

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 050249

MAR 17 2005

CITY OF PORTLAND

This is to certify that Coyne Mary F Etal/Jeffrey A Decareauhas permission to Add non load bearing wall in the bathroomAT 54 Tyng St

CBL 044 D019001

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

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

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0249		Issue Date: MAR 1 / 2005		CBL: 044 D019001	
Location of Construction: 54 Tyng St		Owner Name: Coyne Mary F Etal		Owner Address: 54 Tyng St	
Business Name: n/a		Contractor Name: Jeffrey A. Decareau		Contractor Address: P O Box 6844 Scarborough	
Lessee/Buyer's Name: n/a		Phone: n/a		Permit Type: Alterations - Dwellings	
Past Use: Single Family		Proposed Use: Single Family / add non load bearing wall in the bathroom		Permit Fee: \$84.00	
				Cost of Work: \$6,500.00	
				CEO District: 2	
Proposed Project Description: Add non load bearing wall in the bathroom		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A		INSPECTION: Use Group R-3 Type SB IRC 2003	
		Signature: [Signature]		Signature: [Signature]	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		Date: [Signature]	
Permit Taken By: gg		Date Applied For: 03/15/2005		Zoning Approval	
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		Zoning Appeal	
		<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: 3/16/05		<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: [Signature]	
		Historic Preservation			
		<input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review Interior Only <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 3/16/05			

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

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (107) 874-8703, Fax: (207) 874-8716

Permit No: 05-0249		Date Applied For: 03/15/2005	CBL: 044 D019001
Location of Construction: 54 Tyng St	Owner Name: Coyne Mary F Etal	Owner Address: 54 Tyng St	Phone: 207-839-3357
Business Name: n/a	Contractor Name: Jeffrey A. Decareau	Contractor Address: P O Box 6844 Scarborough	Phone: (207) 332-6084
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Alterations - Dwellings	
Proposed Use: Single Family / add non load bearing wall in the bathroom		Proposed Project Description: Add non load bearing wall in the bathroom	

Dept: Zoning**Status:** Approved**Reviewer:** Tammy Munson**Approval Date:** 03/16/2005**Note:****Ok to Issue:** ☐**Dept:** Building**Status:** Approved with Conditions**Reviewer:** Tammy Munson**Approval Date:** 03/16/2005**Note:****Ok to Issue:** ☒

- 1) Separate permits are required for any electrical, plumbing, or heating.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 3) ANY exterior work requires separate review and approval thru Historic Preservation

All Purpose 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>54 Tyng St. Portland</u>		
Total Square Footage of Proposed Structure <u>N/A.</u>	Square Footage of Lot <u>approx. 2800 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>044</u> Block# <u>D</u> Lot# <u>019</u>	Owner: <u>Mary F. Coyne</u> <u>Talk w/ Colleen Flanders</u>	Telephone: <u>839-3357</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Jeff Decareau</u> <u>Box 6844</u> <u>Scarborough 04070 332-6084</u>	Cost Of <u>Inspection</u> DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Fee: \$ MAR 15 2005 RECEIVED
Current use: <u>residential single family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Create bath on 1st Fl. by adding an load bearing 2x4 wall</u> Project description: <u>PAINT 1st Fl. sink base & 5' counter top w/ wall cabinets</u> <u>Washer/dryer 1st Fl.</u>		
Contractor's name, address & telephone: <u>Jeffrey A. Decareau</u> <u>P.O. Box 6844</u> <u>Scarborough, ME 04070 332-6084</u>		
Who should we contact when the permit is ready: <u>same</u>		
Mailing address: <u>ASAP</u> <u>handicap</u> <u>ISS</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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.

