Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERIVIN

Permit Number: 080078

[
This is to certify thatTHOMAS KEVIN W /pro	pe owner		
has permission to Close in existing three rear	r p nes - rei 7e con e :	walls o	nt entry & replace with wood walls an
AT 119 SHERMAN ST			21001
provided that the person or person	s m or	n a epting th	is permit shall comply with all
of the provisions of the Statutes o	f laine and of the C	ances of t	he City of Portland regulating
the construction, maintenance and	l use of buildings an	ctures, a	and of the application on file in
this department.			<u> </u>
Apply to Public Works for street line and grade if nature of work requires such information.	b re this ding or larger than the second or	n mus on procu it thereos osed-in.	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS			
Fire Dept. (2000)	_	10	
Health Dept.			11 60
Appeal Board			11 May 1/12 2/27/08
Other Department Name		fran	Director - Building & Inspection Services
DEN	IALTY FOR REMOVIN	IGTHIS CARD	· · · · · · · · · · · · · · · · · · ·
PLN	ALI I I ON ALMOVII	id IIIIS CAND	
	•		

City of Portland, Maine	- Building or	Use l	Permi	t Application	, [i	Permit No:	Issue Date	:	CBL:		
389 Congress Street, 04101	J				- 1	08-0078			048 C	021001	
Location of Construction:	Owner Na	me:		<u> </u>	Ow	ner Address:			Phone:		
119 SHERMAN ST	ТНОМА	THOMAS KEVIN W		39	DEERING A	VE					
Business Name:	Contractor	· Name:	:		Cor	tractor Address:			Phone		
	property	owner	r								
Lessee/Buyer's Name	Phone:				Per	mit Type:				Zone:	
					Α	dditions - Mul	ti Family			R-6	
Past Use:	Proposed U	Jse:		<u> </u>	Per	mit Fee:	Cost of Wor	k:	CEO District:	<u> </u>	
13 unit Residential	13 unit R	13 unit Residential - Close in existing three rear porches - remove concrete walls of rear			\$40.00	\$2,00	00.00	2			
1.001.50 12 44	existing			FII	RE DEPT:	Approved	INSPEC	CTION:			
legaluse-13 du. per pre 1957-asses	remove o]		Denied	Use Gro	oup: R2	Type: 56	
per pic (1) Fasses	basemen	•	y & replace with		Benieu						
	wood wa	wood walls and new ex		exterior door		See Conditions Signature: Carea Carea Sig			181 5002		
Proposed Project Description:					1		,		1	1	
Close in existing three rear po			e walls of rear		Sig	nature:	CHES	Signatu	re: m à	2/27/08	
basement entry & replace with	wood walls and i	new ex	terior o	loor	PEI	DESTRIAN ACT	IVITIES DIST	TRICT (P	T (P.A.D.)		
					Action: Approved Approved			oroved w/	w/Conditions Denied		
					Sig	nature:			Date:		
Permit Taken By:	Date Applied For:		Zoning Approval								
Idobson	01/25/2008										
1. This permit application de Applicant(s) from meeting Federal Rules.			_	cial Zone or Revie oreland	ws	Zoni Variance	ng Appeal e		Historic Pro	eservation rict or Landmark	
	. Building permits do not include plumbing,		☐ Wetland ☐ Miscellaneous			☐ Does Not Require Review					
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			Flood Zone Conditional		onal Use		Requires Review				
			Subdivision		[Interpretation			Approved			
			Sit	e Plan		Approve	ed		Approved w	/Conditions	
			Maj [∪k	Minor ☐ MM		Denied			Denied ABU	^	
1 :	9.00	Ĺ	Date: 1	1251or Age	<u>(</u>	Date:		Da	te:		
I hereby certify that I am the ov I have been authorized by the o jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this rmit for work des	applic cribed	ned pro ation a in the a	s his authorized application is is	e pr age	nt and I agree, I certify that	to conform t the code off	o all ap _l icial's au	plicable laws	of this resentative	
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHO	ONE .	
The second secon				ADDRESS			DATE		rHC	JNE	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

City of Portland, Main	ne - Building or Use Permit	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 0410	01 Tel: (207) 874-8703, Fax: ((207) 874-8716	08-0078	01/25/2008	048 C021001
Location of Construction:	Owner Name:	0	wner Address:		Phone:
119 SHERMAN ST	THOMAS KEVIN W	3	9 DEERING AV	E	
Business Name:	Contractor Name:	C	ontractor Address:		Phone
	property owner				
Lessee/Buyer's Name	Phone:	Pe	ermit Type:		
			Additions - Multi	Family	
Proposed Use:		Proposed	Project Description:		
	in existing three rear porches - rer nent entry & replace with wood wa				concrete walls of rear d new exterior door
Note: 1) This permit is being appwork.	Status: Approved with Condition proved on the basis of plans submit ain a thirteen family dwelling. Any	tted. Any deviation	-		Ok to Issue:
Dept: Building S	Status: Approved with Condition	s Reviewer:	Tom Markley	Approval D	Ok to Issue: 🗹
Application approval ba and approrval prior to w	ased upon information provided by york.	applicant. Any d	eviation from app	roved plans requires	s separate review
2) The existing deck shall	be inspected for adequate fastener	s and bearing for	spans, and modifi	cations may be requ	ired
Dept: Fire	Status: Approved with Condition	s Reviewer:	Capt Greg Cass	Approval D	Pate: 02/14/2008
Note: on hold = open viol	lations				Ok to Issue: 🔽
1) All construction shall co	omply with NFPA 101				
	ll comply with NFPA 101 "Existin ured prior to the issuance of a Cer	<u> </u>	incy.		
3) Installation of a Fire Ala	arm system requires a Knox Box to	o be installed per	city crdinance		

4) The fire alarm system shall comply with NFPA 72

General Building Permit Application

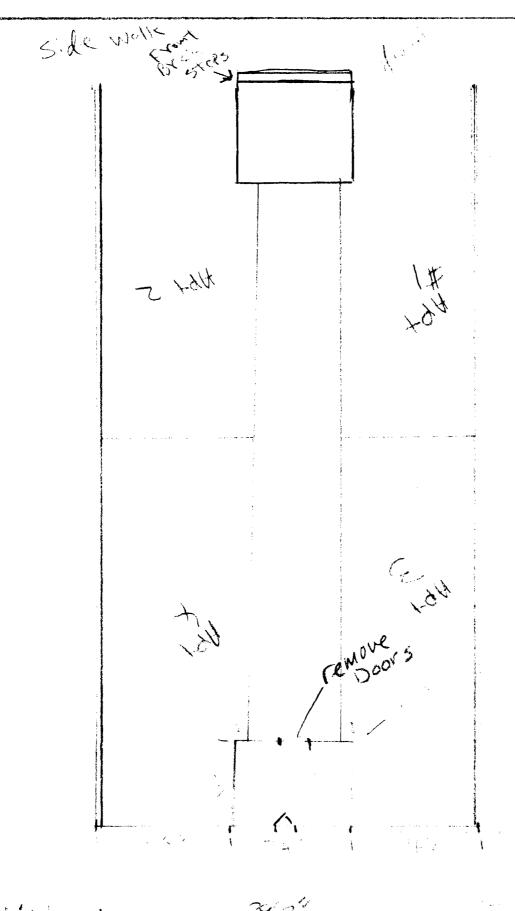
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Cocation/Address of Construction:	Area Square Footage of				
Fax Assessor's Chart, Block & Lot Chart# Block# Lot#		of Lot			
	Applicant *must be owner, Les	50 × 10 0 See or Buyer* Telephone: 221-2375			
48 C 21	Address 1/9 Sherman 1 AH # 13				
	City, State & Zip	va me outol			
essee/DBA (If Applicable)	Owner (if different from Appli	icant) Cost Of Work: \$ 2,000			
	Name				
	Address	C of O Fee: \$			
•	City, State & Zip	Total Fee: \$			
Project description: (10) (10) (10)		3×3' Porch			
`					
Contractor's name:					
Contractor's name:					
Contractor's name:					
Contractor's name:	ady: Kevin Thom				
Contractor's name: Address: City, State & Zip Who should we contact when the permit is rea	ady: Kevin Thom	Telephone:			

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

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.



	Jake Hool Sol	72xbx1"0C
		24/2" - 35" - 24/2.
Desodold.		78

13/2/2 1/2×1 50st 16'0C May May May +61----X0/2/2/-(on (rece (18t) (b) (4) remones (oxtree) Existing

Proposed replace dumaged Floor Joist to be 2x6 solid W/joist hangers WODE 4 downt

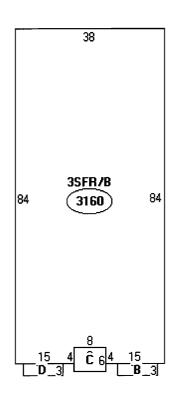
The state of the s

11/2 1/1/

81 27/1- \propto

The Bow 1/2





Descriptor/Area

- A: 3SFR/B 3160 sqft
- B:3SFRBAY/B 30 sqft
- C: 2SOFP/EFP 48 sqft
- D:3SFRBAY/B 30 sqft