Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read Application And Notes, If Any, Attached This is to certify that_ Anderson Matthew A /self has permission to _ Build 10' x 17' roof deck. AT 45 Monument St -016 **(**50050/01 pting this permit shall comply with all sees of the City of Portland regulating provided that the person or persons, fi or cd andn ag of the provisions of the Statutes of Ma e and of the the construction, maintenance and use of buildings and stru res, and of the application on file in this department. ation o Not ispectid nust b brocure Apply to Public Works for street line give nd writte permissi A certificate of occupancy must be and grade if nature of work requires befd procured by owner before this buildthis bui ng or p hereof i such information. or oth sed-in. 2 lath ing or part thereof is occupied. HOL NOTICE IS REQUIRED. OTHER REQUIRED APPROVALS Fire Dept.

PENALTY FOR REMOVING THIS CARD

Morran M. Markely 9/9/09
Director - Building & Inspection Services

Health Dept.

Appeal Board Other ____

Department Name

Location of Construction:	(207) 874-8703, Fax: (207) 874-871		Owner	6 09-0916 Owner Address:			016 G005001	
45 Monument St	Anderson Matthew A		1	45 Monument St			Phone: 207-939-1607	
Business Name: Contractor Name:			Contractor Address:			Phone		
	self		Portland					
Lessee/Buyer's Name	Phone:		Permit Type:					Zone:
			Alte	rations - Du	olex			R-6
Past Use:	Proposed Use:	osed Use: Permit Fee: Cost of Work:		k: Ci	EO District:			
Two Family	Two Family / Build 10' x 17' roof		\$30.00 \$1,000.0			1		
	deck.		FIRE	DEPT:	Approved	INSPECT		- CD
1 ,					Denied	Use Group	p: K 2	Type:
legaluse-	2 du					-	\mathcal{T}	10/3
Proposed Project Description:			-			ر		40 >
Build 10' x 17' roof deck.			Signatu	ure:		Signature:	TRC Z	9/9/24
				PEDESTRIAN ACTIVITIES DISTRI				
			Action	ı· 🗆 Annro	ved 🗆 Anı	proved w/Co	w/Conditions Denied	
			Action: Approved Approved		noveu wee	1 w/conditions Defice		
			Signati	ure:		D	ate:	
·	pplied For:		Zoning Approval					
	5/2009	Special Zone or Reviews		s Zoning Appeal		$ \tau$	Historic Preservation	
 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 		Shoreland Variat Wetland Misce Flood Zone Condi		☐ Variance ☐ Miscellaneous			✓ Not in District or Landmar ☐ Does Not Require Review	
				Conditi	tional Use		Requires Re	view
				☐ Interpretation			Approved	
political and plant motion.		Site Plan		Approv	ed		Approved w	/Conditions
PERMIT ISSU	ED	Maj Minor MM	1 Denied			Denied		
	1 1	OK w Carolihage					ABU	
SEP 1 1 200	ರ	Date: 8 3109 114	<u> </u>	Date:		Date	:	
CITY OF PORTI	AND							
TI I WE HAT I	C 1 Cd	CERTIFICATI		, , ,	. 41	1 4		1 1
I hereby certify that I am the owner on I have been authorized by the owner to it is jurisdiction. In addition, if a permit for shall have the authority to enter all around permit.	o make this appl or work describe	ication as his authorize d in the application is i	d agent ssued, I	and I agree I certify that	to conform the code off	to all app icial's aut	licable laws horized rep	of this resentative
SIGNATURE OF APPLICANT		ADDRES	S		DATE		PHC	ONE ONE
RESPONSIBLE PERSON IN CHARGE OF	NODV TITLE							
					DATE		PHC	MF

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 <u>DO</u> 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

Date

Date /

CBL: 016 G005001 **Building Permit #**: 09-0916

General Building Permit Application

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

Location/Address of Construction:	15 Monument St.					
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	Number of Stories 22				
Tax Assessor's Chart, Block & Lot	Applicant must be owner, Dessee or Buye					
Chart# Block# Lot#	Name Matthew Anderson	939-1607				
016 6005	Address 45 Monument St	-, XX				
	City, State & Zip Fortland, ME OC					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$				
	Name	Work: \$				
AUG 2 5 2009	Address	C of O Fee: \$				
	City, State & Zip	Total Fee: \$				
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Number of Residential Units Planting Number of Residential Units If yes, please name						
Project description:						
Contractor's name: Self, Oles Oles						
Address:						
City, State & Zip		lephone:				
Who should we contact when the permit is ready	: Te	lephone:				
Mailing address:						
Please submit all of the information o	utlined on the applicable Checklis	t. 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.

Date: Signature:

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

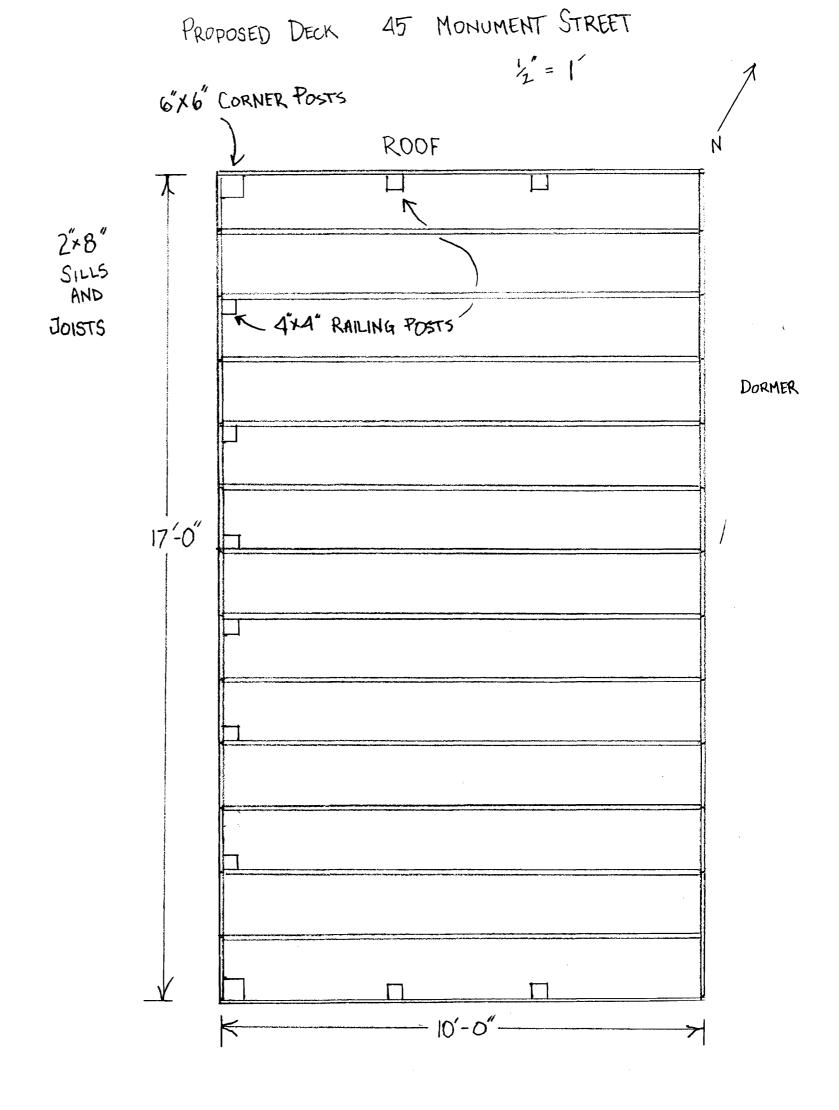
Revised 09-26-08

•	Taine - Building or Use Permit 14101 Tel: (207) 874-8703, Fax: (207) 8	Permit No: 09-0916	Date Applied For: 08/25/2009	CBL: 016 G005001			
ocation of Construction: Owner Name: Ov			Owner Address: Phone:				
45 Monument St	Anderson Matthew A	Anderson Matthew A 4		45 Monument St			
Business Name:	Contractor Name:	C	Contractor Address:		Phone		
self			Portland				
Lessee/Buyer's Name Phone:		P	ermit Type:		<u> </u>		
		L	Alterations - Dupl	ex			
Proposed Use:		Proposed	Project Description:				
Two Family / Build 10' x 17' roof deck.			Build 10' x 17' roof deck.				
