Please Read Application And Notes, If Any, Attached BU PERMIT PERMIT This is to certify that Coffin Lynn M &/CSI Builders JAN has permission to Alterations to closet area and mc wet bar from cut of t locatic City of F AT 69 State St CBY 044-G004001 or co CBY 044-G004001 City of F provided that the person or persons, fit or co or co and of the Quesces of the City of Po of the provisions of the Statutes of Ma e and of the Quesces of the City of Po f buildings and structures, and of the app this department. Notif tion on spection nust bs A certificate of the given in writtle termissic incoursed Apply to Public Works for street line Notif tion on spection nust bs A certificate of the given in writtle termissic incoursed or the construction. Notif tion or the course det. A certificate of the given in writtle termissic incoursed before his builting or part thereof Notif Iath or othereof is A certificate of the given in writtle termissic OTHER REQUIRED APPROVALS Fire Dept.	NORK	AGE OF WO	PAL FRONT		·	_	DISPLAY	ionm # P 04
This is to certify thatCoffin Lynn M &/CSI Builders City of F has permission toAlterations to closet area and mo wet bar. from closet location City of F AT 69 State St CB10044 - G004001 CB10044 - G004001 provided that the person or persons, file or common accurring this permit shall of the provisions of the Statutes of Ma is and of the Provisions of the Statutes of Ma is and of the Provision, maintenance and use if buildings and structures, and of the apprentities department. And of the Provision for street line given ind writte termissic procured before his building or part hereof is lather or other structure edition. A certificate of the provision of work requires such information. OTHER REQUIRED APPROVALS Fire Dept	101463	PERMIT IS Permit Number: 1014						Application And Notes, If Any
AT 69 State St provided that the person or persons, fit or company on accurring this permit share of the provisions of the Statutes of Ma e and of the Original provided that the person or persons, fit or company on accurring this permit share of the construction, maintenance and use if buildings and structures, and of the apprentiate envisories of the City of Porthele construction, maintenance and use if buildings and structures, and of the apprentiate envisories of the city of Porthele construction. Apply to Public Works for street line and grade if nature of work requires such information. Notif this of the statute envisories of the city of Porthele construction. Notif this of the spectra provided that the person of the apprentiate envisories of the city of Porthele construction. Appell Boerd Other	4 2010	JAN 4			SI-Builders	ynn M &/C	hatCoffin L	his is to certify
provided that the person or persons, fill or concerning this permit share of the provisions of the Statutes of Ma is and of the Provisions of the City of Port is and of the construction, maintenance and use if buildings and structures, and of the apprentix this department. Apply to Public Works for street line and grade if nature of work requires such information. Notif attion of spectio anust be listed writte ermission rocured before his buildings or part hereof is listed or other and ed-in. 2. HOU NOTICE IS REQUIRED. A certificate of the or other and ed-in. 2. HOU NOTICE IS REQUIRED. OTHER REQUIRED APPROVALS Fire Dept.	Portland	City of Por		wet bar-	area and mo	ons to closet	Alteratic	-
Apply to Public Works for street line and grade if nature of work requires such information. give ind writte termissic procured before his building or partitiereof is lather or other median. A certificate of or procured by own ing or part thereof OTHER REQUIRED APPROVALS Fire Dept. Health Dapt. Appeal Boerd		-					ction, main	he constru
OTHER REQUIRED APPROVALS Fire Dept Health Dapt Appeal Board	f occupancy must be vner before this build- eof is occupied.		ssid rocured part hereof is éd-in. 2	nd writte his buil or oth	give befo lath		lic Works for s	Apply to Put and grade if
Health Dapt						OVALS	REQUIRED APPR	OTHER
Appeal Board								
Other	11.						-	•
Department Name Director - Building & Inspe								
PENALTY FOR REMOVING THIS CARD	spection Services	Director - Building & Inspection					Department Name	

