Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

CTION

Permit Number: 041433

This is to certify thatCurtis Deborah Eator	n Blind/F mond K	16T 2 2 2004
has permission to add 2 skylights, renov	vate 3rd or bath-a versal o correct ist sp	
AT 22 Clifford St		L B004001 OT/OF PORTLAND
provided that the person or per	sons, m or a maion a eptin	g this permit shall comply with al
of the provisions of the Statute the construction, maintenance this department.	es of Name and of the ances	of the City of Portland regulating
Apply to Public Works for street line and grade if nature of work requires such information.	N fication inspect in must go and with permit in procult thereof is ed or composed-in. H 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.		4
Health Dept.	1 —1	- L
Appeal Board		anne Doube 10/21/04
Other Department Name		Director - Building & Inspection Services
	PENALTY FOR REMOVING THIS CA	۱RD

City of Portland, M	aine - Buil	ding or Use	Permi	t Application	า "รั	ernut No:	Issue Date	:	CBL:	
389 Congress Street, 0	4101 Tel: (2	207) 874-8703	3, Fax:	(207) 874-871	6	04-1433	9	1 7004	061 B	004001
Location of Construction:		Owner Name:			Owne	er Address:			Phone:	
22 Clifford St	·	Curtis Debora	h Eaton	Blind	3 10	Spring St	\O≥ F	PORTLAND		
Business Name:	Contractor Name	e:			ractor Address:			Phone		
		Raymond Kei	th		1 Bo	owdoin St. Po	rtland		2078719348	
Lessee/Buyer's Name		'hone:				it Type:				Zone:
					Alt	erations - Dwe	ellings			K-4
Past Use:		Proposed Use:		•						
single family home			nome w/	renovated 3rd		\$156.00	\$15,0	00.00	2	
	flr bath		Approved		INSPECTI					
							Denied	Use Group	•	Type:
, -	Ni isus							し入り		50
Previous permit	04 -1241				l			("		
Proposed Project Description		1						1	MAR	wast.
add 2 skylights, renovate add versalam to correct j		h,			Signa			Signature:	TIME	10/21/0
add versaram to correct	oist span				EDE	ESTRIAN ACTI	VITIES DIST	TRICT (P.A)	W	′ 1
					Actio	on: Approv	ed App	proved w/Con	iditions [Denied
					Signa	iture:		Da	nte:	
Permit Taken By:	Date An	plied For:	1		Bigita		A			
dmm	09/24	-				Zoning	Approva	11		
07/24	77.		Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic Pre	servation
			l		Variance					
			Shoreland Wetland Flood Zone		□ Variance			Not in District or Landma		
					Miscellaneous		Does Not Require Review			
					[_] Wiscentaneous		Does Not Require Review			
					Conditional Use		Requires Review			
		Subdivision /		Interpretation			Approved,.			
			Site Plan Temal		Mary Approved					
								Approved w/Conditions		
		10 SF		101						
			Maj [Minor MM		Denied			Denied	
			0	lake a	υλ				a 0	1 .
)ate:	WB 10 18	07	Pate:		Date:	V. Hue	Mu?
				, ,					iplu	alnd
			•	,					whi	101
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			•	PDTIBLA ATLA	NT.					
hereby certify that I am t	he owner of -	ecord of the re-		ERTIFICATIO		nosad work in	authorizad	by the own	ner of roos	rd and that
have been authorized by										
urisdiction. In addition, i	f a permit for	work described	l in the a	application is iss	ued,	I certify that th	ne code off	icial's autho	orized repr	esentative
shall have the authority to	enter all area	s covered by su	ch perm	it at any reasona	able h	our to enforce	the provis	sion of the	code(s) ap	plicable to
such permit.										
SIGNATURE OF APPLICANT	ı			ADDRESS			DATE		PHO	NE
RESPONSIBLE PERSON IN C	HARGE OF WO	ORK, TITLE					DATE		PHO	NE

_		Permit No: 04-1433	Date Applied For: 09/24/2004	CBL: 061 B004001
Owner Name:	C	Owner Address:	•	Phone:
Curtis Deborah Eaton	Blind	3 10 Spring St		
Contractor Name:	C	Contractor Address:		Phone
Raymond Keith		1 Bowdoin St. Port	land	(207) 871-9348
Phone:	P	ermit Type:		
		Alterations - Dwel	lings	
lr bath	add 2 s span	kylights, renovate	3rd floor bath-add ve	rsalam to correct joist
			* *	te: 10/19/200. Ok to Issue: ✓
pproved	Reviewer:	Jeanine Bourke	Approval Da	te: 10/18/200 ₄
				Ok to Issue: 🔽
e family dwelling. Any o	change of use sha	ll require a separat	e permit application f	or review and
pproved	Reviewer.	Residential Plan	Revie Annroval Da	te: 10/21/2004
PPTO	ic viewei.	residential I fall I	conc Approval Da	10,21,200
	Owner Name: Curtis Deborah Eaton Contractor Name: Raymond Keith Phone: Ir bath pproved with Condition o conform to Historic Papproved e family dwelling. Any of	Owner Name: Curtis Deborah Eaton Blind Contractor Name: Raymond Keith Phone: Phone: Ir bath add 2 s. span pproved with Conditions Reviewer: o conform to Historic Preservation Comm pproved Reviewer: e family dwelling. Any change of use shall	Owner Name: Curtis Deborah Eaton Blind Contractor Name: Raymond Keith Phone: Permit Type: Alterations - Dwel add 2 skylights, renovate span Perproved with Conditions Reviewer: Deborah Andrews Reviewer: Deborah Andrews Reviewer: Deproved Reviewer: Deanine Bourke Refamily dwelling. Any change of use shall require a separat	Owner Name: Curtis Deborah Eaton Blind Contractor Name: Raymond Keith Phone: Owner Address: 1 Bowdoin St. Portland Permit Type: Alterations - Dwellings Approval Da pproved with Conditions Reviewer: Deborah Andrews Approval Da conform to Historic Preservation Committee approvals. Reviewer: Jeanine Bourke Approval Da ce family dwelling. Any change of use shall require a separate permit application of

