

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED APR 24 2007 CITY OF PORTLAND

Permit Number: 070419

This is to certify that FRESH START PROPERTIES LLC /property owner

has permission to Move existing wall 4ft to increase bedroom size

AT 254 SPRING ST

057 C002001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this State 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 when permission procured before this building or part thereof is leased or closed-in. 4 HOUR 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

Thomas M. Mackley 4/24/07 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: 07-0419	Issue Date: 04/24/2007	CBL: 057 C002001
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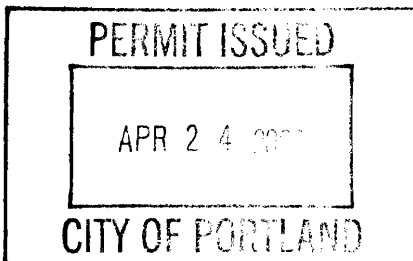
Location of Construction: 254 SPRING ST	Owner Name: FRESH START PROPERTIES LL	Owner Address: PO BOX 15391	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Residential 4 unit	Proposed Use: Residential 4 unit move existing wall 4ft to increase bedroom size	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Move existing wall 4ft to increase bedroom size		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: SB JBC 2003 Signature: Jm 4/24/07	
		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: dmartin	Date Applied For: 04/24/2007	Zoning Approval	
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- 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	Zoning Appeal	Historic Preservation
<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"/>	<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	<input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
Date: 4/24/07 Jm	Date: _____	Date: 4/24/07 Jm



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 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

X SI If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

DLB CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

X [Signature] _____ Date _____
Signature of Applicant/Designee
Donna Martin Admin _____ 4-24-07
Signature of Inspections Official Date

CBL: 57 C 002 Building Permit #: 07-0419



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.

Location/Address of Construction: <u>254 Spring St.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>57 C 002</u>		Owner: <u>254 Spring St. Properties LLC</u>
Lessee/Buyer's Name (If Applicable) <u>Shawn Tamir</u>		Telephone: <u>2720574</u>
Applicant name, address & telephone: <u>Shawn Tamir P.O. Box 15391 Portland, ME 04112</u>		Cost Of Work: \$ <u>30-</u> Fee: \$ <u>30.</u> C of O Fee: \$ <u>0/10</u>
Current legal use (i.e. single family) <u>4-unit</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Moving Existing wall 4' to increase Bedroom Size</u>		
Contractor's name, address & telephone: <u>Shawn Tamir 2720574</u>		
Who should we contact when the permit is ready: _____ Mailing address: _____ Phone: <u>2720574</u>		

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.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

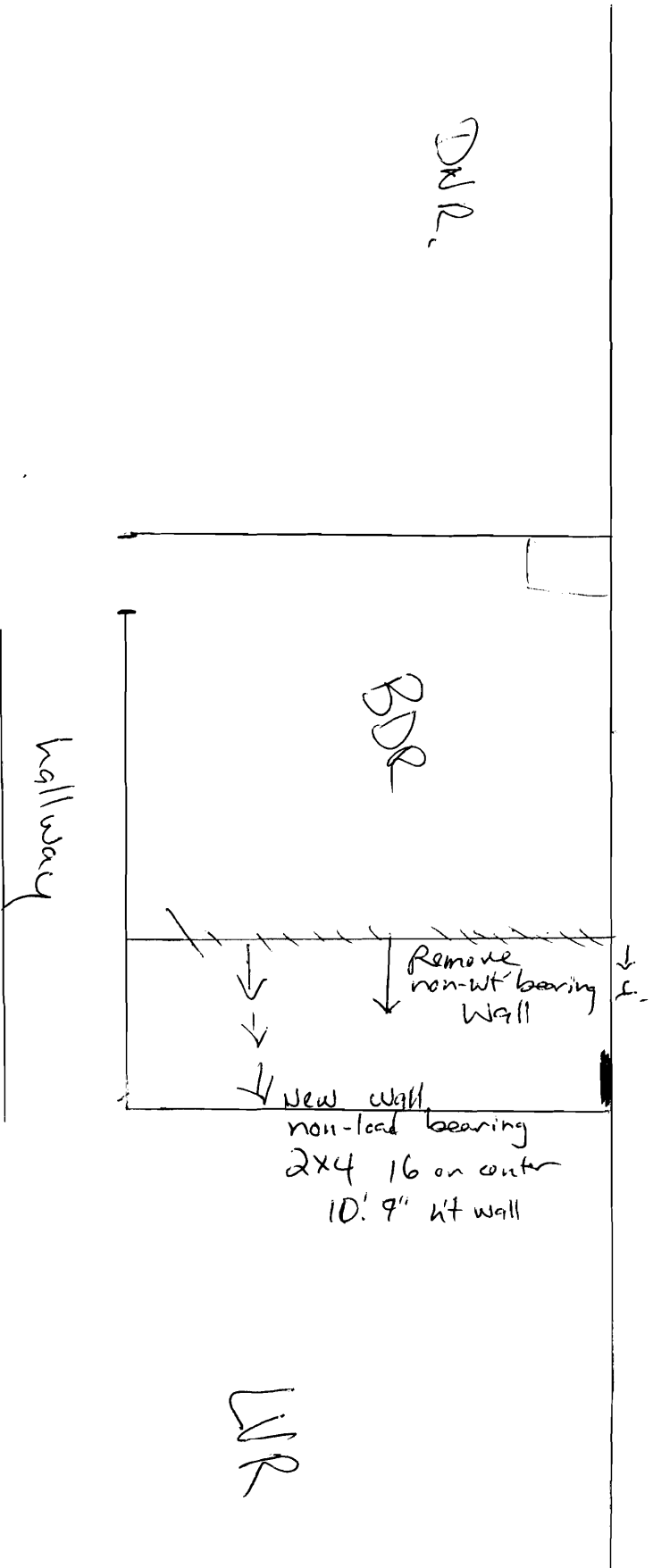
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Signature of applicant: 	Date: <u>4-24-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

CC

254 Spring St.
Unit # 1



LNR



City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0419	Date Applied For: 04/24/2007	CBL: 057 C002001
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Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	

Proposed Use: Residential 4 unit move existing	Proposed Project Description:
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Dept: Zoning **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 04/24/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 04/24/2007
Note: **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.