · · · · · · · ·	252262			
	Address 200 High St				
	City, State & Zip Port And mea	1069			
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of			
	Name	Work: \$			
	Address	C of O Fee: \$			
	City, State & Zip	Total Fee: \$			
Current legal use (i.e. single family) 30	init-				
If vacant, what was the previous use?					
Proposed Specific use: Is property part of a subdivision?					
Project description: Change Roof Traming					
Project description: Change Roof Traming Change Stair Layout.					
Contractor's name: Ronale Coope					
Address: 19 Vista Dr					
City, State & Zip Windham Y		=			
Who should we contact when the permit is read	y Kon Cooper T	'elephone: 2522621			
Mailing address: 19 Vista dr windram mt 04062					
Please submit all of the information	outlined on the applicable Checkli	ict Failure to			

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.portlandmainc.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.

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C' I	1/11		
Signature: The call	/ Slown	Date: $\langle 120 \rangle$	
	9 20 10000		

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

•	*	ilding or Use Permi (207) 874-8703, Fax: (Permit No: 08-0523	Date Applied For: 05/19/2008	CBL: 014 N004001
ocation of Construction: Owner Name: O			Owner Address:		Phone:	
131 MORNING	G ST	131 MORNING STRI	EET LLC	PO BOX 4271		
Business Name:		Contractor Name:	Contractor Address:	Phone		
		Ronald Cooper Constr	ruction	19 Vista Drive Windham (207) 252-262		
Lessee/Buyer's Na	nme	Phone:		Permit Type: Amendment to M	fultifamily	
Proposed Use:			Propose	ed Project Description		
3 unit residenti change stair lay	-	061659 change roof frami	ing & amend	l permit # 061659 (change roof framing	& change stair layout
		Approved with Condition		: Ann Machado	Approval L	Ok to Issue:
approval.2) This permi work.	t is being approved o	on the basis of plans subm	itted. Any devia	tions shall require	a separate approval l	pefore starting that
Dept: Build	ing Status:	Approved with Condition	ns Reviewer	: Tom Markley	Approval I	Date: 06/12/2008
Note:	8	rı		•		Ok to Issue:
1) Application	n approval based upo val prior to work.	on information provided by	y applicant. Any	deviation from app	proved plans require	
Dept: Fire	Status:	Approved with Condition	ns Reviewer	: Capt Greg Cass	Approval I	Date: 05/23/2008
Note:						Ok to Issue: 🗹
•	equired to be @ 7"x e 6'8" headroom	11" rise / run				

