

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING PERMIT

Permit Number: 090558

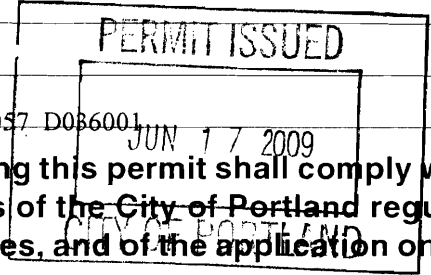
Please Read
Application And
Notes, If Any,
Attached

This is to certify that RESNISKY EDWARD J JR /P Renovate
has permission to remodel Kitchen & Enlarge Bathroom, interior only

AT 115 CLARK ST 2nd floor

CE 057 D086001

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 lath or other closed-in. 2 HOUSING 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. CAPT. R. Sauter
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 6/17/09
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:	Issue Date:	CBL:
09-0558		057 D036001

Location of Construction: 115 CLARK ST 2nd floor	Owner Name: RESNISKY EDWARD J JR	Owner Address: 115 CLARK ST	Phone:
Business Name:	Contractor Name: P A Renovations, Inc	Contractor Address: P O Box # 1288 Scarborough	Phone 2074504440
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: Rf

Past Use: 3 unit residential	Proposed Use: 3 unit residential - 2nd floor - remodel Kitchen & Enlarge Bathroom, interior only	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 2	3,200 ^{sq}
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legal use, 3 residential D.U.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: R2 Type: SB IBC-2003 JMB 6/17/09
Proposed Project Description: remodel Kitchen & Enlarge Bathroom, interior only 2nd Floor	Signature: (RC)	Signature:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)Action: ☐ Approved ☐ Approved w/Conditions ☐ Denied

Signature: Date:

Permit Taken By: Ldobson	Date Applied For: 06/04/2009	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Special Zone or Reviews

- ☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan

Maj ☐ Minor ☐ MM ☐

Date:

Zoning Appeal

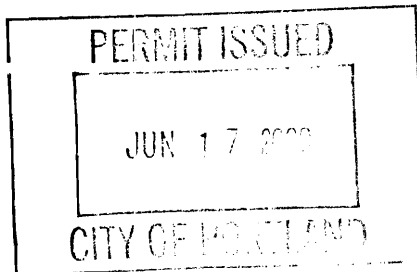
- ☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Date:

Historic Preservation

- ☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review
☐ Approved
☐ Approved w/Conditions
☐ Denied

Date:

**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

City of Portland, Maine - Building or Use Permit

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

Permit No:	Date Applied For:	CBL:
09-0558	06/04/2009	057 D036001

Location of Construction: 115 CLARK ST 2nd floor	Owner Name: RESNISKY EDWARD J JR	Owner Address: 115 CLARK ST	Phone:
Business Name:	Contractor Name: P A Renovations, Inc	Contractor Address: P O Box # 1288 Scarborough	Phone (207) 450-4440
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: 3 unit residential - 2nd floor - remodel Kitchen & Enlarge Bathroom, interior only	Proposed Project Description: remodel Kitchen & Enlarge Bathroom, interior only 2nd floor
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 06/05/2009**Note:** **Ok to Issue:** ☒

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 4) This property shall remain a three (3) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 5) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 06/17/2009**Note:** **Ok to Issue:** ☒

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 06/10/2009**Note:** **Ok to Issue:** ☒

- 1) No means of egress shall be affected by this renovation
- 2) The entire structure shall comply with NFPA 101 "Existing Apartments"
Compliance shall be insured prior to the issuance of a Certificate of Occupancy.
- 3) All construction shall comply with NFPA 101

Comments:

6/17/2009-jmb: Spoke to Paul A. About any window along new tub/shower placement, recessed fixtures and where the stairway goes. See notes on plans, ok to issue.

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.

 X 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 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.



Signature of Applicant/Designee

Date



Signature of Inspections Official

 6/17/09
Date



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>115 CLARK ST.</u>			
Total Square Footage of Proposed Structure/Area		Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>57</u> Block# <u>D</u> Lot# <u>36</u>		Applicant *must be owner, Lessee or Buyer* Name <u>EDWARD RESNISKY</u> Address <u>115 CLARK ST.</u> City, State & Zip <u>Portland</u>	
Lessee/DBA (If Applicable)		Telephone: <u>871-9320</u>	
Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ <u>5,000</u> C of O Fee: \$ Total Fee: \$ <u>70</u>	
Current legal use (i.e. single family) <u>Residential</u> Number of Residential Units <u>3</u> If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: <u>Remodel of Kitchen + Bathroom Interior only 2nd unit</u> <u>Enlarge Bath</u>			
Contractor's name: <u>P.A. RENOVATIONS, INC.</u> Address: <u>P.O. BOX 1288</u> City, State & Zip <u>SCARBOROUGH ME</u> Telephone: <u>450-4440</u> Who should we contact when the permit is ready: <u>Paul</u> Telephone: Mailing address:			

