Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 081456

This is to certify that \_\_\_\_NBDT LLC /Chris Smith Build

has permission to \_\_\_\_\_\_ interior renovations only - new or plan

AT 249 SPRING ST

C 056 G0B6001 DEC

provided that the person or persons, fit or common according this permit shall comply with all of the provisions of the Statutes of Mare and of the Complete 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.

Not ation o spectio must b give nd writt bermissi brocure befo this bul na or pa hereof is lath or oth sed-in. 2 NOTICE IS REQUIRED. HO

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

Director - Buildi

PENALTY FOR REMOVING THIS CARD

City of Portland, N	Maine - Building or Use	Permit	Application	n Permit No:	Issue Dat	e:	CBL:	
389 Congress Street,	04101 Tel: (207) 874-8703	3, Fax: (	207) 874-871	6 08-14	156		056 G0	36001
Location of Construction:				Owner Address	Owner Address:			
249 SPRING ST	NBDT LLC	NBDT LLC			N ST # 1			
Business Name:	Contractor Name	e:		Contractor Add	Iress:		Phone	
	Chris Smith B	uilders		P.O. Box 20	04 Biddeford		20722946	523
Lessee/Buyer's Name	Phone:		<del></del>	Permit Type:			Zone:	
				Alterations	- Duplex			18-1
Past Use:	Proposed Use:			Permit Fee:	Cost of Wo	rk.	CEO District:	7 /
Duplex Family Home	•	uplex Family Home - interior novations only - new floor plan		\$420.00 \$40,000			2	3353
Dapiex Fulling Floride				STATE OF THE STATE		INSPECTION:		1-4
					Approved		oup: R3	Type:575
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legal use:	2 residential	DI	A .			-	LRC 2	100
Proposed Project Description				-				
interior renovations on				Signature:		Signatu	IRCZ	2/1/2
	, non noor plan				ACTIVITIES DIS			
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				Action:	Approved Ap	proved w/	Conditions	Denied
				Signature:			Date:	
ermit Taken By:	Date Applied For:	<del></del>		<del></del>				<del></del>
ldobson	11/14/2008			201	ing Approv	aı		
	<del></del>	Spec	ial Zone or Revie	ws	Zoning Appeal	<del></del>	Historic Pres	ervation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance ☐ Miscellaneous		Į v	☐ Not in District or Landmark ☐ Does Not Require Review	
						1		
2. Building permits do not include plumbing,			tland					
<ul> <li>septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building</li> </ul>			19	Conditional Use			Requires Review	
			od Zone			1		
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permit and stop all		] Suc	division		terpretation		Approved	
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have been authorized b	the owner of record of the nay the owner to make this appli	incu pro	perty, or mat tr s his authorized	ic proposed Wo	oree to conform	to all an	uwiici oi recor mlicable lawa	u and that of this
risdiction. In addition	, if a permit for work described	d in the	application is is	sued. I certify	that the code of	ficial's a	uthorized renr	or uns esentative
nall have the authority (	o enter all areas covered by su	ich perm	it at any reasor	able hour to en	nforce the prov	ision of	the code(s) ap	plicable to
ach permit.	•	-	<u> </u>		1	. –	( / -T)	
VCNIATURE OF ARREST	ir		ABBBE					NE .
SIGNATURE OF APPLICANT			ADDRESS	j	DATE			NE
ESPONSIBLE PERSON IN	CHARGE OF WORK, TITLE		<del></del>	<del></del>	DATE	<del></del>	PHO	ME.
	MICE OF HOME, HILL				DAIL		rnt)	

## General Building Permit Application

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.

		<del></del>				
Location/Address of Construction: 224	1 SPRING ST					
Total Square Footage of Proposed Structure/A	Square Footage of Lot	Number of Stories				
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	er* Telephone:				
Chart# 56 Block# 67 Lot# 36	Name NBDT LLC	450-3687				
	Address 57 WALTUN St	. 1000				
	City, State & Zip PORTLAND, M.	<b>E</b>				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost \$ 49 coo				
	Name	Work: \$ 99 CCC				
	Address	C of O Fee: \$				
	City, State & Zip	TIE				
		Total Fee: \$				
Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:   SAME  Is property part of a subdivision?  If yes, please name  Project description:   FROUGH ON FORD FORD  Contractor's name:   Contract						
Contractor's name.						
Address: 57 WALTON ST						
City, State & Zip PORTLAND, ME 04/33 Telephone: 450-3687  Who should we contact when the permit is ready: CHRIS 5 m cM1  Telephone:						
Telephone.						
Mailing address: 5AME						
Please submit all of the information	11. 1. 1. 11. 01. 11.	77 11				

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 <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, 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.

					1	<i>)</i>
Signature:	H	1/	Date:	pi !	141	of
1	This is	s not a permit; you may not	commence AN	Ywor	k unt	il the permit is issue

•	ine - Building or Use Permi 01 Tel: (207) 874-8703, Fax:		Permit No: 08-1456	<b>Date Applied For:</b> 11/14/2008	CBL: 056 G036001	
Location of Construction:	ocation of Construction: Owner Name:			Owner Address:		
249 SPRING ST	NBDT LLC		<b>57 WALTON ST</b>			
Business Name: Contractor Name:  Chris Smith Builders			Contractor Address:	Phone		
			P.O. Box 2004 Bio	(207) 229-4623		
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Duplex			
Proposed Use:		Propose	d Project Description			
Duplex Family Home - int	erior renovations only - new floor p	pian interio	r renovations only	- new floor plan		
Dept: Zoning Note:  1) ANY exterior work red District.	Status: Approved with Condition quires a separate review and approved		Marge Schmuck	••	Ok to Issue: 🗹	
	val for an additional dwelling unit. ch as stoves, microwaves, refrigera				nt including, but	
<ol><li>This property shall remapproval.</li></ol>	nain a two family dwelling. Any ch	ange of use shall	require a separate	permit application f	or review and	
<ol> <li>This permit is being ap work.</li> </ol>	proved on the basis of plans submi	itted. Any devia	tions shall require a	separate approval l	pefore starting that	
Dept: Building	Status: Approved with Condition	ns <b>Reviewer</b> :	Tom Markley	Approval D	Date: 12/01/2008	
Note:			-	- <del>-</del>	Ok to Issue: 🗹	
Separate permits are re approval as a part of the	quired for any electrical, plumbing is process.	g, HVAC or exha	ust systems. Separa	ate plans may need t	o be submitted for	
Application approval be and approval prior to a	ased upon information provided by work.	y applicant. Any	deviation from app	roved plans requires	s separate review	

#### **Project Description**

This property is a 2 family located at 249 Spring Street in the west end section of Portland, and is also within the historic district. The building has been neglected and therefore somewhat distressed. The building was constructed in the 1890's and is sound and plumb. The existing framing is full dimension material with 2x10 16"oc and spanning the entire width of the building. The new owner will leave the exterior completely intact and repair the existing vinyl siding as needed. Due to the location within the historic district all of the existing windows the majority of which are double hung windows will only be re glazed and have new putty installed as needed There are 2 fixed windows on the third floor in a small shed dormer.

The first floor interior foot print will remain the basically the same from a structural perspective, with 3 walls being removed. Two of these 3 walls run parallel to the floor framing. The third wall is being relocated 3 feet to allow for the expansion of the bathroom and relocation of the wet wall, and runs perpendicular to the floor framing. This wall will be 2x6 construction and will therefore act as a stronger support. The kitchen will be removed, expanded and modernized. As will the bathroom with modern fixtures. The principal change will be the creation of a master bedroom from 2 smaller rooms.

Similar to the first floor the second floor will also have a new master bedroom created from 2 smaller bedrooms. The kitchen and bathroom will be expanded and updated with modern fixtures and cabinets. The rest of the foot print will remain intact

The third floor will remain the same except for 2 bedrooms which will be combined into a larger room with a walk in closet.

### 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.

<u>X</u>	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/

Signature of Inspections Official

Date

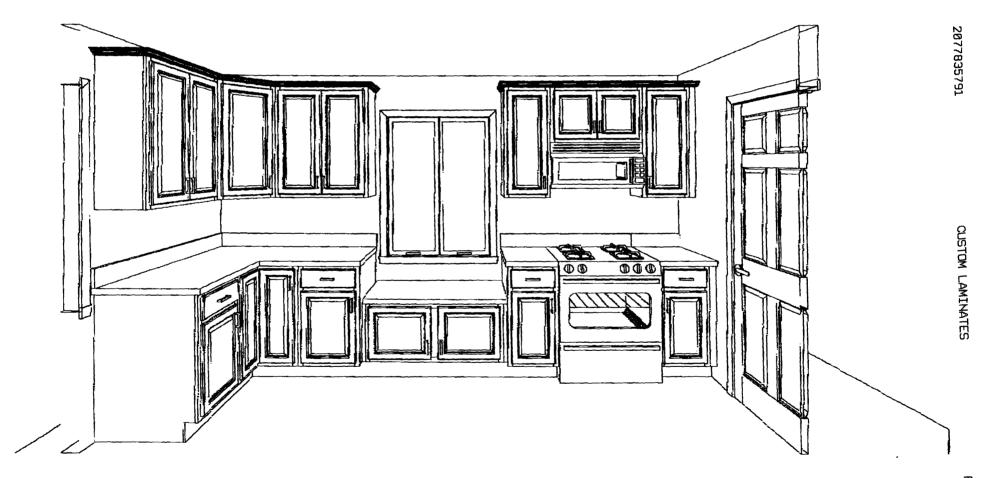
12/01/08

Date

CBL: 056 G036001

Building Permit #: 08-1456

# \$ 5,593.17 Maple Raised Panel



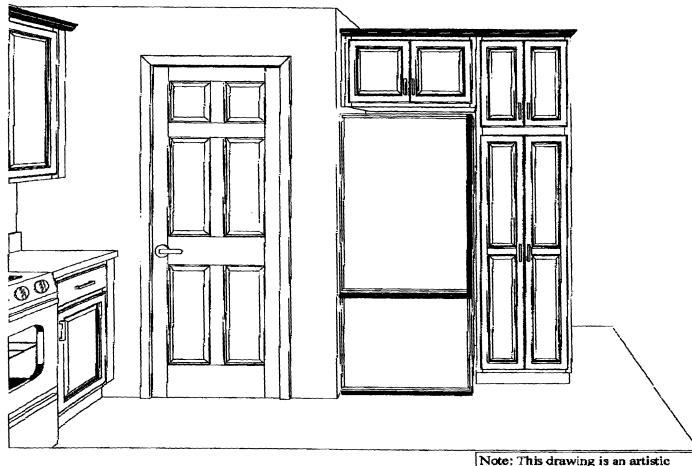
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Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