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City of Portland, Maine - Bui	-			Issue Date:	CBL:		
389 Congress Street, 04101 Tel: (, Fax: (207) 874-87		53 <u> </u>	044 G0	04001	
Location of Construction:	Owner Name:		Owner Address:		Phone:		
69 State St	Coffin Lynn M		69 State St				
Business Name:	Contractor Name	ALAM	Contractor Addr		Phone		
	CSI Builders	AA	41B Woodvill	e Falmouth	20783169	2078316966	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations -	Dwellings		Zone:	
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	`	
Single Family	Single Family	/ Alterations to closet	\$40.0	0 \$2,000.00	2		
		wet bar 2' from	FIRE DEPT:	Approved INSI	PECTION:		
	current locatio	n.	N/F		Group: R3	Type:SB	
Proposed Project Description:			-}		IRC, 200	シイノ	
Alterations to closet area and move w	vet bar 2' from cu	irrent location.	Signature:	Sig	nature:	K	
			PEDESTRIAN A	CTIVITIES DISTRIC	ICT (P.A.D.)		
			Action: 🗌 Ap	proved 🗌 Approved	d w/Conditions	Denied	
			Signature:	<u> </u>	Date:		
-	pplied For: 2/2010		Zoni	ing Approval			
		Special Zone or Rev	/iews Z	oning Appeal	Historic Pres	ervation	
 This permit application does not Applicant(s) from meeting applie Federal Rules. 		Shoreland		iance	₩C h Not in Distri	ct or Landma	
 Building permits do not include plumbing, septic or electrical work. 		Wetland	🛄 Mis	cellaneous	Does Not Re	quire Review	
 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 		Flood Zone	Con	ditional Use	🗌 Requires Rev	view	
		Subdivision	Inte	rpretation	Approved		
		🗌 Site Plan		proved	Approved w/	Conditions	
PERMIT ISSL	JED	Maj 🗍 Minor 🗍 Mi	Matta	nied	Denied	105000	
		Date:	Date:		Date Tegun	es A G	
JAN 4 2010			10/11		Ferrens E	Appi	

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 - Buil	ding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (•		6 10-1463	11/22/2010	044 G004001
Location of Construction:	Owner Name:		Owner Address:		Phone:
69 State St	Coffin Lynn M &		69 State St		
Business Name:	Contractor Name:		Contractor Address:		Phone
	CSI Builders	_	41B Woodville Fa	lmouth	(207) 831-6966
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dwe	llings	
Proposed Use:		Propo	ed Project Description:		
Single Family / Alterations to closet a current location.	rea and move wet bar 2'	' from Alter	ations to closet area	and move wet bar 2'	from current location.
 Dept: Zoning Status: A Note: ANY exterior work requires a sep District. 2) This is NOT an approval for an ad not limited to items such as stoves 	iditional dwelling unit.	val thru Historio You SHALL N	OT add any addition	property is located w	Ok to Issue: 🗹 vithin an Historic
 This property shall remain a single approval. It is understood that the for sleeping quarters. 	e family dwelling. Any o	change of use s	hall require a separat	te permit application	
Dept: Building Status: A Note:	pproved with Condition	ns Reviewe	: Jonathan Rioux	Approval D	ate: 01/11/2011 Ok to Issue: 🗹
 Application approval based upon and approval prior to work. 	information provided by	y applicant. Any	v deviation from app	roved plans requires	separate review
 Separate permits are required for pellet/wood stoves, commercial k as a part of this process. 					

Comments:

11/29/2010-mes: A refirigerator and sink are being shown - I need the size of the sink - This can not be a full Kitchen so as not to trigger the definition of a dwelling unit. I will call the contractor as to the size of the sink. Apparently the refrigerator is a small under counter refrigerator. I will get its size.

1/10/2011-mes: Called _ Adam stated that he dropped some plans off a while back after our doors were closed - it never got to me. Adam did tell me that the bar sink was 12' x 15' which would be allowable.

1/11/2011-jrioux:

Contractor stated "Smoke Detector" already exists in the proposed work area (pre-existing same-use space): egress door is at grade, and none of the work effect bearing walls or partitions.



