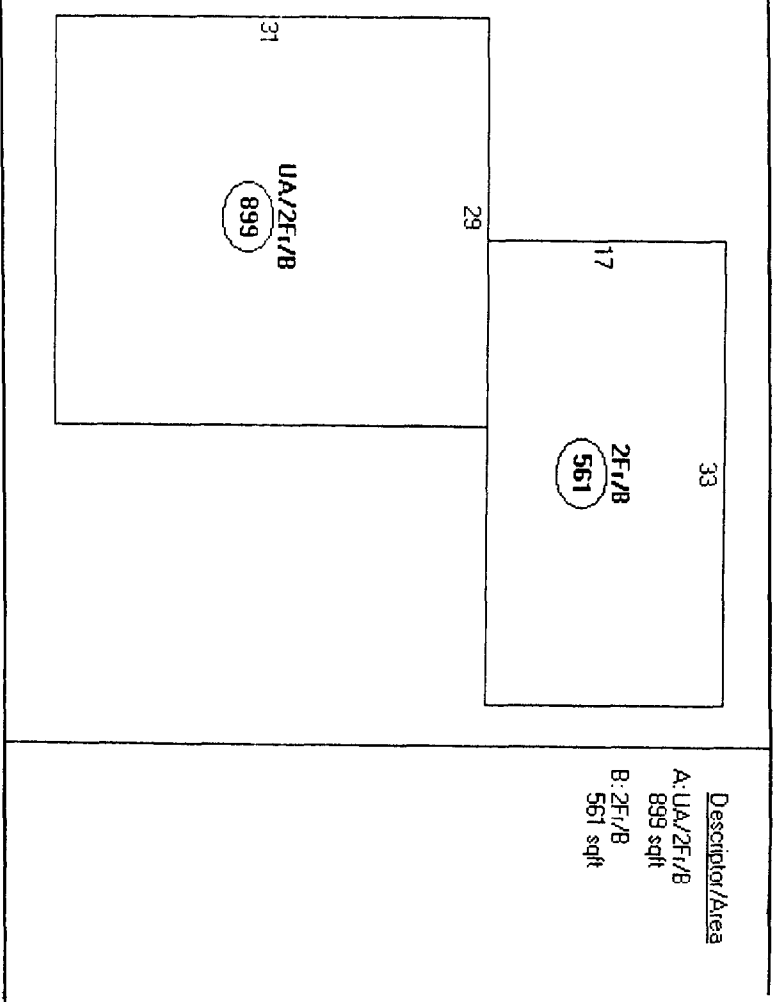


JAMES ASHBY
Sq MYRTLE ST
PORTLAND, ME 04107

CHAPEL ST



MYRTLE ST

DEPARTMENT DIRECTOR
Lee D. Urban



DIVISION DIRECTORS
Mark B. Adelson
Housing & Neighborhood Services

Alexander Q. Jaegerman
Planning

John N. Lufkin
Economic Development

DEPARTMENT OF PLANNING AND DEVELOPMENT

January 2, 2004

James Ashey
59 Myrtle Street
Portland, ME 04101

RE: 59 Myrtle Street building permit application

CBL: 026 K002

Dear Mr. Ashey:

I have made several attempts to reach you by telephone, but have not been successful.

Please note that your building permit application to change the use of the above-referenced property from a 2 unit to a 3 unit is incomplete. In order to process your application, we need the following documentation to be provided by you:

- Existing and proposed floor plans for all floors, showing stairways, hallways, doorways, windows, as well as room layout.
- Complete construction detail for creation of the 3rd unit, including window sizes, and any new stair detail
- Plot plan showing existing structures, lot lines, and parking space location and size

Once we have this information we can begin processing your application. Please feel free to contact me with any questions, or if I can be of any further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Karen Dunfey". The signature is enclosed in a hand-drawn oval.

Karen Dunfey
Inspections Office Manager
207-874-8701

Location of Construction: 59 Myrtle St Owner: Antonio Cavallaro Phone: 773-6960

Permit No: 960720

Owner Address: SAME Lease/Buyer's Name: _____ Phone: _____ Business Name: _____

Contractor Name: W. D. Brown Address: P.O. Box 339 - Old Falls Rd Phone: 985-8944

Past Use: _____ Proposed Use: Remain 2fam COST OF WORK: \$ 47,000 PERMIT FEE: \$ 255.00

FIRE DEPT. Approved Denied INSPECTION: _____

Signature: _____ Signature: _____

Proposed Project Description: Repair After fire AS per plans PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved with Conditions Denied

Signature: _____ Date: _____

Permit Taken By: me Date Applied For: 7/19/96

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.

2. Building permits do not include plumbing, septic or electrical work.

3. 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.

