

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

Please Read Application And Notes, If Any, Attached

Permit Number: 081240
PERMIT ISSUED
OCT 3 2008
CITY OF PORTLAND

This is to certify that COLEMAN BARBARA W /D Duryea
has permission to Amend permit #081201 Add window in living room
AT 18 PONCE ST City of Portland 017 G039001

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 lath or other work is used-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

John H. Malley 10/3/08
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: 08-1240	Issue Date:	CBL: 017 G039001
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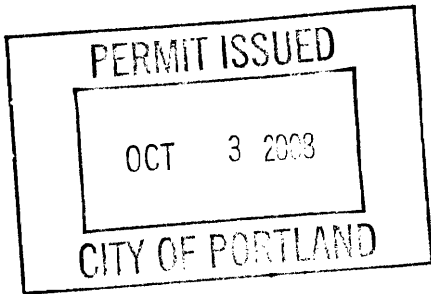
Location of Construction: 18 PONCE ST	Owner Name: COLEMAN BARBARA W	Owner Address: 18 PONCE ST	Phone:
Business Name:	Contractor Name: Dean Duryea	Contractor Address: 51 Walton St Portland	Phone 2078389944
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	Zone: RC

Past Use: Single Family Home	Proposed Use: Single Family Home - Amend permit #081201 Add window in living room	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Amend permit #081201 Add window in living room		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003 Signature: [Signature] 10/3/08	
		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: 10/03/2008	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: [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 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: [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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1240	Date Applied For: 10/03/2008	CBL: 017 G039001
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Location of Construction: 18 PONCE ST	Owner Name: COLEMAN BARBARA W	Owner Address: 18 PONCE ST	Phone:
Business Name:	Contractor Name: Dean Duryea	Contractor Address: 51 Walton St Portland	Phone (207) 838-9944
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	

Proposed Use: Single Family Home - Amend permit #081201 Add window in living room	Proposed Project Description: Amend permit #081201 Add window in living room
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Dept: Zoning	Status: Not Applicable	Reviewer: Tom Markley	Approval Date:	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 10/03/2008	Ok to Issue: <input checked="" type="checkbox"/>
Note:	1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			



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>18 PONCE STREETS</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>17</u> Block# <u>G</u> Lot# <u>39</u>	Applicant <u>must be owner, Lessee or Buyer*</u> Name <u>BARBARA COLEMAN</u> Address <u>18 PONCE ST.</u> City, State & Zip <u>PORTLAND ME</u>	Telephone: <u>838-6817</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ <u>30.00</u>
Current legal use (i.e. single family) <u>SINGLE</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>INSTALL WINDOWS. RO = 2'-10" 4x10 INSTALL SPRUCE WRAPPER</u> OCT 3 2008		
Contractor's name: <u>DEAN DURUEA</u>		
Address: <u>57 WATKINS ST</u>		
City, State & Zip <u>PORTLAND ME</u>		Telephone: <u>838-9444</u>
Who should we contact when the permit is ready: _____		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: <u>Dean Duruea</u>	Date: <u>10.3.08</u>
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This is not a permit; you may not commence ANY work until the permit is issued