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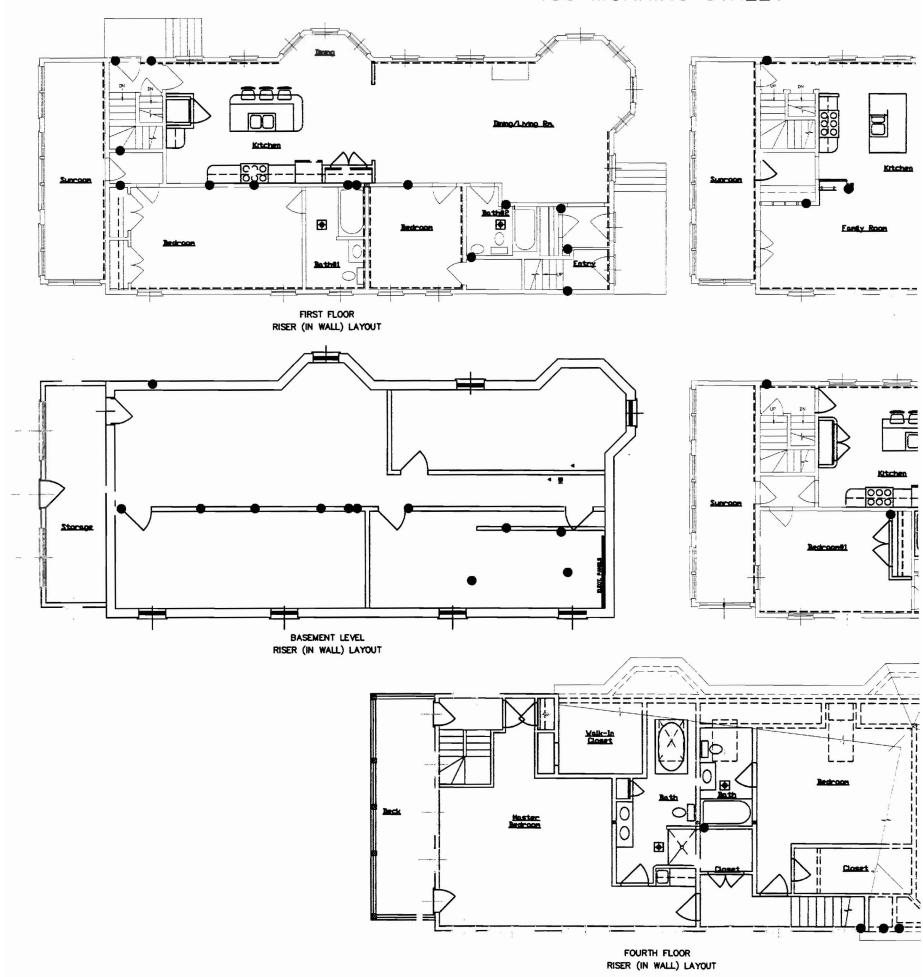
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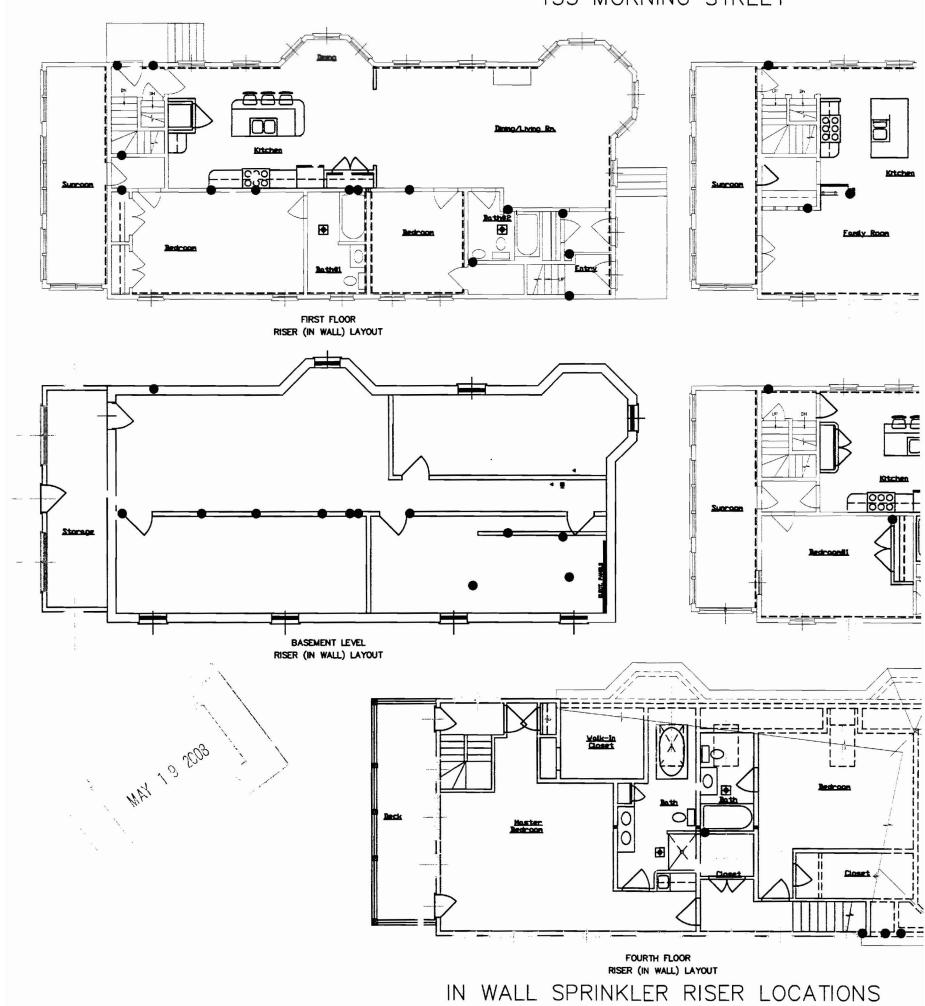
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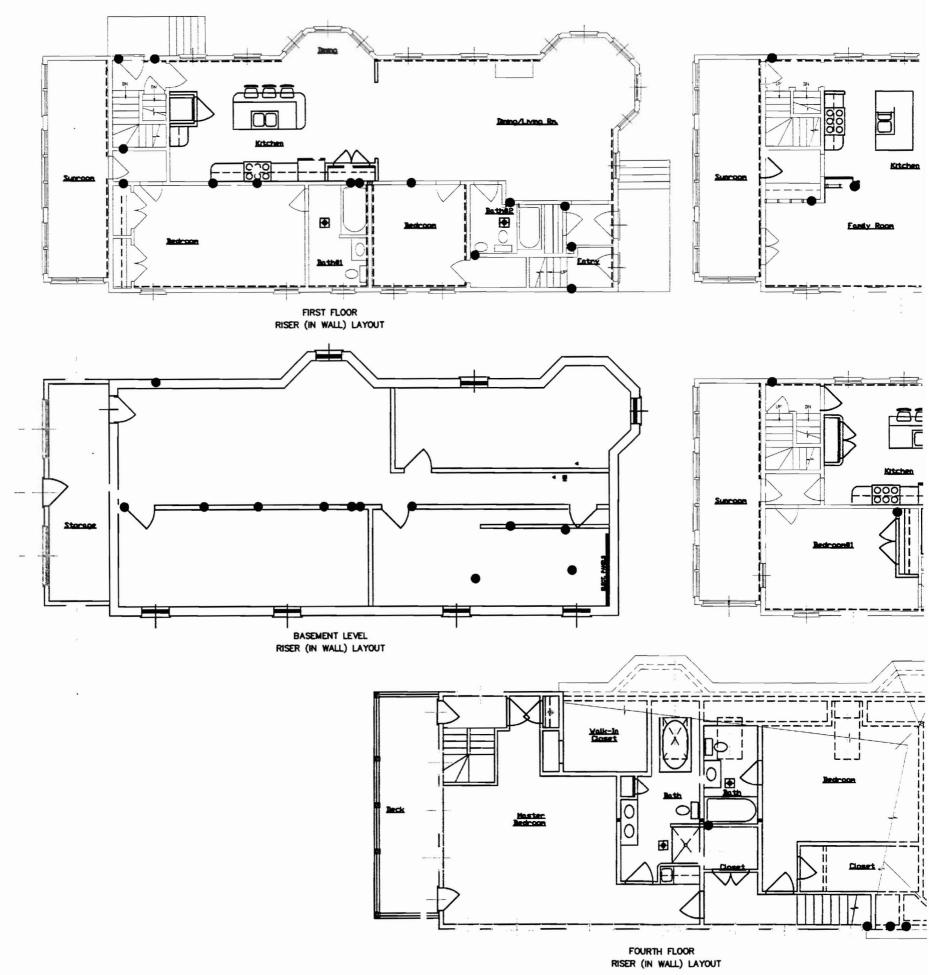
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

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Signature of Applicant/Designee	Date
Mon n. Malley	6/12/08
Signature of Inspections Official	Date



IN WALL SPRINKLER RISER LOCATIONS





IN WALL SPRINKLER RISER LOCATIONS