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	 Building or Use Permit 		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101	0	207) 8 74 -8 71	6 10-1463	11/22/2010	044 G004001
Location of Construction:	Owner Name:		Owner Address:		Phone:
69 State St	Coffin Lynn M &		69 State St		1
Business Name:	Contractor Name:		Contractor Address:		Phone
	CSI Builders		41B Woodville Fa	lmouth	(207) 831-6966
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dwe	llings	
Proposed Use:		Propos	ed Project Description:		
Single Family / Alterations to c current location.	loset area and move wet bar 2'	from Altera	ations to closet area	and move wet bar 2	' from current location
1 0	us: Approved with Condition	Reviewer	: Marge Schmucka	al Approval I	
 Note: ANY exterior work required District. This is NOT an approval for not limited to items such as This property shall remain a 	s a separate review and approver r an additional dwelling unit. Stoves, microwaves, refrigeration	al thru Historic You SHALL N Drs, or kitchen hange of use sł	Preservation. This p OT add any addition sinks, etc. Without s nall require a separat	property is located w nal kitchen equipme special approvals. te permit application	Ok to Issue: 🗹 within an Historic nt including, but a for review and
 Note: ANY exterior work require District. This is NOT an approval for not limited to items such as This property shall remain a approval. It is understood the for sleeping quarters. 	s a separate review and approver r an additional dwelling unit. stoves, microwaves, refrigerate a single family dwelling. Any c nat the area in question will not	al thru Historic You SHALL N ors, or kitchen hange of use sl be a separate o	Preservation. This p OT add any addition sinks, etc. Without s nall require a separat	property is located w nal kitchen equipme special approvals. te permit application 11 not be rented out	Ok to Issue: within an Historic nt including, but a for review and separately nor used
 Note: ANY exterior work require District. This is NOT an approval for not limited to items such as This property shall remain a approval. It is understood the for sleeping quarters. 	s a separate review and approv r an additional dwelling unit. stoves, microwaves, refrigerate a single family dwelling. Any c	al thru Historic You SHALL N ors, or kitchen hange of use sl be a separate o	Preservation. This OT add any addition sinks, etc. Without s hall require a separal dwelling unit and wi	property is located w nal kitchen equipme special approvals. te permit application	Ok to Issue: within an Historic nt including, but a for review and separately nor used
 Note: 1) ANY exterior work required District. 2) This is NOT an approval for not limited to items such as 3) This property shall remain a approval. It is understood the for sleeping quarters. Dept: Building State 	s a separate review and approver r an additional dwelling unit. stoves, microwaves, refrigerate a single family dwelling. Any c nat the area in question will not cus: Approved with Conditional upon information provided by	al thru Historic You SHALL N ors, or kitchen hange of use sl be a separate o Reviewer	Preservation. This OT add any addition sinks, etc. Without s hall require a separar dwelling unit and wi : Jonathan Rioux	property is located w nal kitchen equipme special approvals. te permit application 11 not be rented out Approval I	Ok to Issue: within an Historic Int including, but a for review and separately nor used Date: 01/11/2011 Ok to Issue: M

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JAN 4 2010

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- <u>X</u> Framing/Rough Plumbing/Electrical: Prior to Any Insulating, drywalling or covering.
- X____ Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

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PERMIT ISSUED

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JAN 4 2010

10 1463



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: 69	STATE ST.	
Total Square Footage of Proposed Structure/An		Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# OMY & ODY	Applicant * must be owner, Lessee or Buy Name Aster Researchers CSI BACORS INC Address II Warren Rd City, State & Zip FA Marsa, MC	831-6966
	Owner (if different from Applicant) Name PHIL SPALDING Address 69 STATEST City, State & Zip Poersons ME	Cost Of Work: \$2,000. C of O Fee: \$ Total Fee: \$0.00
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: <u>FAME</u> - <u>LIBO</u> Is property part of a subdivision? <u>MO</u> Project description: <u>Automatication</u> To <u>2' FRAM</u> CARLET LOCATION	If yes, please name ecourt Arro, more c	
Contractor's name: CSI Boyco Ex. Address: II Jack Market HI City, State & Zip Jul Market HI Who should we contact when the permit is ready: Mailing address:	When the Rel	elephone: 831-6966 elephone: 831-6966

