Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPA	\L F	RONTA	GE O	FW	ORK	
Please Read Application An Notes, If Any, Attached	nd		BU			DILC		_	umbers ()81308	
This is to certif			RAN S /Mai ve 1 window	Eons	struc	unts / To				1.1 ISSUE	
ат <u>198 ОХ</u> Г	reparee					C I	- 026 - C	1 4			
of the pro	visions of th ruction, mair	e Statu	tes of Ma	e a	nd of the		ces of t	he City	of Po	rtland reg	gulating
	ublic Works for s if nature of work nation.		Not give befo lath HOI	nd w this or	vritte permissie	hereol ed-in.	re c	procured	by own	occupancy i er before th f is occupie	is build-
	R REQUIRED APPR								_		
Health Dept Appeal Board _							Thor	m hl	Ma.	Den	
<u> </u>	Department Name		ΡΕΝΔΙ Τ			з тні с		Director - Build	ling & Inspec	ction Services	

PENALTY FOR REMOVING THIS CARD

.

Cit	y of Portland, Maine	- Building or Use	Permi	t Application	Pe	ermit No:	Issue Date:		CBL:	-
	Congress Street, 04101	0				08-1309			026 C0	03001
Loc	ation of Construction:	Owner Name:	Owner Name:			Owner Address:			Phone:	
198 OXFORD ST		CONNELLY	CONNELLY KIERAN S			198 OXFORD ST				
Busi	ness Name:	Contractor Name	Contractor Name:			ractor Address:		Phone		
		Maine Constru	Maine Construction Consultants / To			14 Hanover St Portland			20723281	34
Less	ee/Buyer's Name	Phone:	Phone:			Permit Type:				Zone:
					Alterations - Commercial		mercial			p7
Past	Use:	Proposed Use:	Proposed Use:			nit Fee:	Cost of Work	: CE	O District:]
2 u	nit		2 unit - repalce roof, remove 1			\$320.00	\$30,00	0.00	1	
		window & inst	tall LVL	to support	FIRE	E DEPT:	Approved	INSPECTI		
		shed roof					Denied	Use Group	K3	Type: 5 73
						_			PC 7	11:5
<u> </u>										, ,
	oosed Project Description:							•	\mathbf{r}	1-12
rep	alce roof, remove 1 window	w & install LVL to supp	oort shee	L	Signa			Signature:		
					PEDE	ESTRIAN ACTIV	VITIES DIST	RICT (P.A.	.D.)	
					Actic	on: Approve	ed App	roved w/Coi	nditions	Denied
					Signa	ature:		Da	ate:	
	nit Taken By:	Date Applied For:			Zoning Approval					
lde	obson	10/15/2008								
1.	This permit application do		Spe	cial Zone or Review	VS	Zoning	g Appeal		Historic Pres	ervation
	Applicant(s) from meeting Federal Rules.	g applicable State and	Sh 🗌	oreland				Not in District or Landmark		
2.				U Wetland U M		Miscellar	Miscellaneous		Does Not Require Review	
3.	01			Flood Zone		Conditional Use			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building			. Subdivision		Interpretation			Approved		
	permit and stop all work		Sit	e Plan			1		Approved w/	Conditions
		TICOLIED	Maj [Minor MM [Denied			Denied	
		1 5 2008	Date:)r		Date:		Date	J- 101	15/08

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

10/20/08 the Renmin 2007 9138 LV INSTAllel correct -Roof renovation correct -Con Back to check Backwill Averador JBJ SmH.

1

•		ilding or Use Permit (207) 874-8703, Fax: (1-8 716	Permit No: 08-1309	Date Applied For: 10/15/2008	CBL: 026 C003001	
Location of Construction:		Owner Name:		0	wner Address:		Phone:	
198 OXFORD ST		CONNELLY KIERAN S			198 OXFORD ST			
Business Name:		Contractor Name:	c	Contractor Address:	Phone			
	Maine Construction Consultan			s / To 🔤	4 Hanover St Por	tland	(207) 232-8134	
Lessee/Buyer's Name		Phone:		Р	ermit Type:			
					Alterations - Com	mercial		
Proposed Use:		·		Proposed	Project Description			
Dept: Zoning	Status:	Approved with Condition	ns Rev	iewer:	Tom Markley	Approval I	_	
Note: 1) This is NOT an app	roval for an	Approved with Condition additional dwelling unit. es, microwaves, refrigerat	You SHA	ALL NO	T add any additio	nal kitchen equipme	Ok to Issue:	
Note: 1) This is NOT an app	roval for an such as stov	additional dwelling unit.	You SHA tors, or kit	LL NO tchen si	T add any additio	nal kitchen equipme	Ok to Issue:	
Note: 1) This is NOT an app not limited to items	roval for an such as stov	additional dwelling unit. es, microwaves, refrigerat	You SHA tors, or kit	LL NO tchen si	T add any additio nks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue:	
Note: 1) This is NOT an app not limited to items Dept: Building Note:	such as stov	additional dwelling unit. es, microwaves, refrigerat	You SHA tors, or kit ns Rev	ALL NO tchen sin	T add any additio nks, etc. Without Tom Markley	nal kitchen equipme special approvals. Approval I	Ok to Issue: ✓ ent including, but Date: 10/15/2008 Ok to Issue: ✓	



