

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 010986
PERMIT ISSUED
JUL 26 2005

This is to certify that Daniel Caron/Utopian Homes
has permission to condominium - add skylight near of building
AT 287 Spring St City of Portland 056 G012003

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 laid or closed-in. **HEAVY 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

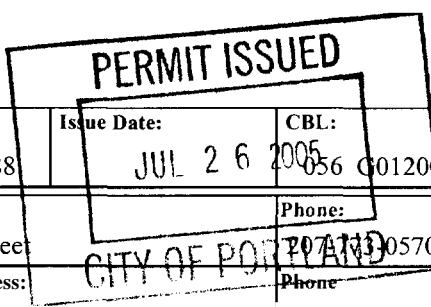
[Signature] 7/21/05
Director - Building & Inspection Services

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: 05-0988	Issue Date: JUL 26 2005	CBL: 056 0012003
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Location of Construction: 287 Spring St	Owner Name: Daniel Caron	Owner Address: 287 Spring Street	Phone: 0570
Business Name:	Contractor Name: Utopian Homes Inc	Contractor Address: 177 Margaret Street S Portland	Phone: 12077999388
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R-6

Past Use: condominium	Proposed Use: condominium - add skylight on rear of building	Permit Fee: \$66.00	Cost of Work: \$4,500.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-2 Type: SB IBC 2003
Signature:	Signature:

Proposed Project Description:
condominium - add skylight on rear of building

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action. <input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature:	Date:	

Permit Taken By: trmm	Date Applied For: 07/21/2005	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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 permit and stop all work.. 	Special Zone or Reviews <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: 7/21/05	Zoning Appeal <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:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <i>not visible from street</i> <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: Dr. Andrews 7/21/05
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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
RESPNSLBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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.

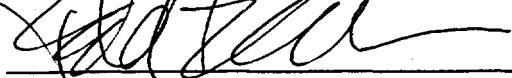
A Pre-construction Meeting will take place upon receipt of your building permit.

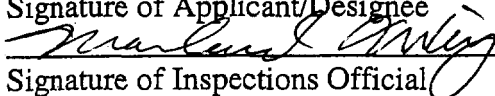
- _____ Footing/Building Location Inspection: Prior to pouring concrete
- _____ Re-Bar Schedule Inspection: Prior to pouring concrete
- _____ Foundation Inspection: Prior to placing **ANY** backfill
- ~~_____ Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling~~
- ~~_____ Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.~~

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO 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

 7-26-05
Signature of Applicant/Designee Date

 7-26-05
Signature of Inspections Official Date

CBL: 56-G-12 Building Permit #: 05-0988

287 Spring St

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0988	Date Applied For: 07/21/2005	CBL: 056 G012003
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Location of Construction: 287 Spring St	Owner Name: Daniel Caron	Owner Address: 287 Spring Street	Phone: 207-773-0570
Business Name:	Contractor Name: Utopian Homes Inc	Contractor Address: 177 Margaret Street S Portland	Phone: (207) 799-9388
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: condominium - add skylight on rear of building	Proposed Project Description: condominium - add skylight on rear of building
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Deborah Andrews **Approval Date:** 07/21/2005

Note: **Ok to Issue:**

1) Approval is based on the letter dated June 14,2005.

Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 07/21/2005

Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** T a m y Munson **Approval Date:** 07/21/2005

Note: **Ok to Issue:**



All Purpose Building Permit Application

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: 289 SPRING ST. #3

Total Square Footage of Proposed Structure AS EXISTING			Square Footage of Lot ON FILE		
Tax Assessor's Chart, Block & Lot			Owner:		Telephone:
Chart# 56	Block# 9	Lot# 12 003	DANIELLE CARON		773.0570
Lessee/Buyer's Name (If Applicable)			Applicant name, address & telephone:		Cost Of Work: \$
			UTOPIAN HOMES, INC. (see below)		4,500 Fee: \$

Current use: condominium

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: condominium

Project description: FRAME & INSTALL SKYLIGHT @ REAR ROOF

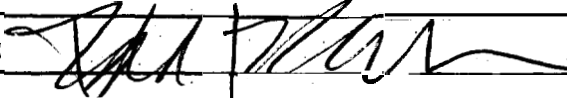
Contractor's name, address & telephone: UTOPIAN HOMES, INC.
177 MARGARET ST, SO. PORTLAND

Who should we contact when the permit is ready:
Mailing address: TODD ERICKSON - 252.7650
(same)

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: 252.7650**
799.9368

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:  Date: 7.21.

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

CITY OF PORTLAND, MAINE

HISTORIC PRESERVATION BOARD

Cordelia Pitman, Chair
John Turk, Vice Chair
Marc Belanger
Kimberley Geyer
Edward Hobler
Steve Sewall
Susan Wroth

June 14,2005

Edward Hobler
174 Danforth Street
Portland, Maine 04102

Re: Skylight Installation – 289 Spring Street


Dear Mr. Hobler:

On June 14,2005 this office reviewed and approved your request to install a 22”x36” skylight on the rear roof slope at 289 Spring Street. Staff has confirmed that the skylight will not be readily visible from a public way.

