Please Read
Application And Batter Difference CTION
Notes, If Any, Attached PERMIN Permit Number: 080936
This is to certify that GALLISON ANDREW & MELA HUGHSON/Papi & R no PERMIT ISSUED
has permission toUnit #6 Residential Condoerior Rvationtchen, base relocating of non bearing wall
AT 88 PARK ST L 045 B011006 AUG 1 2 2008
provided that the person or persons, and or dependence on a septing this permit shall comply with all of the provisions of the Statutes of Name and of the Originances of the City of Pontland regulating the construction, maintenance and us of buildings and support of the application on file in this department.
Apply to Public Works for street line and grade if nature of work requires such information.N ication inspect in must operation permission procu build in permission procu
OTHER REQUIRED APPROVALS Fire Dept Health Dept Appeal Board Other
Department Name Department Name Director - Building & Inspection Services

City of Portland, Maine - B	uilding or Use	Permit Applicati	on Per	rmit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	, Fax: (207) 874-87	/16	08-0936		045 B011006		
Location of Construction:	Owner Name:		Owner	r Address:	Phone:		
88 PARK ST	GALLISON A	GALLISON ANDREW & PAMEL			88 PARK ST # 6		
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone		
	Papi & Roman	Papi & Romano Builders, Inc		Box 1079 Port	2077973381		
Lessee/Buyer's Name Phone:				Permit Type: Zo Alterations - Dwellings			
Past Use:		Perm	it Fee:	Cost of Work:	CEO District:		
Unit #6 Residential Condo	Unit #6 Multi	Proposed Use: Unit #6 Multi unit condo'sUnit #6		\$30.00 \$1,000.00 2			
Residential Co relocating of n		ndokitchen, bath, on bearing wall	FIRE	FIRE DEPT: Approved INSPECTION: Denied Use Group: 2 - 2 Type: = TBC 2003			
egh we if entre b Proposed Project Description: Unit #6 Residential Condo - interi		Signat	e Conditure: Cores	Crass Sign	ature:		
of non bearing wall	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Condit						
			Signa	ture:		Date:	
Permit Taken By: Dat Idobson 0'		Zoning Approval					
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		ws Zoning Appeal		Historic Preservation	
		Shoreland		Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.		U Wetland		Miscellan	eous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the d	Flood Zone		Conditional Use		Requires Review		
False information may invalic permit and stop all work	Subdivision				Approved		
		Site Plan		Approved		Approved w/Conditions	
PERMIT ISS		Maj Minor Mi	Mt2 5	Denied Bate:		Denied - Any extensor work Date: Equines 2 Sept	

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

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 Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

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 <u>DO</u> 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

CITRE ATLAND

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.

Total Square Footage of Proposed Structure/AreaSquare Footage of LotNumber of StoriesTax Assessor's Chart, Block & Lot Chart#Applicant *must be owner, Lessee or Buyer*Telephone:455011Name AddressName						
Chart# Block# Lot# US B OII Name						
City, State & Zip						
Lessee/DBA (If Applicable) Owner (if different from Applicant) Cost Of JUL 2 5 2008 Name Work: \$_1,000^- Address C of O Fee: \$ City, State & Zip Total Fee: \$						
Current legal use (i.e. single family) <u>Resident val Condo</u> Number of Residential Units If vacant, what was the previous use? Proposed Specific use: <u>SAM2</u> Is property part of a subdivision? If yes, please name Project description: - <u>P</u> F+01, STE FASTING FITCHES / PSSTH - <u>P</u> FMONE SIMPLE Section OF NON-CONSTRETANCY NON- <u>P</u> FMONE FIXTURES BUT KEEP Struct Location						
Contractor's name: PAPI & ROMA-D BULUER, IVC. Address: P.O. Box 1079						
City, State & Zip <u>POPTLAND</u> , <u>ME</u> <u>OTIOH</u> Telephone: <u>797.3321</u> Who should we contact when the permit is ready: <u>RICK ROMANO</u> Telephone: <u>797.3321</u> Mailing address: <u>P.O. Box 1079 PORTLAND</u> , <u>ME</u> <u>OTIOH</u>						

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 <u>www.portlandmaine.gov</u>, 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: Date:

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

EE PARK ST. #25

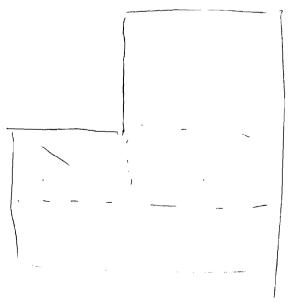
SLOPE OF NORCH

PLANS INCLUDE A REPORTED FITCHES & BATHRM. W.TH REMARK OF SMALL SECTION of row - Lond Bearing WALL.

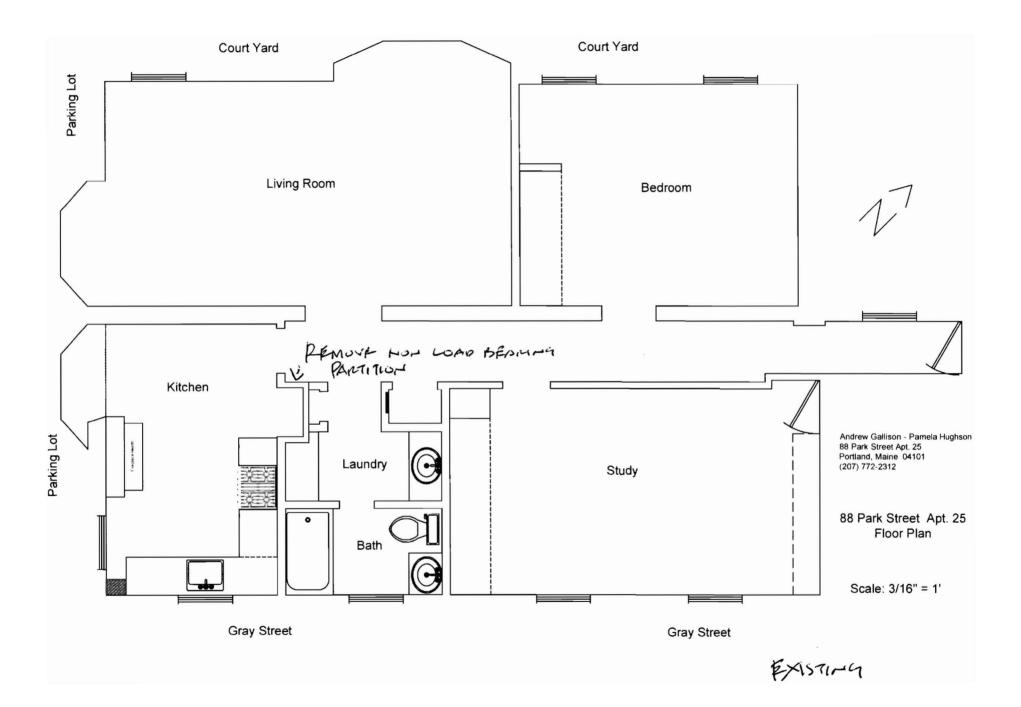
OTHER PLANS INCLUDE INSTITUATION OF STALLABLE Wissher/ Dryen, VENT TO Extension. REPLACE Electrical ENTRANCE PAREL WITH NEW PANEL - REPLACE Some lighting.

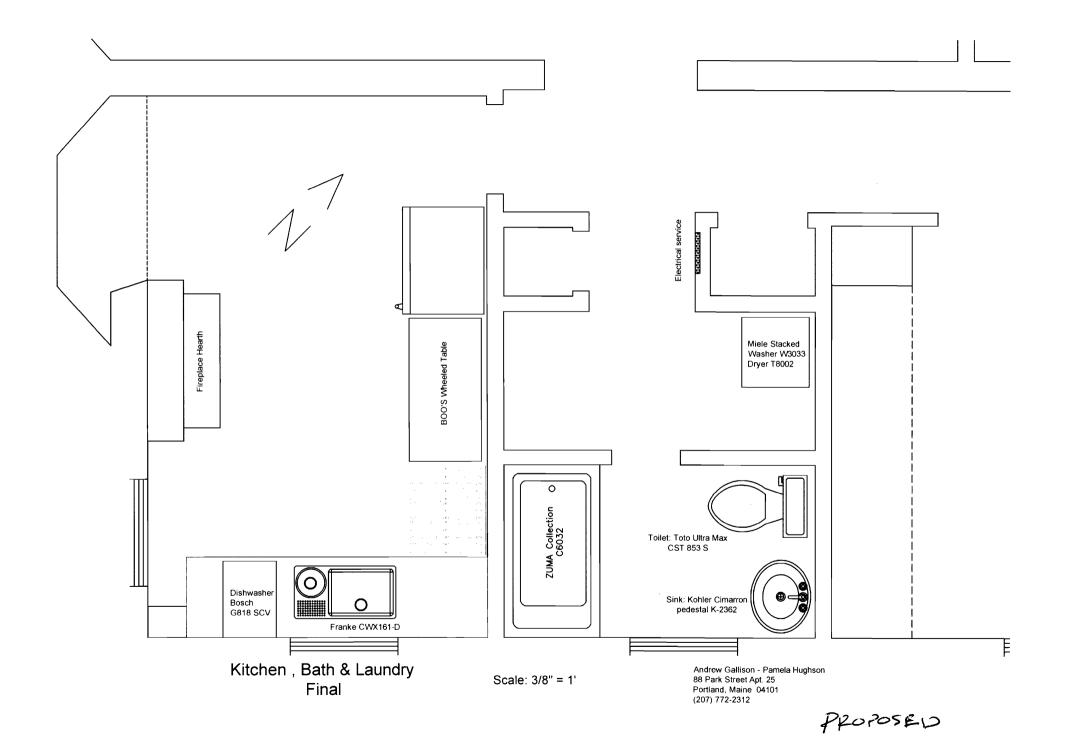
THIMAL PERIOD of discovery will DETERMINE TYPE of while & CEII, in 4 Finishes. WE will REPORT conditions discovered After demolition.

AS WELL AS MECHANICALLY FINE PATED LIGHTS



FIXTURES TO PEMAID IN SAME LUCASTIONS





City of Portland, Maine - Buil	ding or Use Permi	t	Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87			6 08-0936	07/25/2008	045 B011006		
Location of Construction:	Owner Name:	·	Owner Address:				
88 PARK ST	GALLISON ANDREW & PAMEL		88 PARK ST # 6	88 PARK ST # 6			
Business Name: Contractor Name:			Contractor Address:		Phone		
	Papi & Romano Build	lers, Inc	PO Box 1079 Port	(207) 797-3381			
Lessee/Buyer's Name Phone:			Permit Type:				
		Alterations - Dwellings					
Proposed Use: Unit #6 Multi unit condo'sUnit #6 Re relocating of non bearing wall	sidential Condokitchen,	, bath, Unit	sed Project Description: #6 Residential Cond ating of non bearing		ions kitchen, bath,		
Dept: Zoning Status: A Note: 1) ANY exterior work requires a sep District.	pproved with Condition		r: Marge Schmucka		Ok to Issue: 🔽		
 This is NOT an approval for an ad not limited to items such as stores 					nt including, but		
 This entire property shall remain application for review and approv 		inium building	. Any change of use	shall require a separa	ate permit		
 This permit is being approved on work. 	the basis of plans subm	itted. Any dev	iations shall require a	a separate approval t	before starting that		
Dept: Building Status: A	pproved with Condition	ns Reviewe	r: Tammy Munson	Approval D	ate: 08/12/2008		
Note:					Ok to Issue:		
 All penetratios through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. 							
 All penetrations between dwelling and recessed lighting/vent fixture 				cted with approved f	ĭrestop materials,		
 Separate permits are required for Separate plans may need to be sul 							
Dept: Fire Status: A Note:	pproved with Condition	ns Reviewe	r: Capt Greg Cass	Approval D	ate: 08/06/2008 Ok to Issue: 🖌		
 The entire structure shall comply Compliance shall be insured prior 		•••					
2) All construction shall comply wit	h NFPA 101						