

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 091201

Please Read Application And Notes, If Any, Attached

This is to certify that 15 CASCO STREET LLC /Gibson & Tripp / Ben Gibson

has permission to 3 Window Replacement

AT 15 CASCO ST CBL 037 D023001

provided that the person or persons, firm or corporation accepting this permit shall comply with a of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulatin the construction, maintenance and use of buildings and structures, and of the application on file i 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 lathed or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. CAPT. N. [Signature]

Health Dept.

Appeal Board

Other

Department Name

[Signature] 11/30/09 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

NOV 30 2009

City of Portland



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

_____ 10-28 20 09 _____

Received from Andrew Tripp

Location of Work 15 Casco St

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 60

Building (I1) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 39-10-23

Check #: CC **Total Collected \$** 60

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 09-1201 | Issue Date: | CBL: 037 D023001 |
|-----------------------|-------------|---------------------|

| | | | |
|--|---|---|---------------------|
| Location of Construction: 15 CASCO ST | Owner Name: 15 CASCO STREET LLC | Owner Address: 15 CASCO ST | Phone: |
| Business Name: | Contractor Name: Gibson & Tripp / Ben Gibson | Contractor Address: 45 Anthonine Street South Portland | Phone 2076514502 |
| Lessee/Buyer's Name | Phone: | Permit Type: Replacement windows | Zone: B-3 |

| | | | | |
|---|---|--|---------------------------------------|--------------------|
| Past Use: Commercial - Office | Proposed Use: Commercial - Office - 3 Window Replacement | Permit Fee: | Cost of Work: \$4,000.00 | CEO District: 1 |
| Proposed Project Description: 3 Window Replacement | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions | INSPECTION: Use Group: B Type: N/A | |
| | | Signature: (KG) | Signature: JMB 11/30/09 | |
| | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Not in P.A.D. | | |
| | | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | | |
| | | Signature: | Date: | |

| | | |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By: Ldobson | Date Applied For: 10/28/2009 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

| | | | |
|--|--|---|---|
| 1. This permit application does not 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.. | 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: 10/30/09 | 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 checked="" type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 11/8/09 DAndrews |
|--|--|---|---|

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.

PERMIT ISSUED

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE 30 2009 _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ City of Portland _____ PHONE _____

City of Portland, Maine - Building or Use Permit

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 09-1201 | Date Applied For: 10/28/2009 | CBL: 037 D023001 |
|------------------------------|--|----------------------------|

| | | | |
|---|--|--|--------------------------------|
| Location of Construction: 15 CASCO ST | Owner Name: 15 CASCO STREET LLC | Owner Address: 15 CASCO ST | Phone: |
| Business Name: | Contractor Name: Gibson & Tripp / Ben Gibson | Contractor Address: 45 Anthonine Street South Portland | Phone (207) 651-4502 |
| Lessee/Buyer's Name | Phone: | Permit Type: Replacement windows | |

| | |
|--|--|
| Proposed Use: Commercial - Office - 3 Window Replacement | Proposed Project Description: 3 Window Replacement |
|--|--|

Dept: Historic **Status:** Approved **Reviewer:** Deborah Andrews **Approval Date:** 11/08/2009
Note: **Ok to Issue:**

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 10/30/2009
Note: **Ok to Issue:**

- 1) This property shall remain a professional office building.. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 11/30/2009
Note: **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 11/09/2009
Note: **Ok to Issue:**

- 1) This permit is for window replacement only.
- 2) No means of egress shall be affected by this renovation
- 3) All construction shall comply with NFPA 101

Comments:

- 11/6/2009-gg: received from historic as of 11/05/09. /gg
11/19/2009-jmb: Left msg with Andrew T. For details on glazing efficiency
11/30/2009-jmb: Spoke to Andrew T., the windows are single glazed and there are storms provided.

PERMIT ISSUED

NOV 30 2009

City of Portland

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 DO 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

Date



Signature of Inspections Official

Date

11/30/09

PERMIT ISSUED

NOV 30 2009

City of Portland



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>15 CASCO STREET</u> | | |
| Total Square Footage of Proposed Structure/Area <u>≈ 10,000</u> | Square Footage of Lot | Number of Stories <u>2</u> |
| Tax Assessor's Chart, Block & Lot Chart# <u>37</u> Block# <u>D</u> Lot# <u>23</u> | Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>DAWSON, SMITH, PURVIS & BASSETT, P.A.</u> Address <u>15 CASCO ST</u> City, State & Zip <u>PORTLAND, ME 04101</u> | Telephone: <u>874-0355</u> |
| Lessee/DBA (If Applicable) | Owner (if different from Applicant) Name Address City, State & Zip | Cost Of Work: \$ <u>4,000.00</u> C of O Fee: \$ _____ Total Fee: \$ _____ |
| Current legal use (i.e. single family) <u>OFFICES</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>WINDOW REPLACEMENT (3)</u> | | |
| Contractor's name: <u>GIBSON & TRIPP WOODWORK</u> Address: <u>443 BAR MILLS RD</u> City, State & Zip: <u>HOLLIS, ME 04042</u> Telephone: <u>207 229 7174</u> Who should we contact when the permit is ready: <u>ANDREW TRIPP</u> Telephone: <u>207 229 7174</u> Mailing address: <u>SAME AS ABOVE</u> | | |

RECEIVED
OCT 28 2009

Dept. of Building Inspections
City of Portland Maine

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: [Signature] Date: 10/24/09

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

TWO REAR
WINDOWS TO
BE REPLACED



NE SIDE
WINDOW TO
BE REPLACED



STEEL DOUBLE-HUNG
WINDOW TO BE
REPLACED

EXISTING WOOD
DOUBLE-HUNG
WINDOW (TO BE
MATCHED)

WINDOW
CLOSE-UPS





BUILDING FACADE
15 CASCO ST.