The installation shall be carried out as described in your e-mail dated June 11,2005. Changes to the approved plans and specifications **and** any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration, or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work, or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

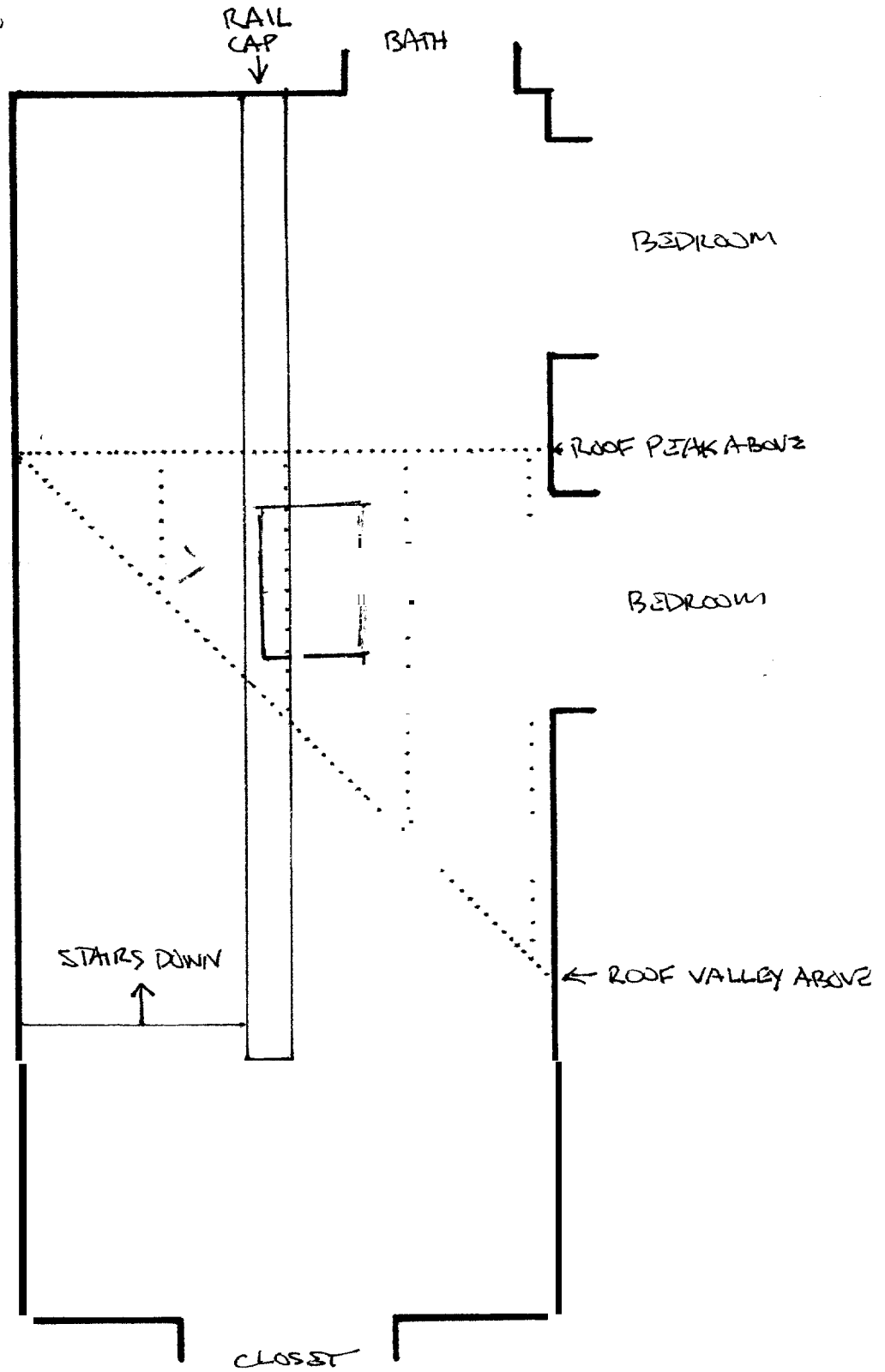
This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance. If the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant **part** for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