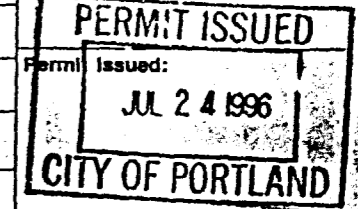
Dumpster permits taken out under previous interior Demo permit

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: [Signature] ADDRESS: 52 Label Ave Portland DATE: 7/19/96 PHONE: 797-7538

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: Leo Killinger Supervisor PHONE: 797-7538



Zone: 26K-2 CBL: 26K-2
 Zoning Approval: 2 D.U. P.A. microfiles AS SESSORS
 Special Zone or Review
 Shoreland to remain
 Wetland 2 units Aug
 Flood Zone incentive
 Subdivision requires 1 Sep
 Site Plan major Minor Permit 7/22/96

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: 7/22/96

D. Anderson

GEO DISTRICT 2

T. Munson

PERMIT ISSUED WITH REQUIREMENTS

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 59 Myrtle St		Owner: Tony Cavallaro/Jim Ashby		Phone: 773-9448/Jim	Permit No: 960810
Owner Address:		Leasee/Buyer's Name:		Phone:	BusinessName:
Contractor Name:		Address:		Phone:	
Past Use: 2-fam	Proposed Use: Same		COST OF WORK: \$ 910.00		PERMIT FEE: \$ 25.00
			FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:
Proposed Project Description: Construct handicap ramp			Signature:		Signature: <i>[Signature]</i>
			PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: Date:
Permit Taken By: Mary Groat		Date Applied For: 15 August 1996			

PERMIT ISSUED
AUG 16 1996
CITY OF PORTLAND
Zone: CBL
K-2 026-K-002

- This permit application doesn't 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.

Jim Ashby
Portland Eagles
184 St John St
Portland, ME 04102

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *[Signature]* **Jim Ashby** ADDRESS: DATE: **15 August 1996** PHONE: **773-7448**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

- Zoning Approval: *[Signature]*
- Special Zone or Reviews:
 - Shoreland
 - Wetland
 - Flood Zone
 - Subdivision
 - Site Plan minor mm

- Zoning Appeal
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

- Historic Preservation
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

- Action:
- Approved
 - Approved with Conditions
 - Denied
- Date: *[Signature]*

[Signature]
CEO DISTRICT **2**
[Signature]

931221

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Name: Antonio Cavallaro Phone # 773-6960

Address: 59 Myrtle St- Ptd, ME 04101

LOCATION OF CONSTRUCTION: 59 Myrtle St.

Contractor: MidCoast Satel Sub. _____

Address: _____ Phone # _____

Est. Construction Cost: 2700 Proposed Use: 2-fam w satel dish Zoning: _____

Past Use: 2-fam

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: 2 # Bedrooms _____ Lot Size _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: erect satellite dish

For Official Use Only

Date: 12/29/92 Subdivisor: _____
Name: JAN - S DOU
Hldg Code: _____
Time Limit: _____
Estimated Cost: 2700

Street Frontage Provided: _____
Provided Setback: Front _____ Back _____ Side _____

Review Required: _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____

Special Exception _____

Other (Explain) _____

Foundation: Mail Permit James Ashy

Address: 59 Myrtle St- Ptd, ME 04101

1. Type of Soil: _____
2. Set Backs: Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

- Floor:
1. Sills Size: _____ Sills must be anchored.
 2. Lally Column Spacing: _____ Spacing 16" O.C.
 3. Bridging Type: _____
 4. Floor Sheathing Type: _____
 5. Other Material: _____

- Exterior Walls:
1. Studding Size: _____ Spacing _____
 2. No. windows: _____
 3. No. Doors: _____
 4. Header Size: _____ Spacing _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size: _____
 7. Insulation Type: _____ Size _____
 8. Sheathing Type: _____ Size _____
 9. Siding Type: _____ Weather Exposure _____
 10. Masonry Materials: _____
 11. Metal Materials: _____

- Interior Walls:
1. Studding Size: _____ Spacing _____
 2. Header Size: _____ Spacing _____
 3. Wall Covering Type: _____
 4. Fire Wall if required: _____
 5. Other Materials: _____

PERMIT ISSUED WITH LETTER

White - Tax Assessor

Ceiling: _____ HISTORIC PRESERVATION

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size: _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type: _____ Size _____
5. Ceiling Height: _____

- Roof:
1. Truss or Rafter Size: _____ Span _____
 2. Sheathing Type: _____ Size _____
 3. Roof Covering: _____

- Chimney: _____
- Heating: _____
- Electrical: _____
- Plumbing: _____

1. Approval of soil test if required: _____
2. No. of Tubs or Showers: _____
3. No. of Flushes: _____
4. No. of Lavatories: _____
5. No. of Other Fixtures: _____

- Swimming Pools:
1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By: _____ Date: 12/29/92

Signature of Applicant: _____

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 12/115 M U A S O M