	Status: Approved with Conditions IIIy nonconforming as to land area per dwellicause it is not increasing the footprint of the	ing unit. T					
· ·	remain a two family dwelling. Any change of	Ŭ	Ü		or review and		
This permit is being work.	approved on the basis of plans submitted. A	Any deviati	ons shall require a	separate approval b	efore starting that		
Dept: Building	Status: Approved with Conditions F	Reviewer:	Tom Markley	Approval D			
Note:					Ok to Issue:		
 Permit approved bas noted on plans. 	sed on the plans submitted and reviewed w/o	wner/contr	actor, with additio	nal information as a	greed on and as		

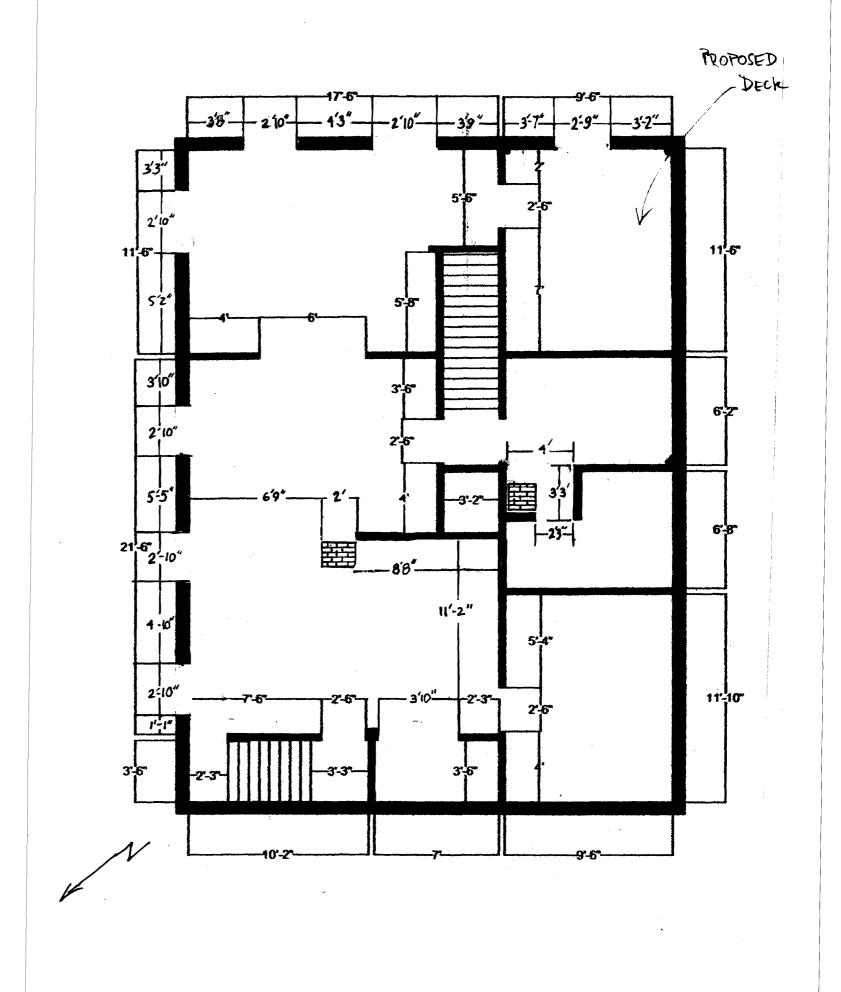
Comments:

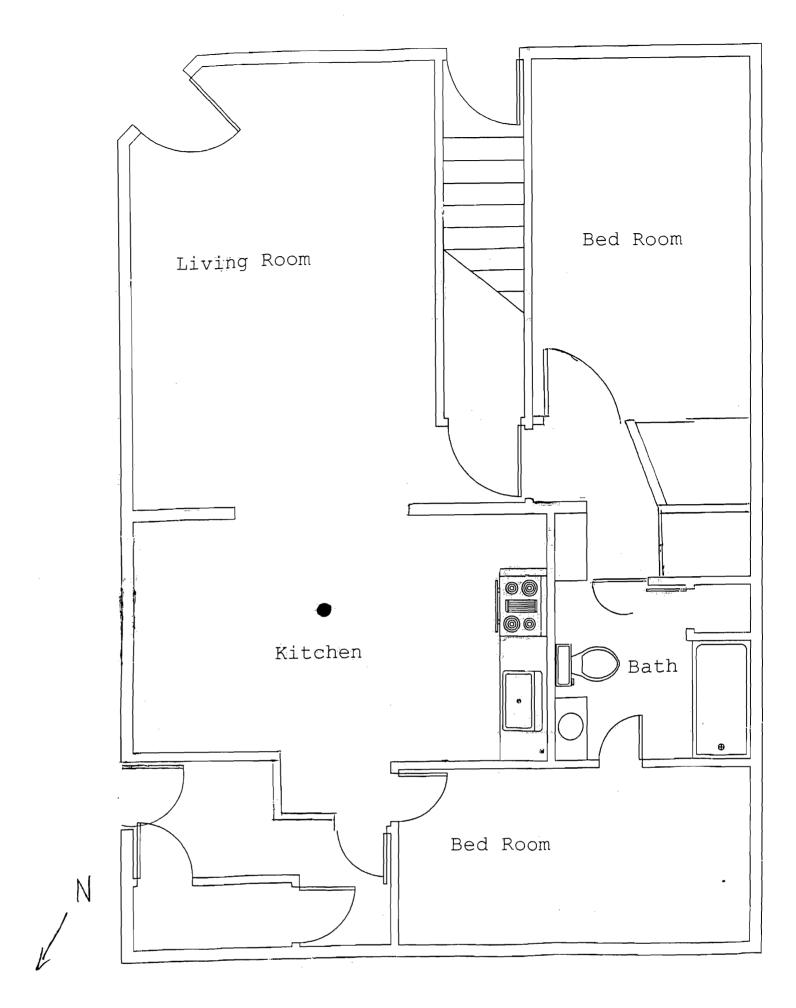
9/9/2009-tm: called Mathew Anderson and asked for more details of roof that deck will be on.

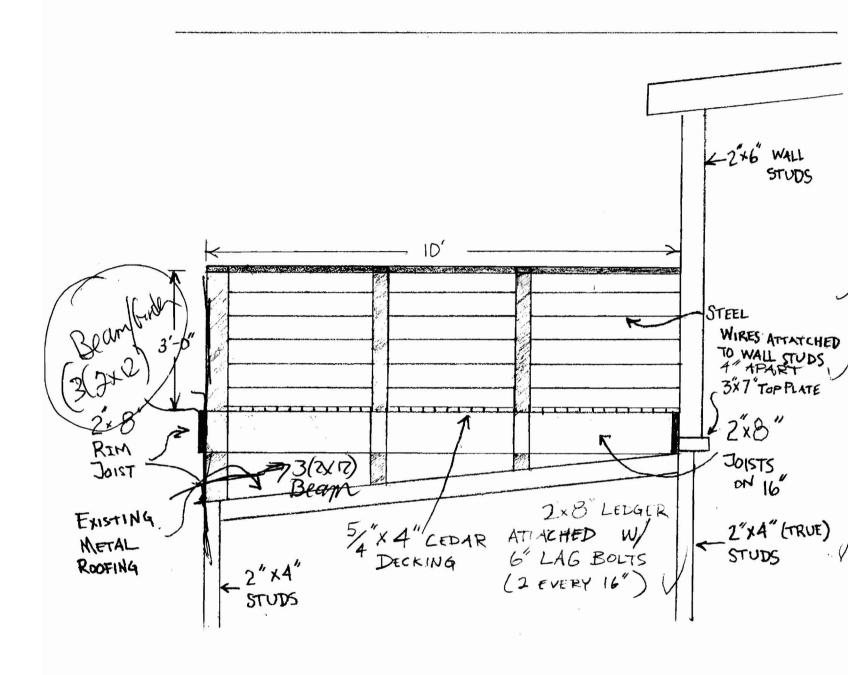
9/9/2009-tm: Received info



45 MONUMENT - 2 PLOOR PLAN







MONUMENT ST.