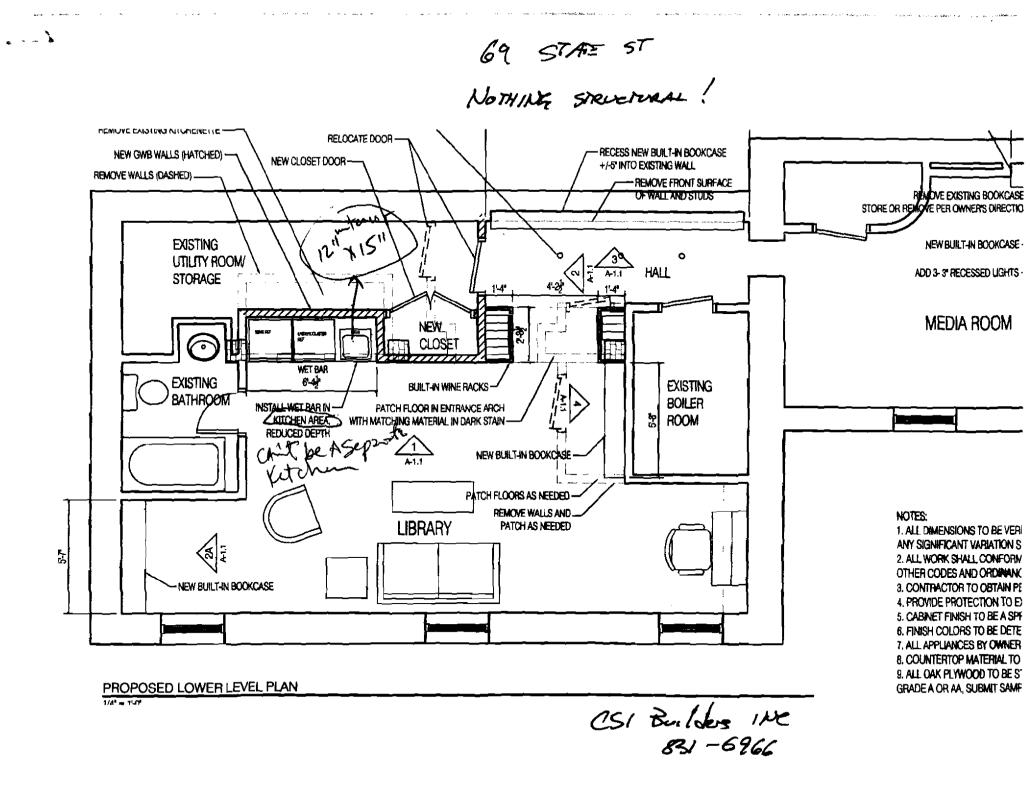
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

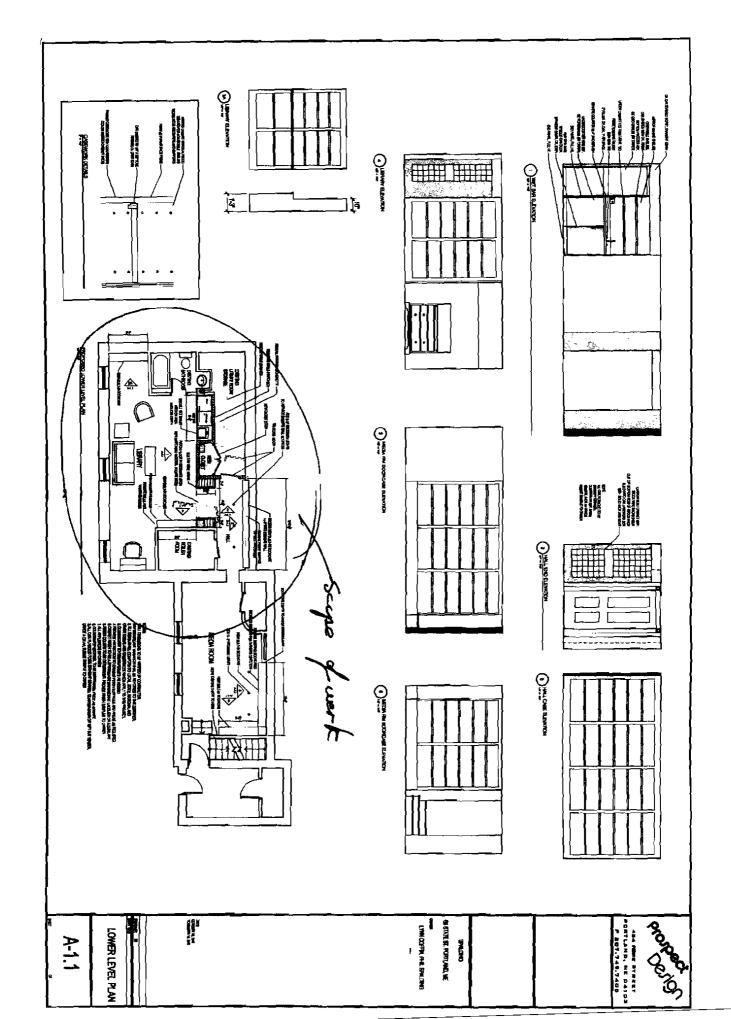
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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 of the codes of the permit.

Signature: Date: 1/22/10

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





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1-12-11 Stil need a p'erm pent Trep NIA all wirms Prostan Finol. NO