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

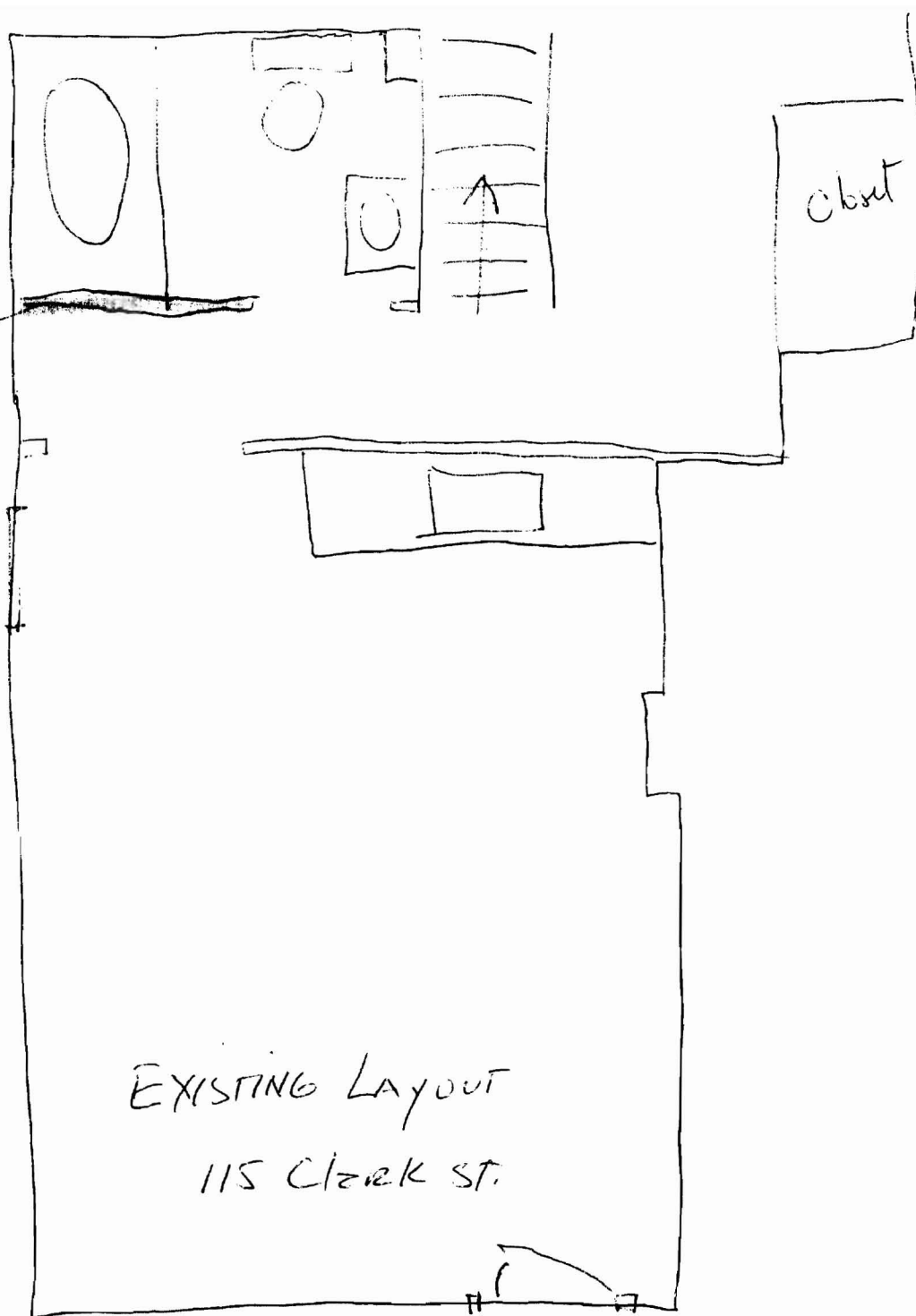
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

Signature: [Signature]