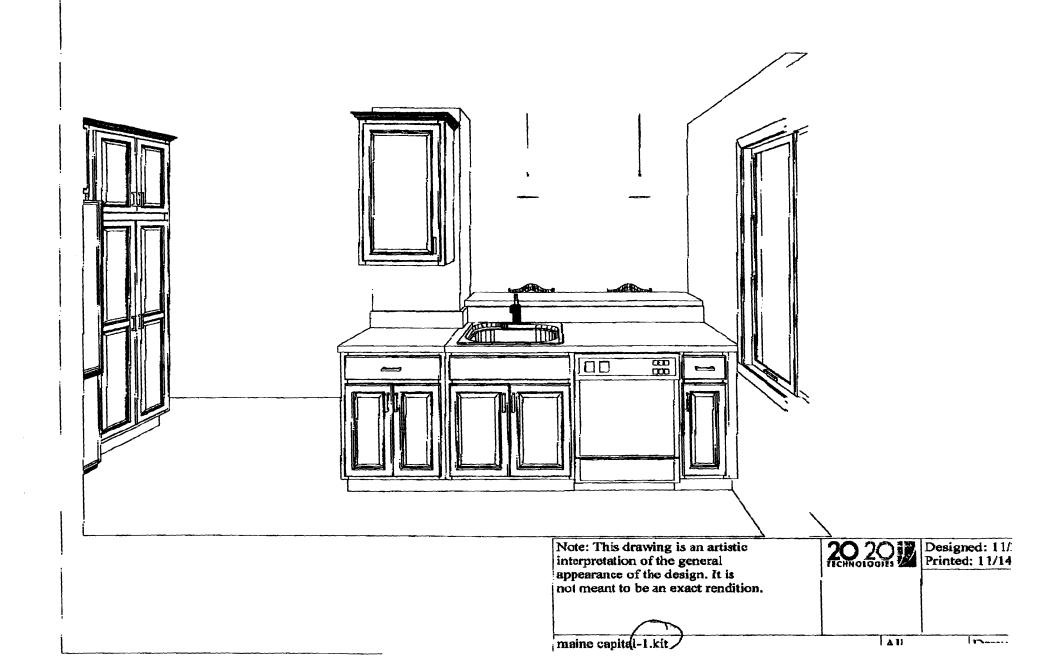
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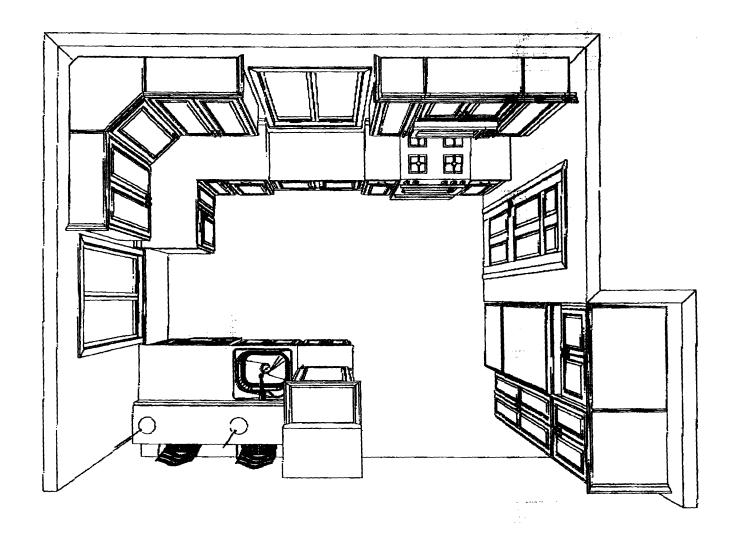
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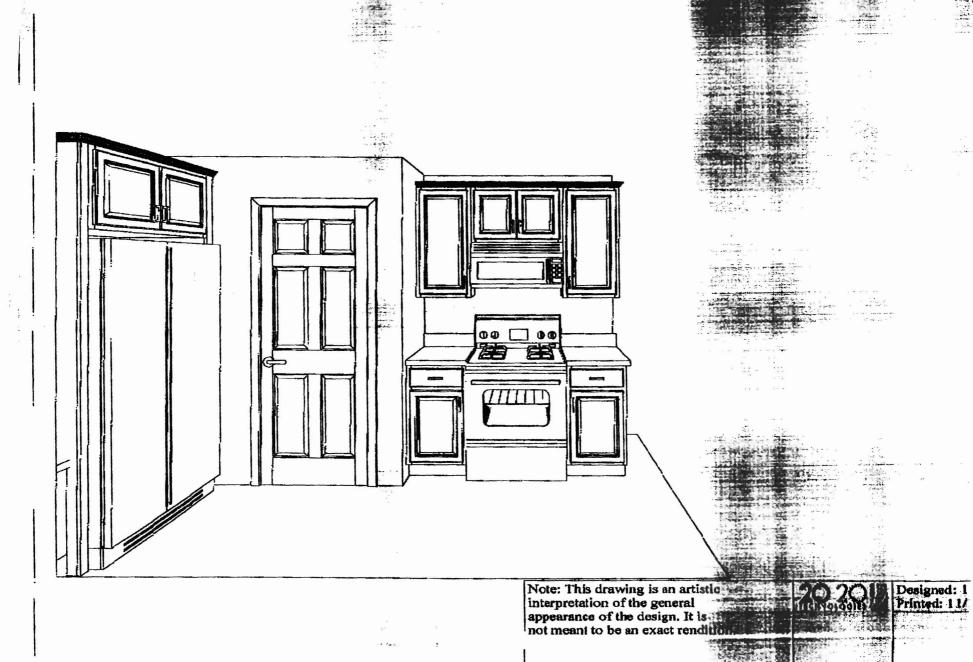




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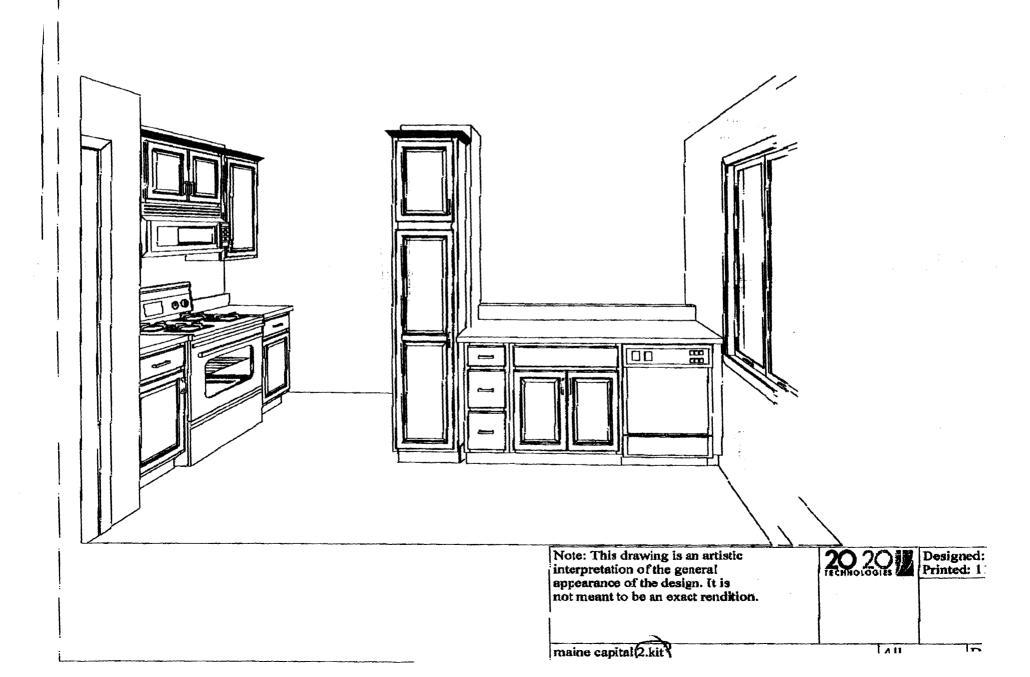
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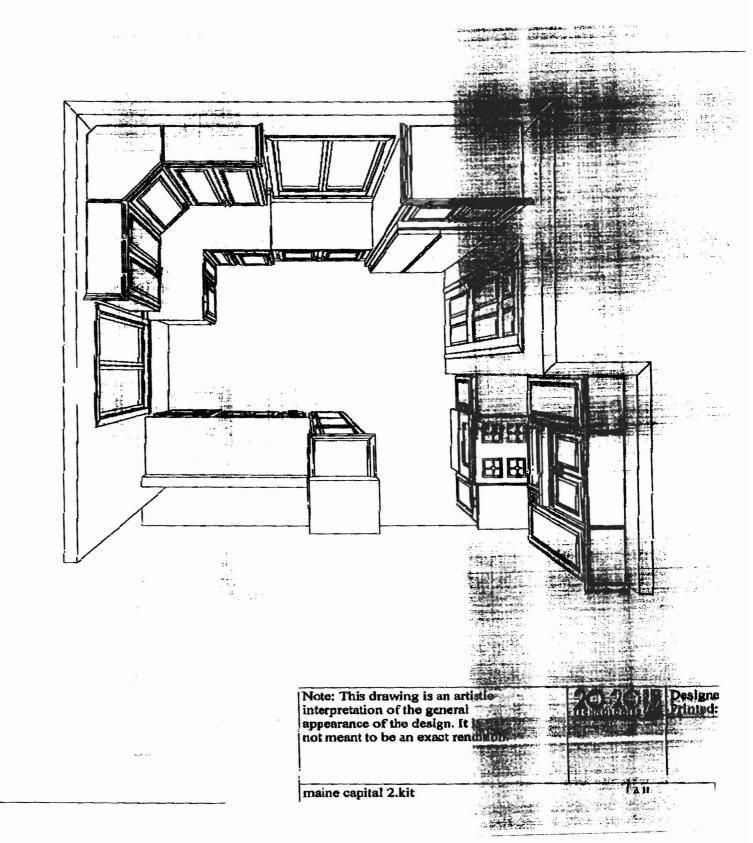


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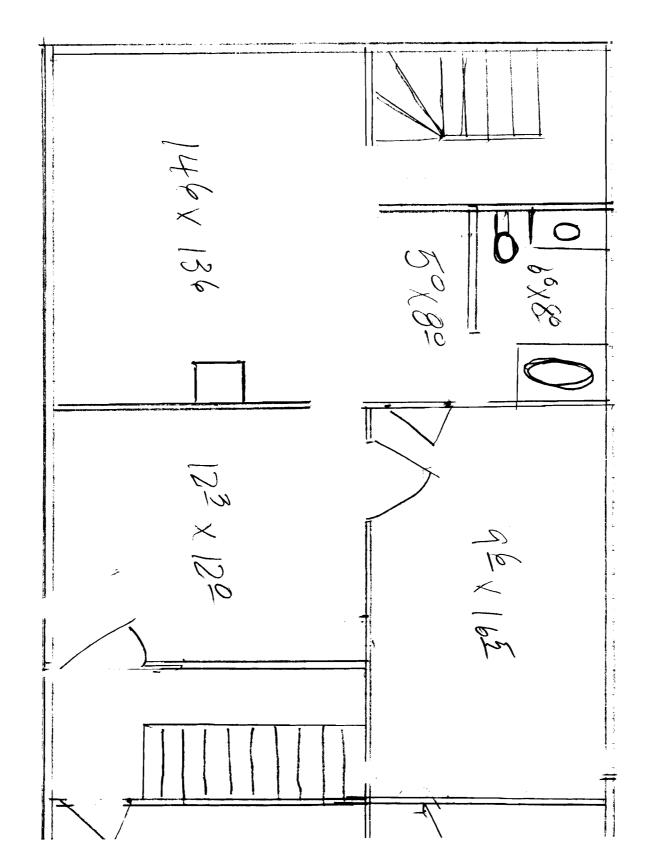


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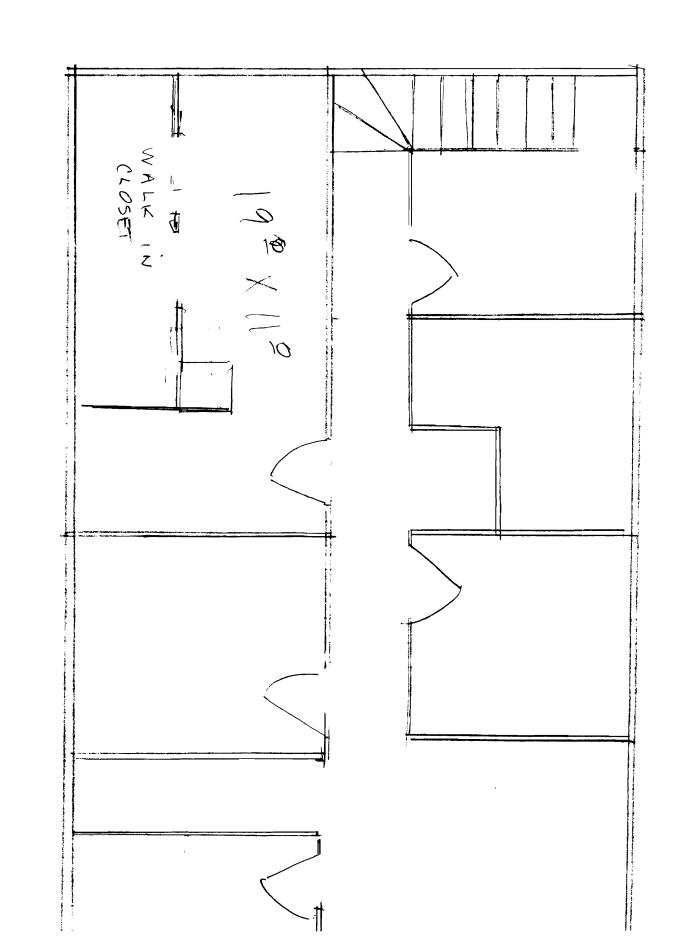
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