

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 060370

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 bathroom and reconfigure bedroom ceiling.

AT 198 DANFORTH ST

PL 057 K004001

provided that the person or persons whom or whom 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.

ification of inspection must be given and when permission procured before this building or part thereof is closed or otherwise closed-in. **YOUR NOTICE 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

Jeannie 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: 06-0370	Issue Date: MAR 24 2006	CBI: 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	CITY OF PORTLAND
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: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 03/21/2006	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision <i>OK</i></p> <p><input type="checkbox"/> Site Plan <i>all interior</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>JMB 3/23/06</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review <i>all interior</i></p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>JMB</i></p>
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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

Department of Building Inspections

March 20 20 06

Received from Christopher Carriell

Location of Work 198 Danforth St.

Cost of Construction \$ 1,000.⁰⁰

Permit Fee \$ 30

Building (IL) Plumbing (IS) Electrical (I2) Site Plan (U2)

Other

CBL: 57 KCC4

Check #: 1005

Total Collected \$ 30

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Denna
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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: <input checked="" type="checkbox"/>
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: <input checked="" type="checkbox"/>
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.

- | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Footing/Building Location Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> Re-Bar Schedule Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> Foundation Inspection: | Prior to placing ANY backfill |
| <input checked="" type="checkbox"/> Framing/Rough Plumbing/Electrical: | Prior to any <u>insulating</u> or <u>drywalling</u> |
| <input checked="" type="checkbox"/> 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.

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~



Signature of Applicant/Designee

Date
3/24/06
Date



Signature of Inspections Official

CBL: 057 K004

Building Permit #: 060370

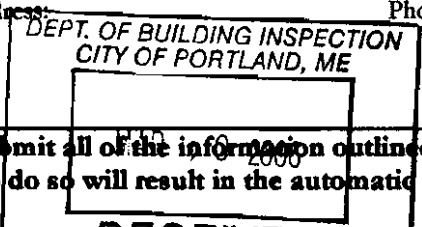
70 CFM FAN



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.

Location/Address of Construction: <u>198 DANFORTH ST.</u>		
Total Square Footage of Proposed Structure <u>No estimate</u>		Square Footage of Lot <u>N.A.</u>
Tax Assessor's Chart, Block & Lot Chart# <u>057</u> Block# <u>R</u> Lot# <u>004</u>	Owner: <u>CHRISTOPHER CARROLL</u> <u>ROBIN BONMAN</u>	Telephone: <u>207 761 1114</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>\$1,000</u> Fee: \$ <u>30</u> C of O Fee: \$ _____
Current Specific use: <u>Single family</u> If vacant, what was the previous use? _____ Proposed Specific use: _____		
Project description: <u>RE-CONFIGURE 3RD FLOOR BEDROOMS TO ACCOMMODATE A DARK ROOM, RECONFIGURE BEDROOM CEILING.</u>		
Contractor's name, address & telephone: <u>OWNER</u>		
Who should we contact when the permit is ready: <u>OWNER</u>		
Mailing address: _____ Phone: <u>207 761 1114</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: <u>Christopher Carroll</u>	Date: <u>2/20/2008</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



CITY OF PORTLAND, MAINE
Department of Building Inspections

April 21 2006

Received from Chris Carroll

Location of Work 198 Danforth St.

Cost of Construction \$ 4,000.00

Permit Fee \$ 30

Building (EL) Plumbing (IS) Electrical (E2) Site Plan (SP)

Other _____

CBL: 57K004

Check #: Cash Total Collected \$ 30

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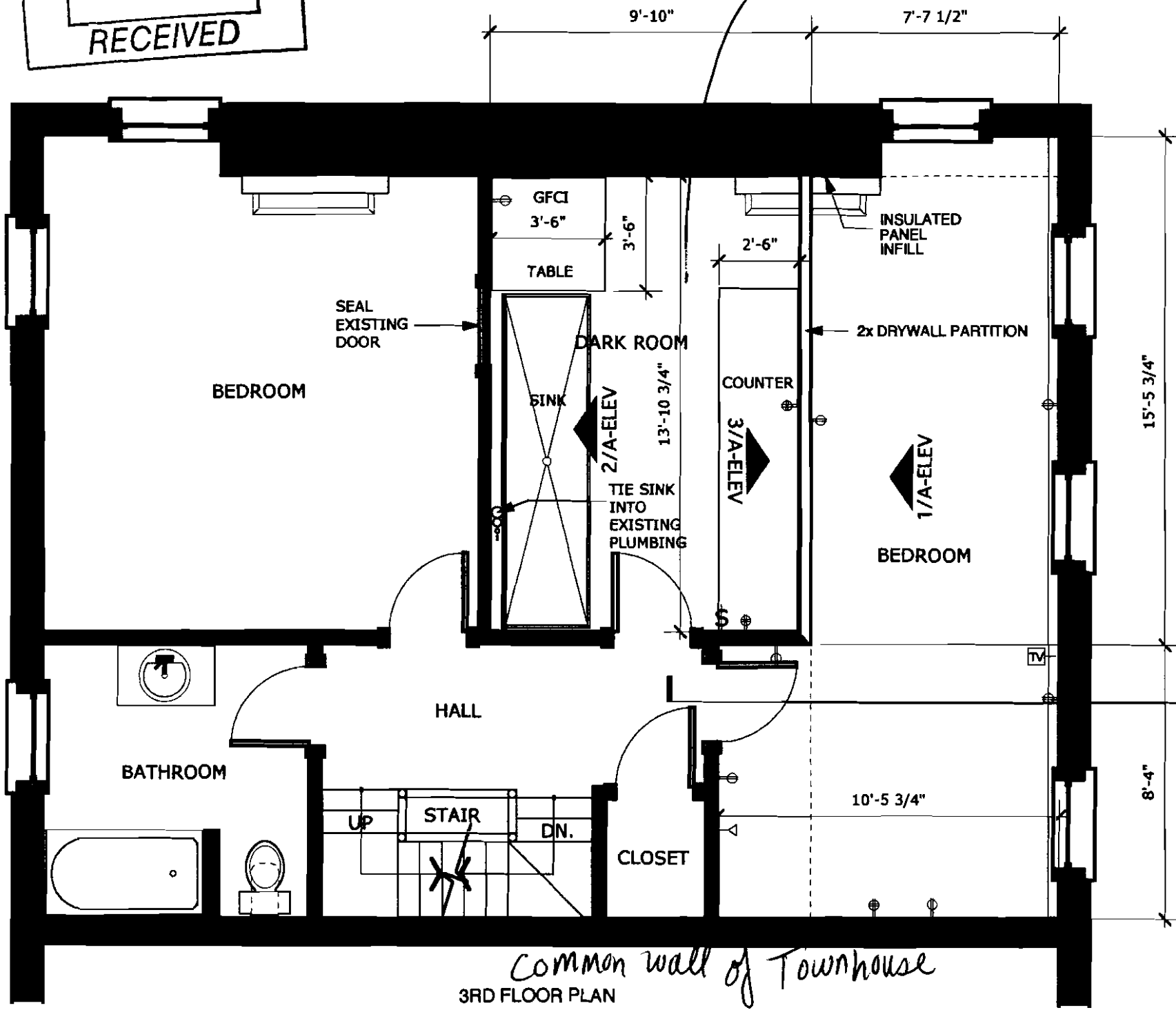
Dennis
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAR 20 2006

RECEIVED

Personal use only per Christopher Carroll 3/21/06

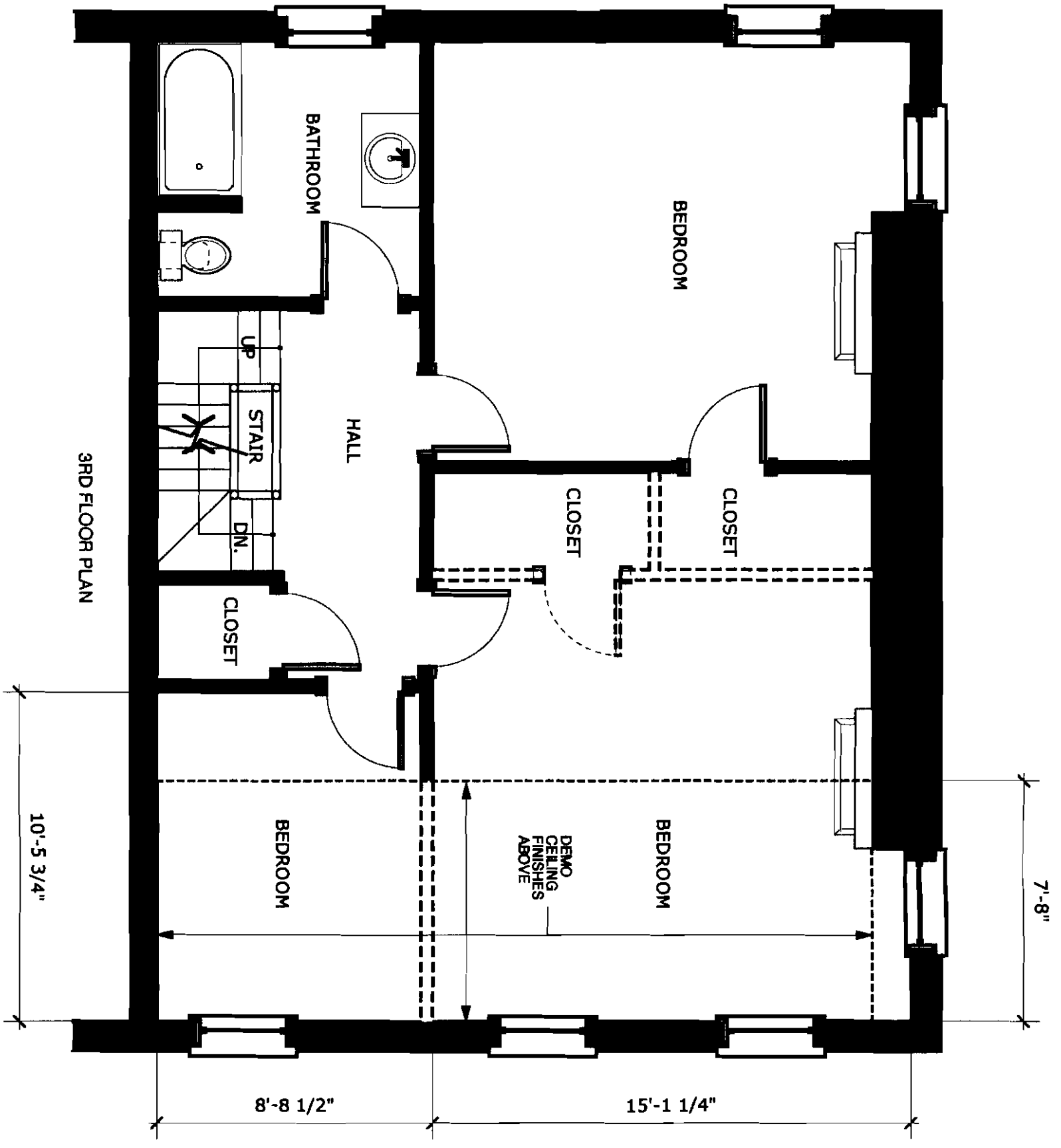


Common wall of Townhouse
3RD FLOOR PLAN

PROJECT DESCRIPTION:
Re-configure third floor to accommodate a Dark Room and reconfigure ceiling in remodeled Bedroom.

WALL TYPE KEY	
EXISTING WALL	
NEW WALL	
DEMO WALL	

Sheet Title	RENOVATION PLAN
Issue Date:	20 MARCH 2006
Drawing Scale:	1/4" = 1'-0"
Drawing No.	A-RENO of Total Sheets
Project Title	DARK ROOM RENOVATION
Project Location	CARROLL-BOWMAN RESIDENCE 198 DANFORTH STREET PORTLAND, MAINE 04102
Design Firm	SHEP CARROLL ARCHITECTURE
CHRISTOPHER SHEPARD CARROLL AIA 198 DANFORTH STREET PORTLAND, MAINE 04102	
TELEPHONE: (207) 781-1114 FAX: (207) 781-1117 CSCARROLL@RCM.COM	

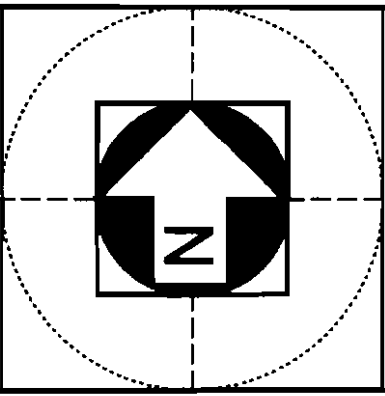


WALL TYPE KEY

	EXISTING WALL
	NEW WALL
	DEMO WALL

Design Firm SHEP CARROLL ARCHITECTURE <hr/> CHRISTOPHER SHEPARD CARROLL AIA 198 DANFORTH STREET PORTLAND, MAINE 04102 <hr/> TELEPHONE: (207) 761-1114 FAX: (207) 761-1117 CSCARROLL@RCNA.COM		Project Title DARK ROOM RENOVATION	Sheet Title DEMOLITION PLAN
		Project Location CARROLL-BOWMAN RESIDENCE 198 DANFORTH STREET PORTLAND, MAINE 04102	Issue Date: 20 MARCH 2006 Drawing Scale: 1/4" = 1'-0" Drawing No. A-DEMO of Total Sheets

Design Firm
SHEP CARROLL ARCHITECTURE
 CHRISTOPHER SHEPARD CARROLL AIA
 198 DANFORTH STREET
 PORTLAND, MAINE 04102
 TELEPHONE: (207) 781-1114 FAX: (207) 781-1117 CSCARROLL@RON.COM

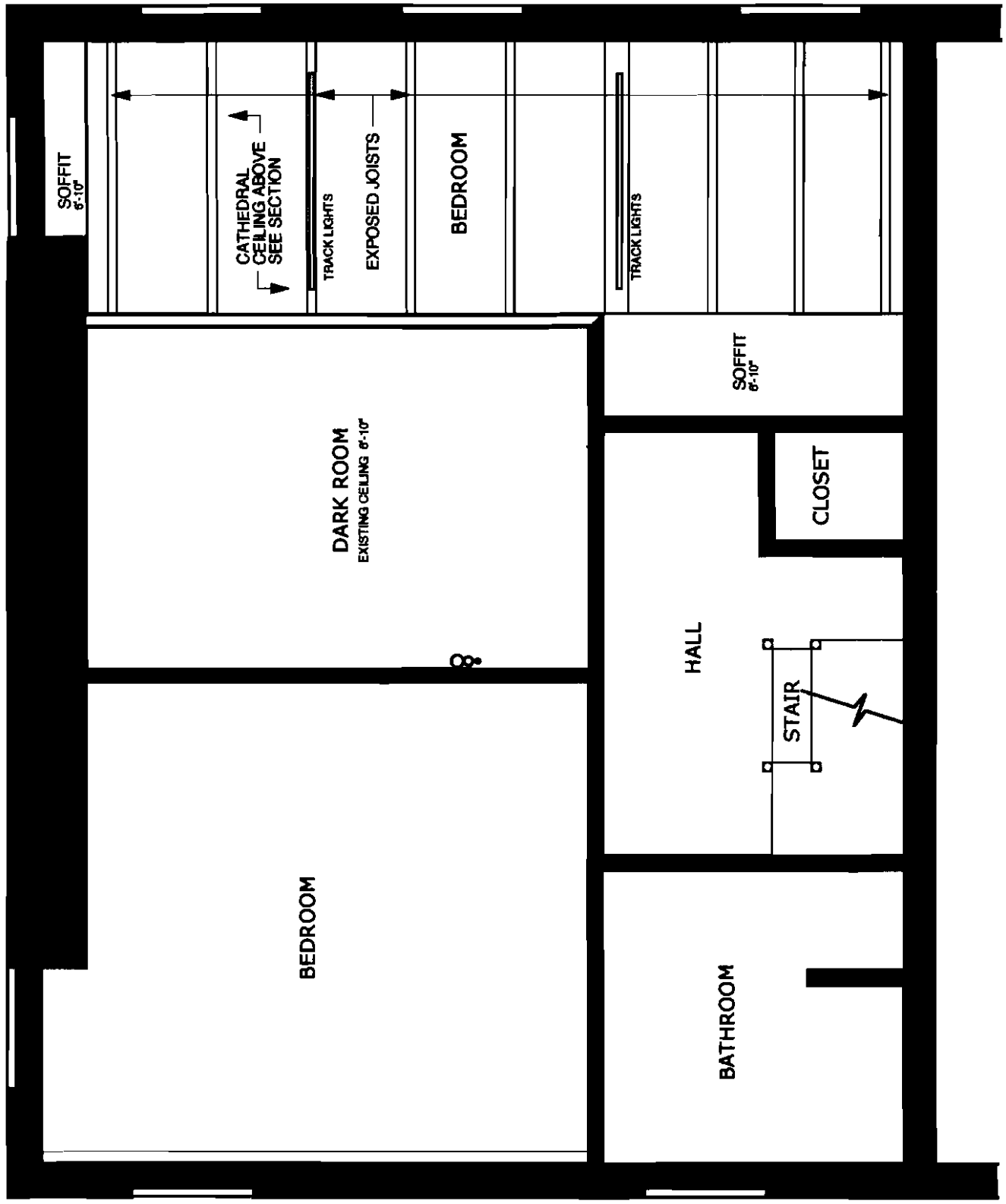


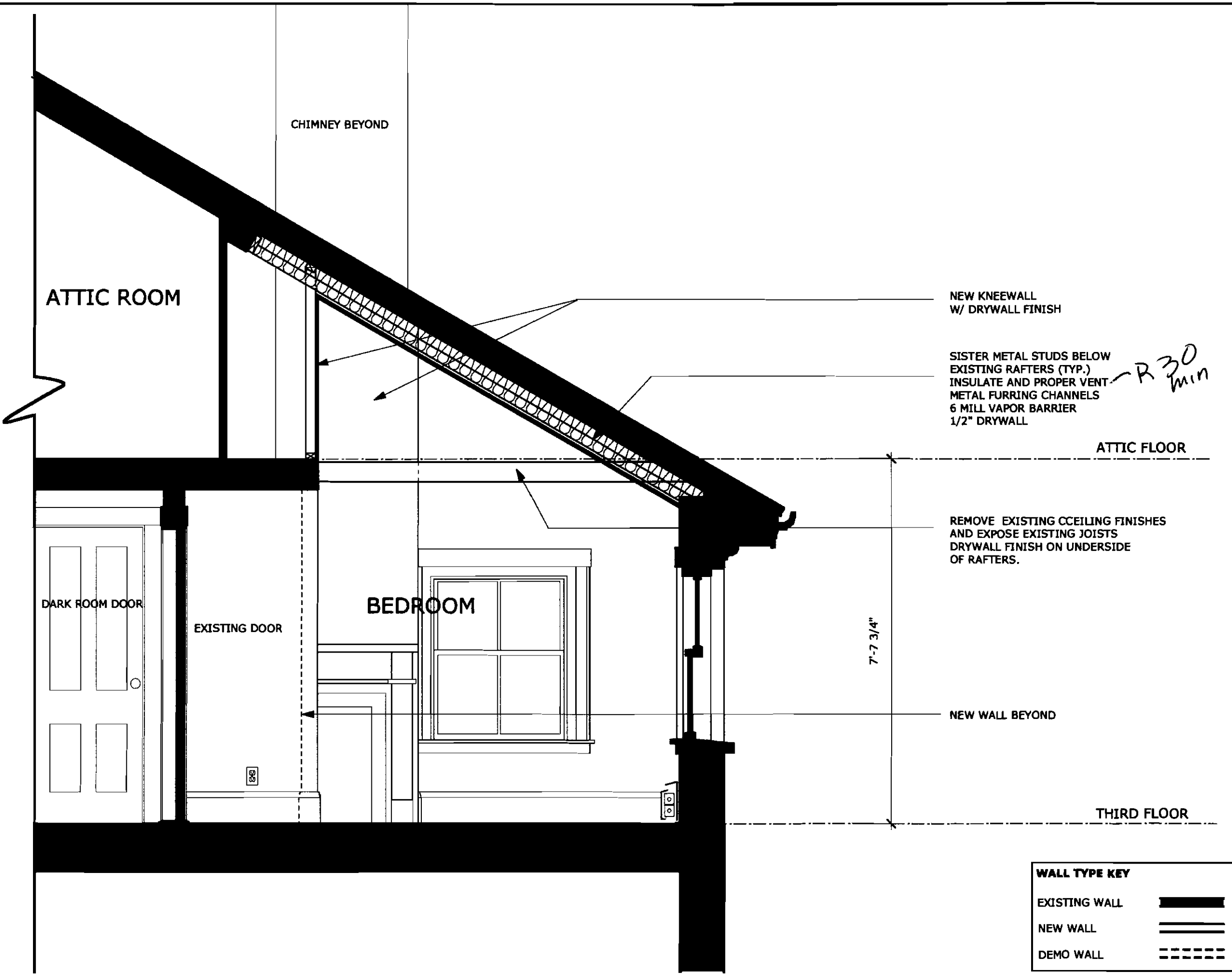
Project Title
DARK ROOM RENOVATION
 Project Location
CARROLL-BOWMAN RESIDENCE
 198 DANFORTH STREET
 PORTLAND, MAINE 04102

Sheet Title
REFLECTED CEILING PLAN
 Issue Date:
20 MARCH 2006
 Drawing Scale:
1/4" = 1'-0"
 Drawing No.
A-RCP
 of Total Sheets

WALL TYPE KEY

	EXISTING WALL
	NEW WALL
	DEMO WALL

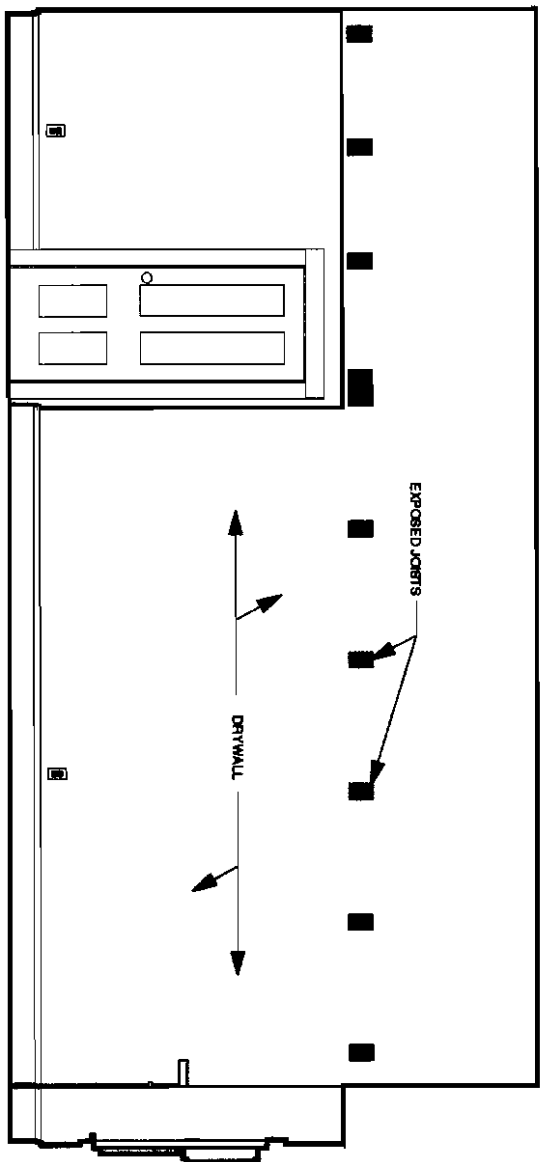




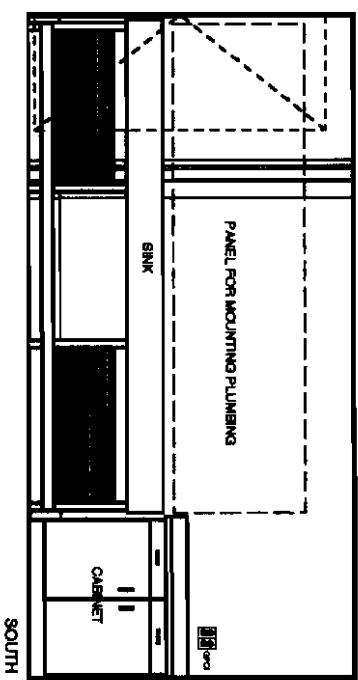
WALL TYPE KEY	
EXISTING WALL	
NEW WALL	
DEMO WALL	

Sheet Title WALL SECTION	Issue Date: 20 MARCH 2006 Drawing Scale: 1/2" = 1'-0" Drawing No.
Project Title DARK ROOM RENOVATION	Project Location CARROLL-BOWMAN RESIDENCE 198 DANFORTH STREET PORTLAND, MAINE 04102
Design Firm SHEP CARROLL ARCHITECTURE	CHRISTOPHER SHEPARD CARROLL AIA 198 DANFORTH STREET PORTLAND, MAINE 04102 TELEPHONE: (207) 761-1114 FAX: (207) 761-1117 CSCARROLL@RCN.COM

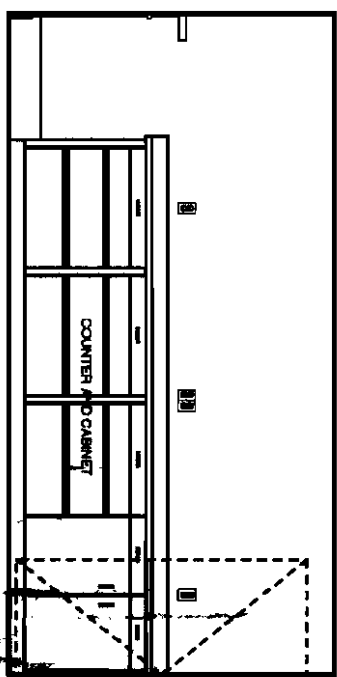
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of Total Sheets



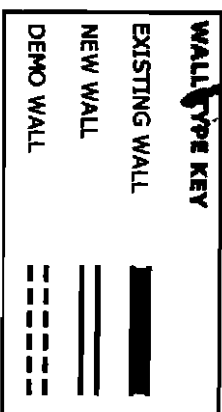
1
BEDROOM ELEVATION



2
DARK ROOM ELEVATION



3
DARK ROOM ELEVATION

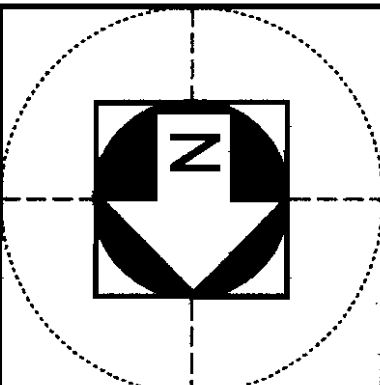


Design Firm

SHEP CARROLL ARCHITECTURE

CHRISTOPHER SHEPARD CARROLL AIA
 198 DANFORTH STREET
 PORTLAND, MAINE 04102

TELEPHONE: (207) 781-1114 FAX: (207) 781-1117 CSCARROLL@RCN.COM



Project Title

DARK ROOM RENOVATION

Project Location

CARROLL-BOWMAN RESIDENCE
 198 DANFORTH STREET
 PORTLAND, MAINE 04102

Sheet Title

INTERIOR
 ELEVATIONS

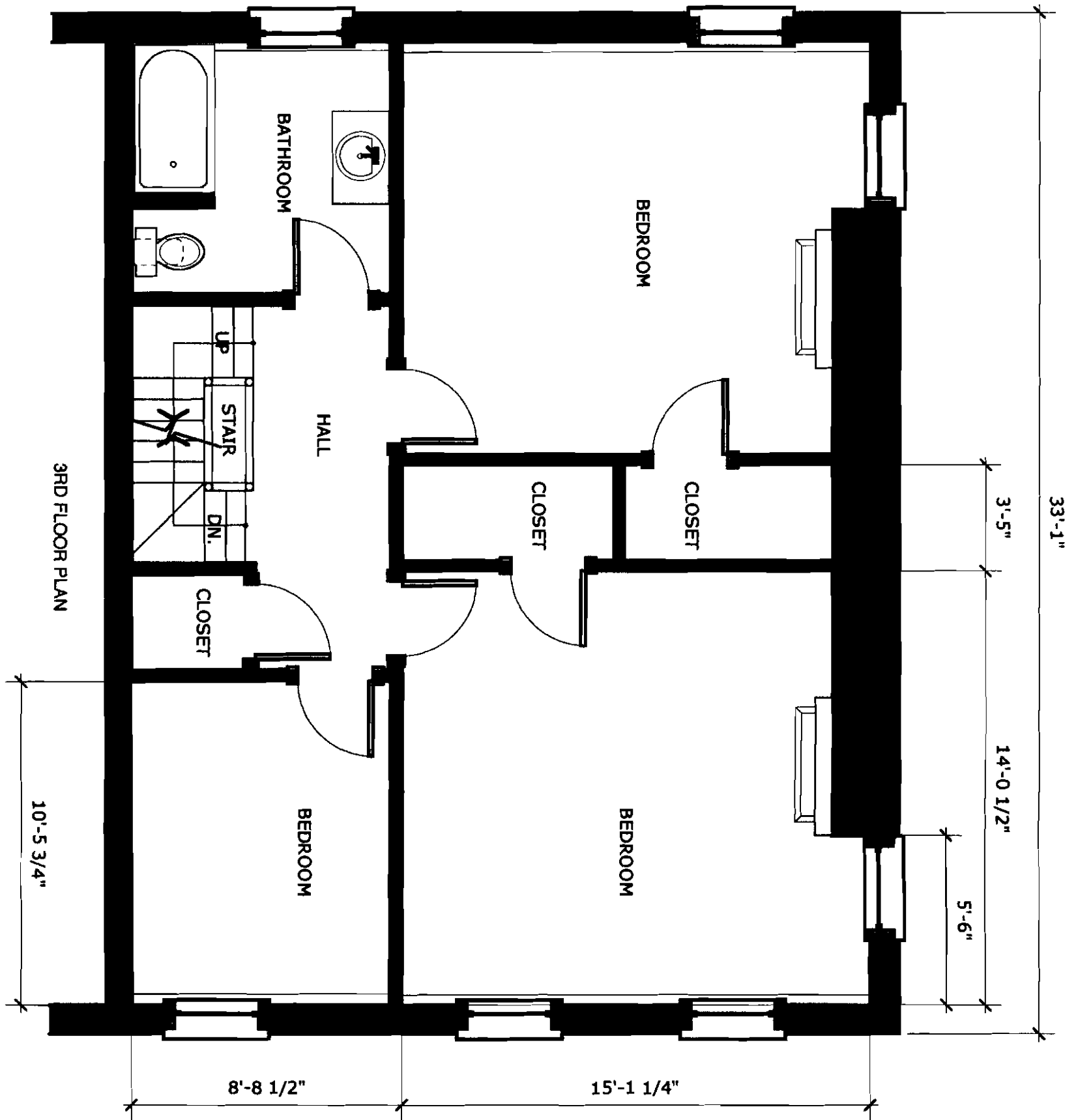
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Drawing No.

A-SECTION

of Total Sheets

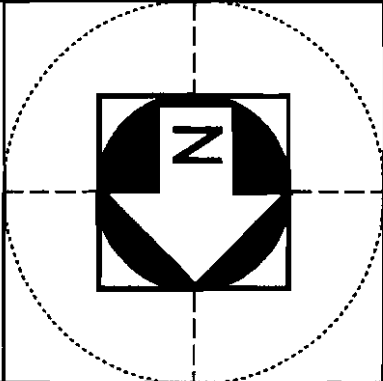


WALL TYPE KEY	
	EXISTING WALL
	NEW WALL
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Design Firm
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CHRISTOPHER SHEPARD CARROLL AIA
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TELEPHONE: (207) 761-1114 FAX: (207) 761-1117 CSCARROLL@RCN.COM



Project Title
DARK ROOM RENOVATION

Project Location
CARROLL-BOWMAN RESIDENCE
 198 DANFORTH STREET
 PORTLAND, MAINE 04102

Sheet Title
EXISTING PLAN

Issue Date: 20 MARCH 2006
 Drawing Scale: 1/4" = 1'-0"
 Drawing No.
A-EXIST
 of Total Sheets