Date: 6-4-09

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

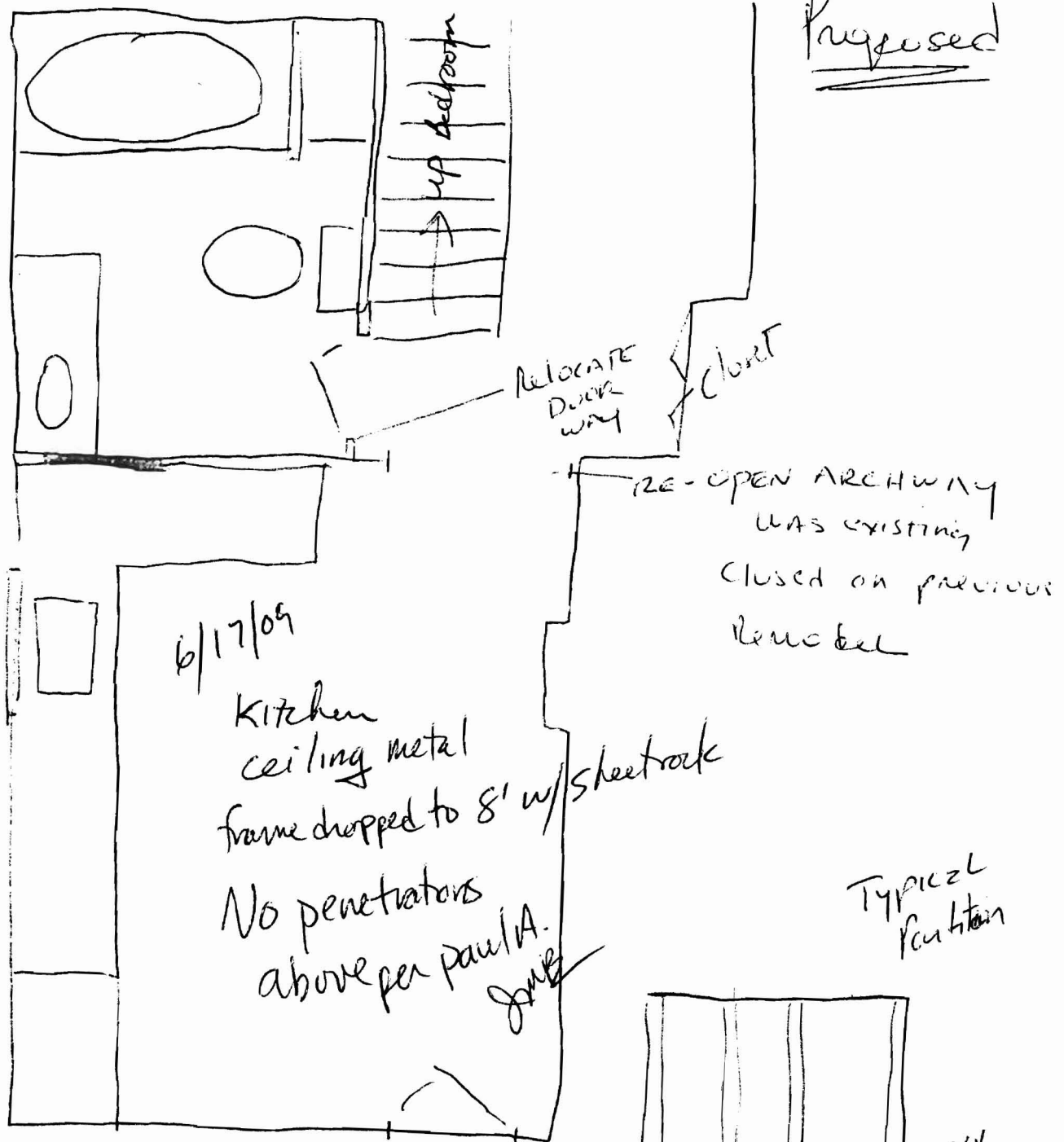
Remove
Partition



EXISTING LAYOUT
115 CLARK ST.

Risnisky Project
115 CLARK ST.
APT-2

Proposed



Proposed Reno
115 CLARK ST.
Resnaisky Project
Apt 2

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland ME
Street	115 Clark St. #2
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	Resnisky	First:	Edward
Applicant Name:	Coley Turley		
Mailing Address of Owner/Applicant (If Different)	1700 Goshwains Mill Rd. Waterboro ME 04087		

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature]

Signature of Owner/Applicant

6-3-09

Date

PORTLAND

PERMIT # 10977 TOWN COPY

Date Permit Issued:

6-19-09

\$

1130

☐ If Double Fee Charged

[Signature]
Local Plumbing Inspector Signature

L.P.I. # 01244

200 S- 8706

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☒ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 12297

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
(\$6.00)

Number

Column 2

Type of Fixture

Number

Column 1

Type of Fixture

Hosebib / Silcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease / Oil Separator

Roof Drain

Bidet

Other: _____

Fixtures (Subtotal)
Column 2

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal)
Column 1

Fixtures (Subtotal)
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE