Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORKED

Please Read Application And Notes, If Any, Attached

WCRECTION

epting this permit shall comply with all

ances of the City of Portland regulating

actures, and of the application on file in

This is to certify thatCAULFIELD SHARON L./	er	CITY OF POOTLAND
has permission to Front entrance and entry stai	build	UITO
AT _37 CHESTNUT ST		026 F014001

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of buildings and

rm or

provided that the person or persons of the provisions of the Statutes of I the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication inspe n mus n and w on proci en permi re this lding or t there ed or osed-in JR NO QUIRED.

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

OTHER REQUIRED APPROVALS

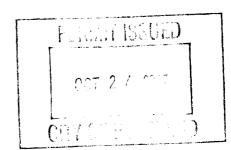
Fire Dept. Health Dept.

Appeal Board_

Other _

Department Name

PENALTY FOR REMOVING THIS CARD



Cit	y of Portland, Main	ie - Build	ding or Use	Permit Applicati	on [Permit No:	Issue Date	:	CBL:	
	Congress Street, 0410		O	* *		07-1342	10,	/24/200	07 026 F01	4001
Location of Construction: Owner Name:					Owi	Owner Address:			Phone:	
37	CHESTNUT ST	ſ	CAULFIELD	SHARON L	31	317 SHAKER RD			657-7776	
Busi	ness Name:		Contractor Name	<u> </u>	Con	Contractor Address:			Phone	
		}	owner		Po	ortland				
Less	ee/Buyer's Name		Phone:		Peri	nit Type:				Zone:
					A	lterations - Dw	ellings			
Past	Use:		Proposed Use:		Per				CEO District:	7
Two Family Two Family				\$40.00	1	00.00	1	-		
	o	{	- Two Turning		FIF	RE DEPT:	<u> </u>		CCTION:	<u> </u>
						L	Approved	1		Type: 513
		{			ļ	L	Denied	1	~	
}					ļ			1	IRC ->	1003
Pror	posed Project Description:				-∤			1	IRC-3	
1 -	ont entrance and entry stai	ir rebuild			Sign	nature:		Signat	ure: () []	10115
}	in one and one y star	ii recuire				DESTRIAN ACT	IVITIES DIST			10,4210
]					Ì					
					Act	ion: Appro	ved App	proved w	//Conditions	Denied
					Sig	nature:			Date:	
Pern	nit Taken By:	Date Apr	plied For:	,		Zonine	Approva			
csl		10/24/	=	}		Lonnig	Approva	11		
1.	This permit application	does not n	reclude the	Special Zone or Re	views	Zoni	ng Appeal	T	Historic Preservation	
1.	Applicant(s) from meeti			Shoreland		Variance		j	Not in District or Landmark	
	Federal Rules.	9 «PP•		Shoreland		Variance		1	Not in District of Bandmark	
2	Duilding populity do not	استمانية	laranda ira o	Wetland	Wetland Miscellaneous			ł	Does Not Require Review	
2.	Building permits do not septic or electrical work		iumbing,	wettand		Wiscen	Witsechaneous		Does Not Require Review	
•			Flood Zone Conditional Use		onal Hea	- 1	Requires Review			
3. Building permits are void if work is not started within six (6) months of the date of issuance.			1 Trood Zolic	Conditional Osc		- 1	Trequires review			
False information may invalidate a building		Subdivision		etation		Approved	Approved			
permit and stop all work		Subdivision merpreta		, ipprove						
•		Site Plan A		Approve	Approved		Approved w/Conditions			
				J Site Vian	Approved				7 rpproved wreomations	
PERMIT ISCUED		Maj Minor MM		Denied		ł	Denied			
								Demed		
		Dote		Date:			Nata.			
	00Т 2	2 4 6] [Date:		Date.			Date:	
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	and the second s	property appears a per season per selection of the select								
	CITY OF									
	<u> </u>	gygger for religion for freezing for the sec								
				CERTIFICAT	MOL					
I her	eby certify that I am the o	owner of r	ecord of the na			onosad work is	authorized	by the	owner of record	d and that
I hav	ve been authorized by the	owner to	make this appli	cation as his authoriz	ed age	nt and Lagree	to conform t	to all a	nnlicable laws o	of this
juris	diction. In addition, if a	permit for	work described	d in the application is	issued	, I certify that	the code off	icial's	authorized repre	esentative
shall	have the authority to ent	ter all areas	s covered by su	ich permit at any reas	onable	hour to enforce	e the provi	sion of	the code(s) app	licable to
such	permit.									
SIGN	NATURE OF APPLICANT			ADDRE	SS		DATE		PHON	JE.
	- III III III III III III III III III I			אטטונב			DATE		HOP	,
										
RES	PONSIBLE PERSON IN CHAI	RGE OF WO	ORK, TITLE	- 		·	DATE		PHON	IE

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City of Portland, Maine - Build	ding or Use Permit	t	1	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	•		16	07-1342	10/24/2007	026 F014001
Location of Construction:	Owner Name:		Ov	wner Address:	 	Phone:
37 CHESTNUT ST	CAULFIELD SHARO	N L	3	17 SHAKER RD		() 657-7776
Business Name:	Contractor Name:		Co	ontractor Address:		Phone
	owner		F	Portland		
Lessee/Buyer's Name	Phone:		Permit Type:			
			L	Alterations - Dwel	lings	
Proposed Use:		Prop	osed 1	Project Description:		
Two Family		Fro	nt en	trance and entry s	tair rebuild	
Dept: Zoning Status: A Note: Dept: Building Status: A	pproved with Condition			Chris Hanson Chris Hanson	Approval Da	Ok to Issue: ✓
Note:	pproved with condition	110 110 11				Ok to Issue:
1) This permit DOES NOT certify th	e use of the property or	building. It o	only a	authorizes the con	struction activities.	1
 This permit is approved under IBC not meet new construction dimens fullest extent possible 					•	•
3) Fastener schedule per the IRC 200)3					
4) Permit approved based on the plan noted on plans.	ns submitted and review	ed w/owner/c	ontra	ictor, with addition	nal information as ag	reed on and as
5) Separate permits are required for a Separate plans may need to be sub						

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: 27 20	3 CIV CT STORES				
Location/Address of Construction: 37 - 36 Total Square Footage of Proposed Structure/A		YCL D	ind - 04/01		
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buy	er*	Felephone:		
Chart# Block# Lot#	Name SHARON L. CAULFIELD		((2 100)		
	Address 317 SHAKER ROAD		657-7776		
	City, State & Zip GRAY, ME 04037				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost			
(Name	Wor	Work: \$ 7,000 —		
	Address	Cof	C of O Fee: \$		
			Ο Γ cc . ψ		
	City, State & Zip	Tota	l Fee: \$		
Current legal use (i.e. single family)	amily rental property	L			
If vacant, what was the previous use:	7 1 0				
Proposed Specific use:					
Is property part of a subdivision?	If yes, please name				
Project description: Replaced rolled we Replace rolling do Replace rolling in	oden stop with granite step)			
Replace rotting do	or and framing				
Replace rolling in	terior steps				
Contractor's name: SELF		<u>.</u>			
Address:					
City, State & Zip		Telepho	one: <u>657-7776</u>		
Who should we contact when the permit is read	dy: - Same as above -	Геlерho	ne: 671-2515		
Mailing address:		1	(cell)		
Please submit all of the information	outlined on the applicable Check	list. F	ailure to		
	automatic denial of your permit.				
	, .				
n order to be sure the City fully understands the	full scope of the project, the Planning and I	Develop	ment Department		
ay request additional information prior to the is:					
nis form and other applications visit the Inspection	ons Division on-line at <u>www.portlandmaine.gov</u>	v, or stop	by the Inspections		
vivision office, room 315 City Hall or call 874-8703.					
hereby certify that I am the Owner of record of the n					
at I have been authorized by the owner to make this ws of this jurisdiction. In addition, if a permit for wo					
thorized representative shall have the authority to en					
ovisions of the codes applicable to this permit.					
ignature: Sharm & Caufuld	Date: 10 18 07				
This is not a permit; you may	not commence ANY work until the peri	mit is is	ssue		

5 ft 6 in wide opening