General Building Permit Application

 $\frac{1}{2}$ 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: 198	OXFORD ST					
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot 2880	Number of Stories				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer Name KIERAN CONNELL	Telephone: Y 917- 364- 5694				
26 C 3	Address CHRIS DANSE	828-5328				
Lessee/DBA (If Applicable)	City, State & Zip PTL), 04101 Owner (if different from Applicant)	Cost Of				
Lessee/DDA (II Applicable)	Name	Work: \$ 30,000				
	Address	C of O Fee: \$				
	City, State & Zip	Total Fee: \$ <u>320</u>				
Current legal use (i.e. single family) 2 fAr If vacant, what was the previous use?	NILYNumber of Residentia	l Units				
Proposed Specific use: $\mathcal{N}\mathcal{D}$	If yes, please name					
Project description: QEDIACE	AI REMOVE WI	NSOM				
+ INSTALL LVL to SUPPORT SHED ROOF Contractor's name: MAINE CONSTRUCTION CONSULTANTS						
Address: 14 HANONER ST						
City, State & ZipPORTLAND	MR Te	elephone: <u>232-8134</u>				
Who should we contact when the permit is ready Mailing address: 14 HANOJEL		$\begin{array}{c} \text{lephone:} \underline{632-8134} \\ \underline{604} \\ 60$				
		- 04/0/				

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 <u>www.portlandmaine.gov</u>, 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.

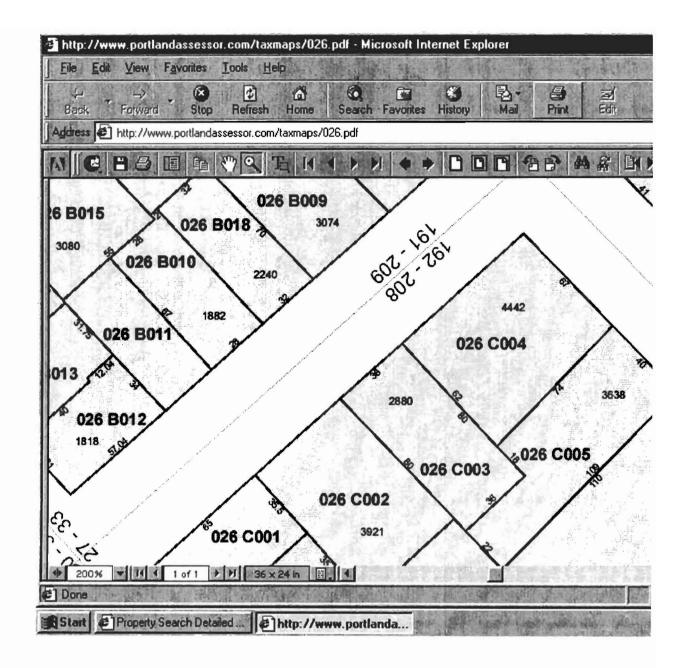
	$\sum \left \right = \left \right $	(
Signature:		Date: /0/14/08

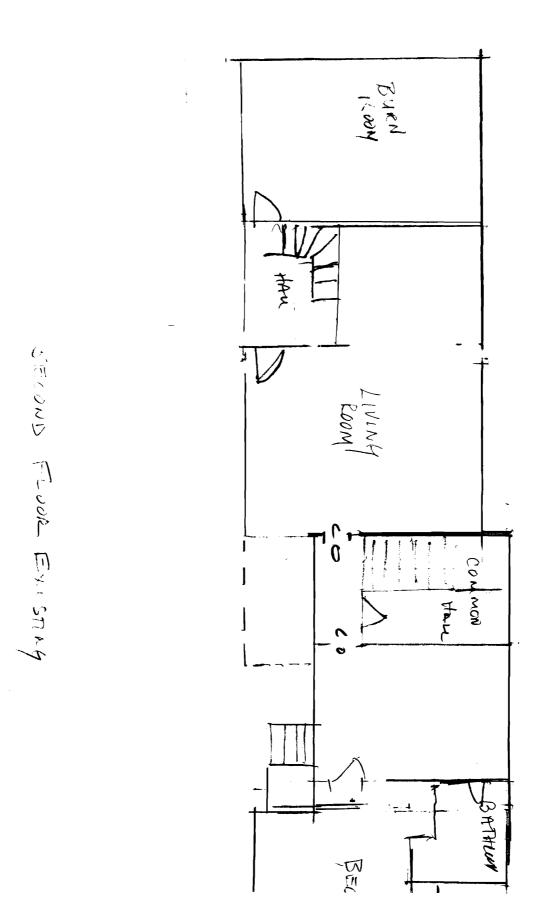
This is not a permit; you may not commence ANY work until the permit is issue

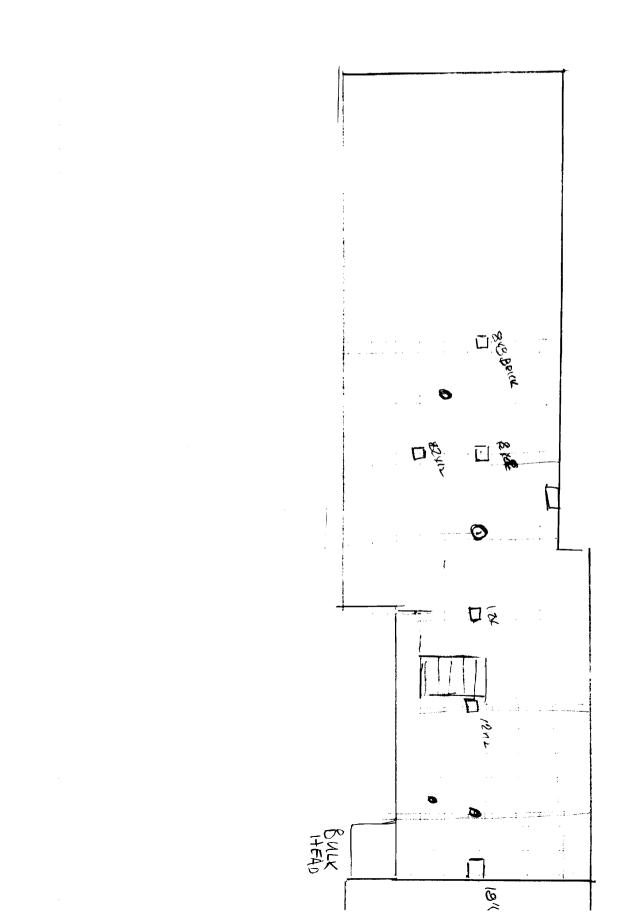
Revised 07-11-08

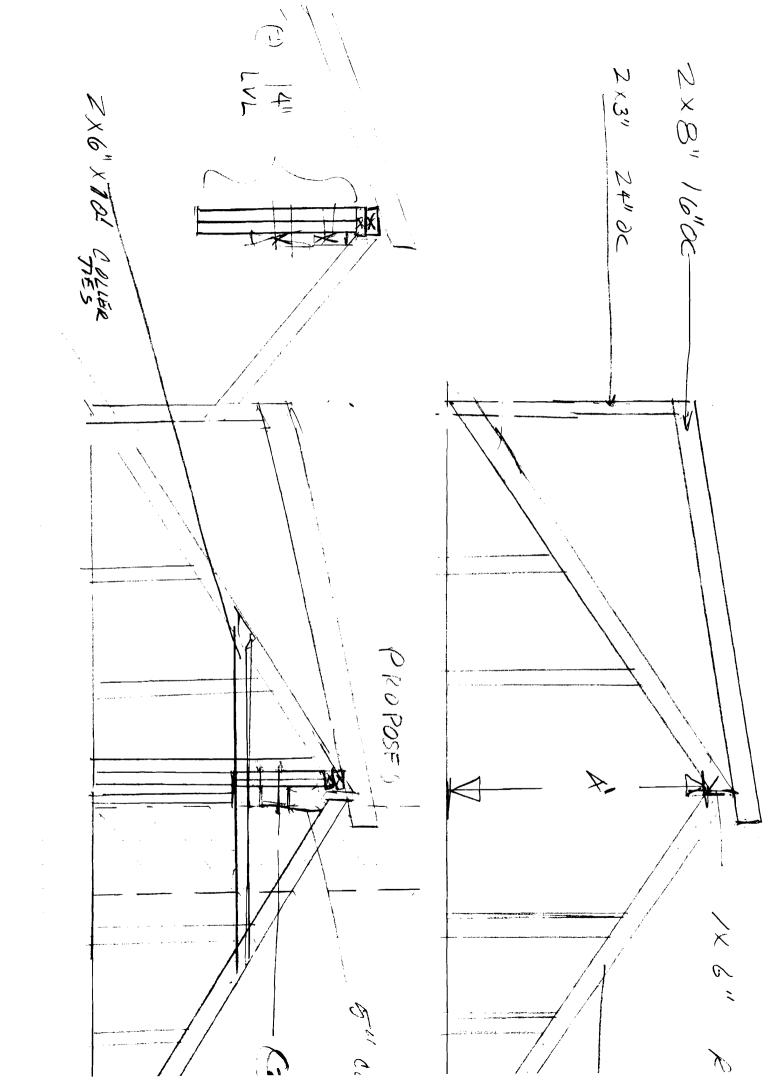












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EXISTING