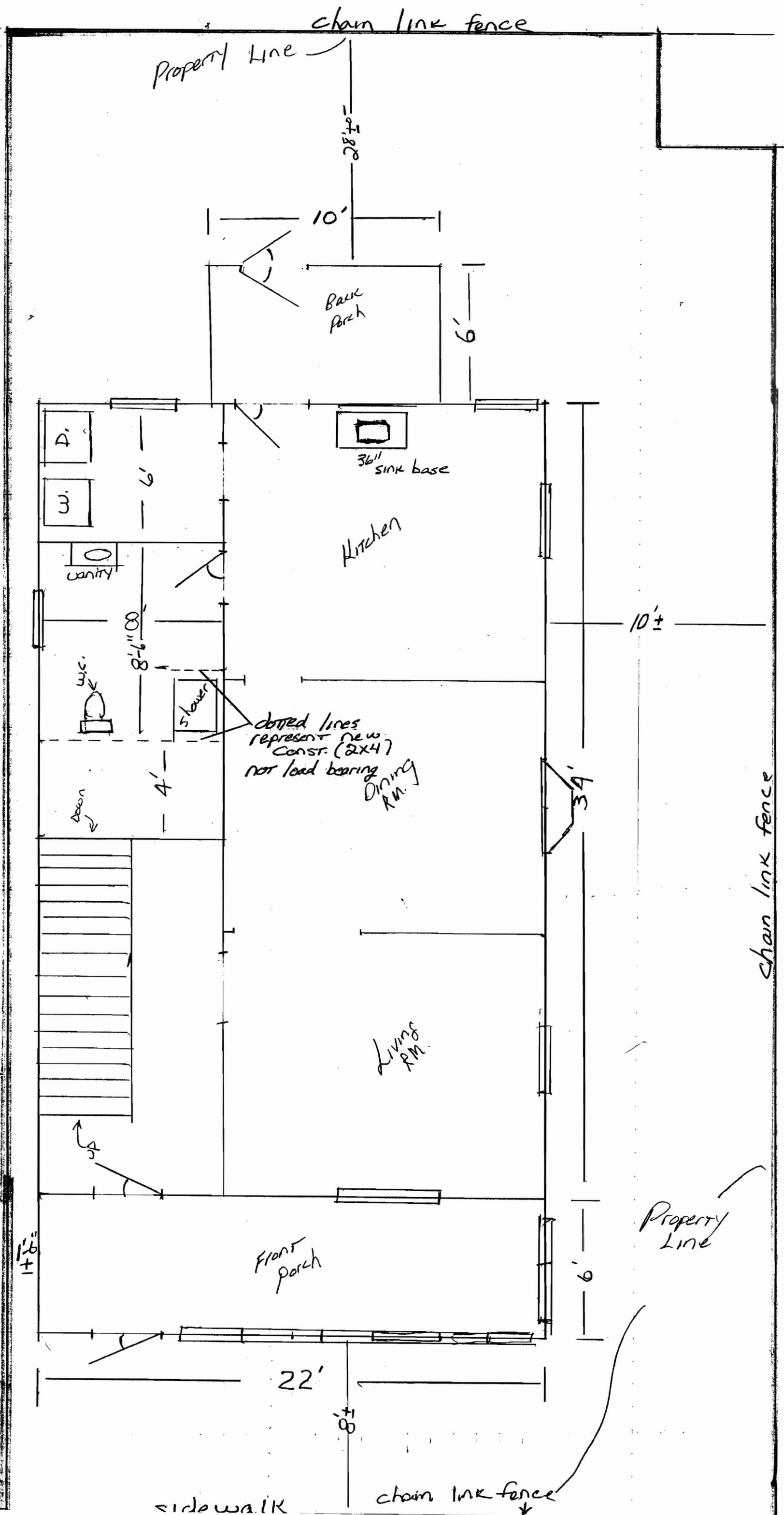
Signature of applicant: <u>Jeff Decareau</u>	Date: <u>3/15/05</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

Property of:
Mary F. Coyne
54 Tyng St
Portland
04102

~~Scarcowick, ME~~
~~Colleen Flanders~~
~~837-5357~~

Builder:
Jeffrey Decoreau
PO Box 6844
Scarborough, Me
04070
207-332-6084





CITY OF PORTLAND, MAINE

Department of Building Inspections

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Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) ____ Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy