

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 060370

Please Read
Application And
Notes. If Any,
Attached.

PERMIT ISSUED
MAR 24 2006
CITY OF PORTLAND

This is to certify that Carroll, Christopher/Home owner
has permission to Reconfigure 3rd floor bedroom to accommodate a bathroom and reconfigure bedroom ceiling.
AT 19X DANFORTH ST 57 K004001

provided that the person or persons firm or person 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 when permission is procured
before this building or part thereof is
used or service is rendered.
OUR NOTICES ARE REQUIRED.

A certificate of occupancy must be
procured by owner before this build-
ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Health Dept. _____
Appeal Board _____
Other _____
Department Name

Deanne Bourke 3/23/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0170	Issue Date: MAR 24 2006	CBL: 057 K004001
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Location of Construction: 198 DANFORTH ST	Owner Name: Carroll, Christopher	Owner Address: 198 Danforth	Phone: 207-761-1114
Business Name:	Contractor Name: Home owner	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R6

Past Use: Single Family	Proposed Use: Single Family reconfigure 3rd floor bedroom to accomodate a darkroom and reconfigure bedroom ceiling.	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 2
Proposed Project Description: Reconfigure 3rd floor bedroom to accomodate a darkroom and reconfigure bedroom ceiling		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC-2003 Signature: JMB 3/23/06	
		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: 03/21/2006	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 <i>all interior</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 3/23/06</i>	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>all interior</i> <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>JMB</i>
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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
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: 06-0370	Date Applied For: 03/21/2006	CBL: 057 K004001
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Location of Construction: 198 DANFORTH ST	Owner Name: Carroll, Christopher	Owner Address: 198 Danforth	Phone: 207-761-1114
Business Name:	Contractor Name: Home owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family reconfigure 3rd floor bedroom to accomodate a darkroom and reconfigure bedroom ceiling.	Proposed Project Description: Reconfigure 3rd floor bedroom to accomodate a darkroom and reconfigure bedroom ceiling.
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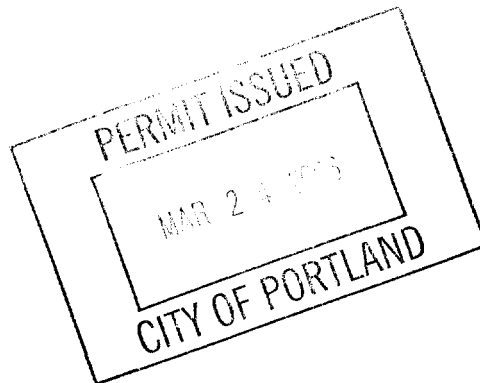
Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 03/23/2006
Note: **Ok to Issue:**

1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 03/23/2006
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) As verified with Christopher C., the darkroom shall only be for personal use, not as a business.



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.

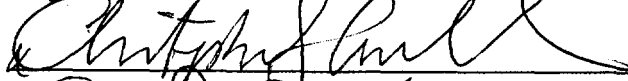
A Pre-construction Meeting will take place upon receipt of your building permit.

- 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

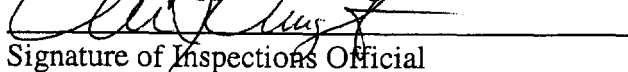
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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



Signature of Applicant/Designee

Date



Signature of Inspections Official

Date

CBL: 057 K004

Building Permit #: 060370

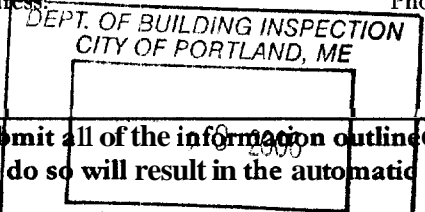
70 CFM FAN



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.

FORTH		
Total Square Footage of Proposed Structure <i>No estimate</i>		Square Footage of Lot <i>N.A.</i>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <i>057 K 004</i>	Owner: <i>CHRISTOPHER CARROLL ROBIN BOWMAN</i>	Telephone: <i>207 761 1114</i>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work \$ <u><i>\$1,000</i></u> Fee: \$ <u><i>30</i></u> C of O Fee: \$ _____
Current Specific use: <u><i>Single Family</i></u> If vacant, what was the previous use? _____ Proposed Specific use: _____		
Project description: <i>RE-CONFIGURE 3RD FLOOR BEDROOMS TO ACCOMMODATE A DARK ROOM, RECONFIGURE BEDROOM CEILING.</i>		
Contractor's name, address & telephone: <u><i>OWNER</i></u>		
Who should we contact when the permit is ready: <u><i>OWNER</i></u>		
Mailing address: _____ Phone: <u><i>207 761 1114</i></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.

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: <i>Christopher Carroll</i>	Date: <i>3/20/2006</i>
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This is not a permit; you may not commence ANY work until the permit is issued.