

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 10-0858	Issue Date:	CBL: 156 F006010
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Location of Construction: 10 BACK COVE ESTATES	Owner Name: THIBODEAU OMER A & MAXIN	Owner Address: 10 BACK COVE ESTATES	Phone:
Business Name:	Contractor Name: Tony Prescott & Sons	Contractor Address: 166 Cottage Road Windham	Phone 2076710641
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Multi Family	Zone:

Past Use: Single Family Condo	Proposed Use: Single Family Condo - Replacing existing deck w/ larger 8' x 7'	Permit Fee: \$40.00	Cost of Work: \$1,500.00	CEO District: 4
Proposed Project Description: Replacing existing deck w/ larger 8' x 7'		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature:	Signature:	
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: 07/20/2010	Zoning Approval		
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<ol style="list-style-type: none"> 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:	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:
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 08/03/2010
Note: This unit is located in Building 'B' which has 10 units. **Ok to Issue:**

- 1) This property shall remain as 65 residential condominiums. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jonathan Rioux **Approval Date:** 08/19/2010
Note: **Ok to Issue:**

- 1) Field inspection will verify existng sona tubes for frost protection.
- 2) Fastener schedule (size and spacing attaching ledger) per the IRC 2003
- 3) Graspable handrails (34- 36") and guards not less than 42" inches height with a total rise of more than 30 inches above the floor or grad are required.

Dept: Fire **Status:** Approved **Reviewer:** Capt Keith Gautreau **Approval Date:** 08/04/2010
Note: **Ok to Issue:**

Comments:

8/19/2010-jrioux: Spoke with Contractor/ marked plans.

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE