Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read **INCRECTION Application And** Permit Number: 060912 Notes, If Any, PERM Attached PERMIT ISSUED DUGAS PETER C & SCOT KELLEY/property owner This is to certify that. Repair existing bay structure has permission to AUG - 3 2006 046 A001001 AT 243 STATE ST

aine and of the

e of buildings and

irm oi

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ificatio of insp on mul e d en and v en perm ion prod irt there İs ore this ilding o osed-in ned or EQUIRED UR NO

tion

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

epting this permit shall equiply with all

uctures, and of the application on file in

nances of the City of Portland regulating

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 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.

| on receipt of your building permit. |
|--|
| Prior to pouring concrete |
| Prior to pouring concrete |
| Prior to placing ANY backfill |
| Prior to any insulating or drywalling |
| or to any occupancy of the structure or NOTE: There is a \$75.00 fee per section at this point. |
| |
| tin projects. Your inspector can advise pancy. All projects DO require a final the project cannot go on to the next CIRCUMSTANCES. |
| pancy. All projects DO require a final the project cannot go on to the next |
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| City of Portland, Maine | e - Building or Use | Permit Application | n Per | mit No: | REHW | IT ISS | UF BL: | |
|---|----------------------------|-------------------------|---------------------------------|----------------|----------------|---------------------------|-----------------------|----------------|
| 389 Congress Street, 04101 | _ | | | 06-0912 | , | | 046 A | 011001 |
| Location of Construction: | Owner Name: | | Owner | Address: | AUG | - 3 2 | 006 ^{Phore:} | |
| 243 STATE ST | DUGAS PET | ER C & SCOTT E KE | 243 S | TATEST | 100 | 5 2 | | |
| Business Name: | Contractor Name | e: | Contra | ctor Addres | | | Phone | |
| | property owne | er | Portl | and | _CITY OF | POR | <u>TL'AND</u> | |
| Lessee/Buyer's Name | Phone: | | Permit | Type: | | | | Zone: |
| | | | Alte | rations - D | wellings | | | トス |
| Past Use: | Proposed Use: | | Permi | t Fee: | Cost of Wor | rk: | CEO District: | |
| Residential 4 unit Residential bay structu | | unit repair existing | | \$66.00 | \$5,00 | 00.00 | 2 | |
| | | | FIRE | DEPT: | Approved | INSPE | • | |
| | | | 1. | | Denied | Use Gr | | Type: 3/3 |
| | | . 20 | ١, | | | } | 19 | 110 |
| legaluse, tour | 4 residenti Al | - dwelling mi | 15 | | | | 8/1/ | 09 |
| Preposed Project Description: | - | 9 | 7 | | | | ni, | 0/15 |
| Repair existing bay structure | | | Signati | | | Signatu | | ycu |
| | | | PEDES | STRIAN AC | TIVITIES DIS | TRICT (I | P.A.D.) | 1 |
| | | | Action | : | roved Ap | proved w/ | Conditions | Denied |
| | | | g | - | | | D . | |
| | | | Signat | | | | Date: | |
| Permit Taken By: | Date Applied For: | | | Zonir | ig Approva | al | | |
| dmartin | 06/19/2006 | Special Zone or Revi | owe | 7.0 | ning Appeal | | Historic Pro | ecoryotion |
| 1. | | l | lews | | | | | |
| 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 | | Shoreland | | Varia | nce | | Not in Dist | rict or Landma |
| | | | | | | | r | |
| | | Wetland | | Misce | ellaneous | | Does Not R | Lequire Review |
| | | | | | 511 TT | | | |
| | | Flood Zone | Conditional Use Interpretation | | | Requires Review Approved | | |
| | | Subdivision | | | | | | |
| permit and stop all work. | _ | Subdivision | | mer | retation | | Approved | |
| • | | Site Plan | | Appro | ved | - | Approved w | //Conditions |
| | | Site i idii | | | , ved | | | |
| | | Mai Minor MN | 101 | Denie | d | | Denied † | 0 D.A |
| | | all with co | The | | | | Name and A | |
| | | Date: 2 | aloll | 2 Date: | |): | Denied + | 71510 |
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| | | CERTIFICAT | ION | | | | | |
| I hereby certify that I am the o | | | | | | | | |
| I have been authorized by the | | | | | | | | |
| urisdiction. In addition, if a pshall have the authority to ente | | | | | | | | |
| such permit. | er all areas covered by si | uch permit at any reaso | naoie no | our to enic | orce the provi | ISIOII OI | me code(s) a | ppiicable to |
| P******* | | | | | | | | |
| | | | | | | | | |
| SIGNATURE OF APPLICANT | | ADDRES | SS | | DATE | E | PH | ONE |
| | | | | | | | | |
| RESPONSIBLE PERSON IN CHAR | RGE OF WORK, TITLE | | | | DATE | l. | рн | ONE |

| • | e - Building <i>or</i> Use Permit 1 Tel: (207) 874-8703, Fax: (207) | | Permit No: 06-09 12 | Date Applied For: 06/19/2006 | CBL: 046 A001001 | |
|----------------------------------|--|----------------------------|----------------------------------|------------------------------|------------------|--|
| Location of Construction: | Owner Name: | 2077 07 1 071 | Owner Address: | | Phone: | |
| 243 STATE ST | | DUGAS PETER C & SCOTT E KE | | | | |
| Business Name: | | | 243 STATE ST Contractor Address: | Phone | | |
| | | | Portland | | | |
| Lessee/Buyer's Name | | | Permit Type: | | | |
| • | | | Alterations - Dwe | llings | | |
| Proposed Use: | | Propos | ed Project Description | | | |
| Residential 4 unit repair exis | eting hav structure | _ | r existing bay struc | | | |
| Rosidontiai 4 anti repair exis | ang out structure | l repair | | | | |
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| Dept: Building S e | tatus: Approved with Conditions | s Reviewer | : Mike Nugent | Approval D | Pate: 08/01/2000 | |

reconstruction.



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.

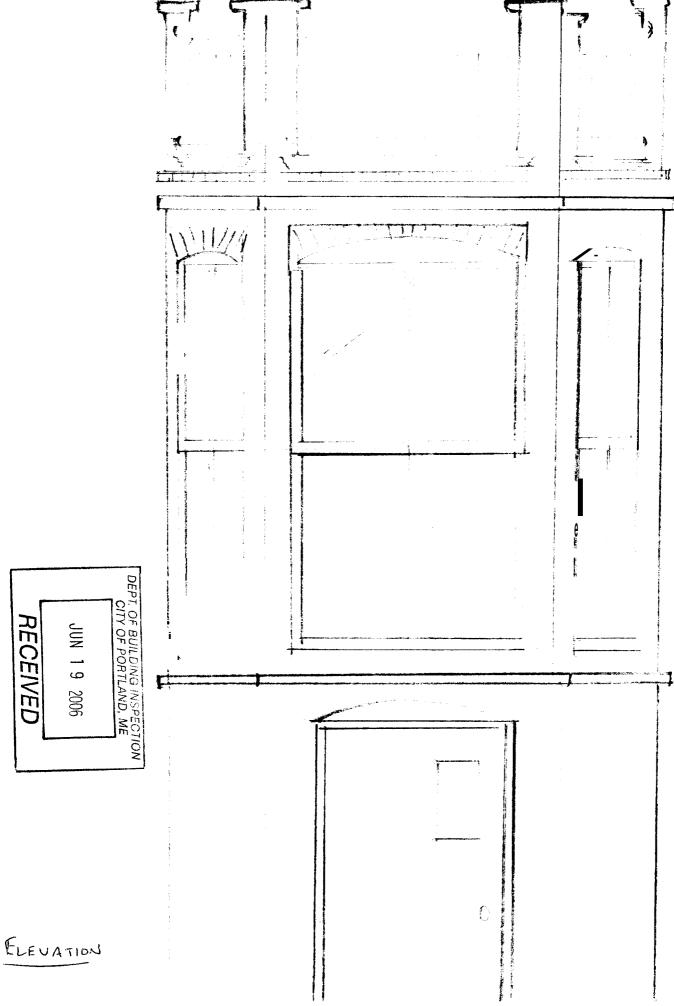
| Total Square Footage of Proposed S | tructure Square Footage of Lot | | | | |
|--|---|--|--|--|--|
| O FTZ (RE | PAIR OF \$50FTZ) O. 10 ACRES | | | | |
| Chart# Block# Lo | PETER DUGAS / STOTT KELLEY (207) 409-672 | | | | |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: Cost Of | | | | |
| | PETER DUGAS Work: \$ 5000 | | | | |
| | 243 STATE ST Fee: \$ 6600 | | | | |
| | PARTIANA ME CHIAN | | | | |
| D 0 | C of O Fee: \$ | | | | |
| Proposed Specific use: | Current Specific use: PORTION OF APARTHENT KESIAGING YUNT | | | | |
| Troposed opeciale use. | | | | | |
| Project description: | R OF EXISTING BAY STRUCTURE (WINDOW ARCHES | | | | |
| 2 ROOF) ACEDEDING TO HISTORICAL STANDARDS AS DEFINED BY | | | | | |
| SCOTT HANSON PER SITE VISIT 6/13/06. | | | | | |
| Contractor's name, address & telephone: | | | | | |
| Who should we contact when the pe Mailing address: | rmit is ready: PETER DUCAS Phone: 267 \ 469 - 0722 | | | | |
| 243 STATE ST | | | | | |
| PERTLAND, ME OULD) | | | | | |
| Please submit all of the information outlined in the Commercial Application Checklist. | | | | | |

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmane.gov, stop by the Building Inspections 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 of applicant: | Date: 6 19/66 |
|-------------------------|--|
| | ot commence ANY work until the permit is issued. RECEIVED |





& WALL ABONE

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BRICE ALTERS OVER FEMILIAGES TO BE REQUEST AS IS

-2×8'5@16"a.

- 3 - Cr

EXISTING FLAT ROOF

TERMING THE TOT FRAMING

ROPTISE HEMERANE

45" TYP.

41'-8"

PLAN