Sincerely,


Deborah G. Andrews
Historic Preservation Program Manager

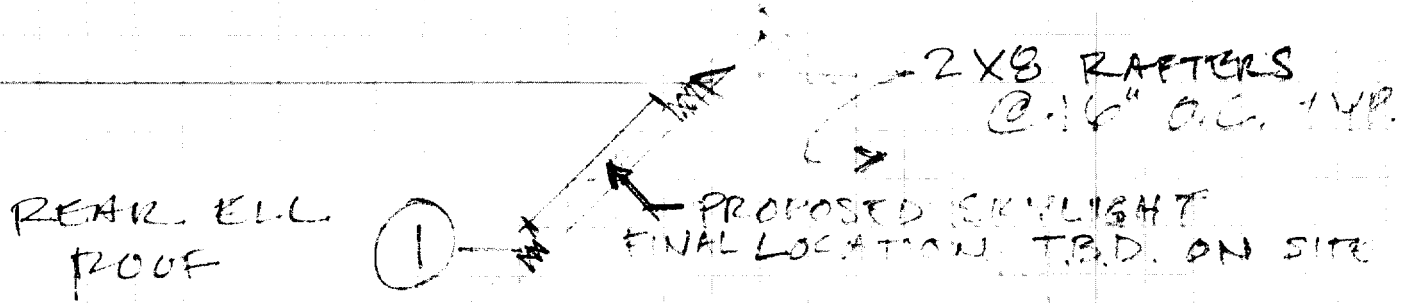
cc: Approval File

CARON SKYLIGHT
289 SPRING ST. #3
OTTAWA



PROPOSED
27" X 26"
SKYLIGHT
FINAL
LOCATION
T.B.D.
ON SITE

Date: 7.20 Job: CANON SKYLIGHT
289 SPRING ST.

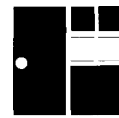


2X4 CEILING JOISTS TYP.

2ND FLOOR

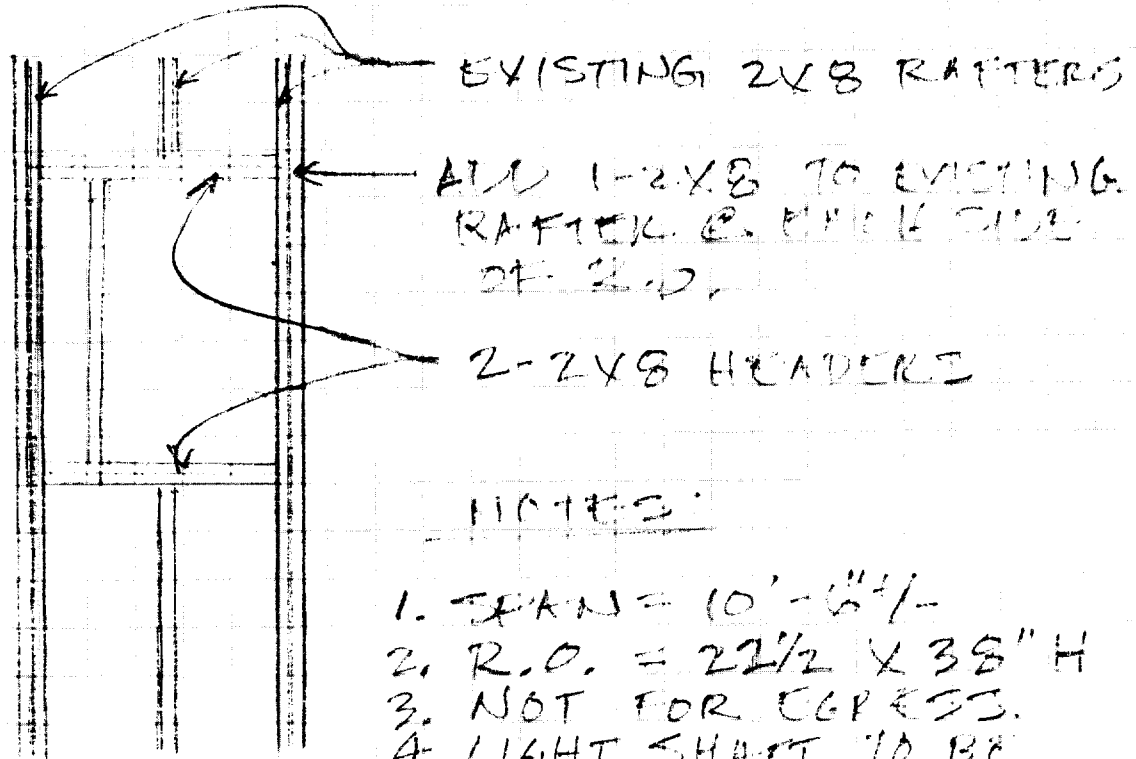
1ST FLOOR





Date: 7.20 Job: CAROL SKYLIGHT
 289 SPRING ST

① FRAMING DETAILS



NOTES:

1. SPAN = 10'-6 1/2"
2. R.O. = 2 1/2" X 38" H
3. NOT FOR EGRESS.
4. LIGHT SHAFT TO BE 2X6 W/ R-19 & 1/2" GYP.
5. ATTIC INSULATION TO BE UPDATED TO R-40
6. CEILING OPENING TO BE 2X6 W/ 2-2X6 HEADERS