All Purpose Building Permit Application

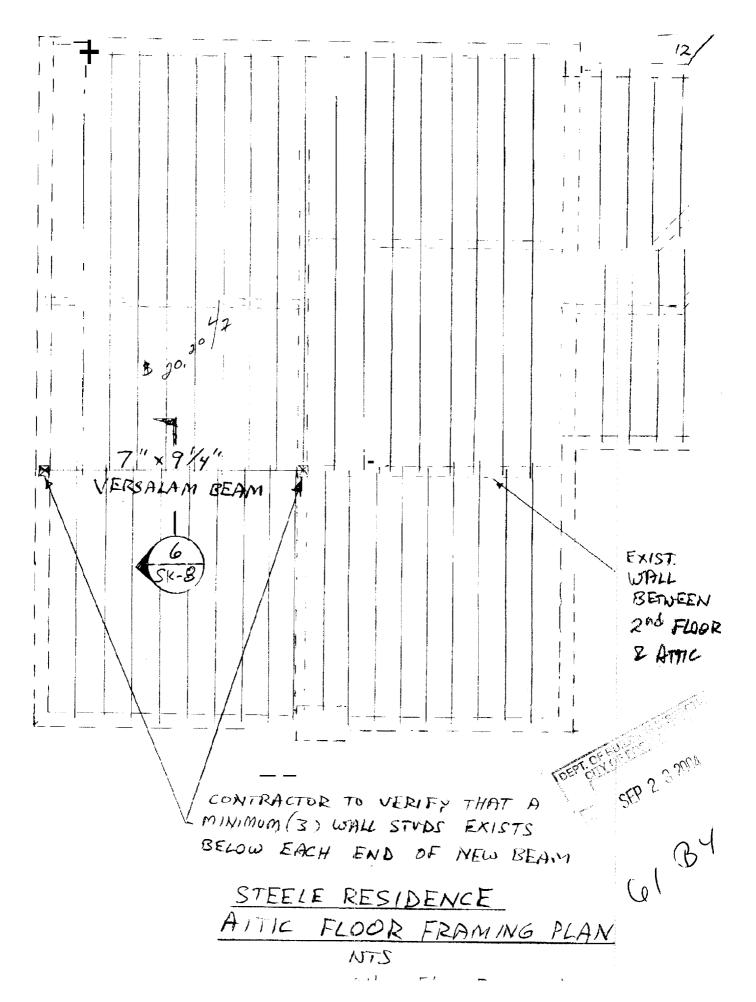
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 22	- Cliffe	vd 54.	Pat. VI	1E. 04107
Total Square Footage of Proposed Struct	ure	Square Foota	age of Lot	
Tax Assessor's Chart, Block & Lat Chart# Block# Lot#	Owner:			Telephone:
Phil Steele	telephone:	, , , , ,	8. Kerth w 329-2393 Fe	ost Of fork: \$ 15,500 oe: \$ 15/200
Current use: Single Samil	7		1 - E	
	_	Single	family	- V
Proposed use: Project description:	_2	ns .		2.700 ⁴
Contractor's name, address & telephone:	Raymon	ST. Ke	th on	suntry CCC.
Who should we contact when the permit	ready:	gmon A	Leith .	
Mailing address: 1 Bowdom St.	Port.	ME. O	4102	pg 870-7015
We will contact you by phone when the per review the requirements before starting any and a \$100.00 fee If any work starts before the star	y work, with a	a Plan Reviewe	r, A stop work o	
IF THE REQUIRED INFORMATION IS NOT INCLUDE DENIED AT THE DISCRETION OF THE BUILDING/INFORMATION IN ORDER TO APROVE THIS PER	PLANNING D			
I hereby certify that I am the Owner of record of the name have been authorized by the owner to make this applications and interest of the interest of the control of the control of the permit for work described in the shall have the authority to enter all areas covered by this to this permit.	ation as his/herc his application is	authorized agent, is lissued, I certify that	l agreeto conformi at ine CodeOfficiali	to all applicable laws of this is authorized representative
Signature of applicant:	Kil		ate: 9/2 3	/00
	•		- I	

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall





Price STRUCTURAL INGINEERS	75 Farms Edge Road North Yarmouth, ME 04097 Tel. (207) 846-0099 Fax: (207) 846-1633	Project: Steele Residence Subject: Uate: 8/04 Designed by: DAP	Sheet /3 of Job # /25-04 Checked by.
7"×9" VERSAL BEAN	AM	J. 7"	
			~ EXIST. FLOOR
JOIST HANGER! (TYP)			
		EXIST. LATHE & PLASTER CEILING FXIS	EXIST. STRAPPING MOVE T. 3×5½" 'SEAM
		SECTION (5	6 72-8
		OFF	SEP 2 32004

Raymond T. Keith Carpentry LL 1 Bowdoin St. Portland, ME. 04102

NE: Steele Job 22 Clifford St. Port. ME. 04102

Rioject description:
Renovation of bathroom on 3rd floor
is existing but never parinted for house.
New Owners would like this room cleaned
up who new shower stall. Also z skylights
will be added for excess (bedroom + office
also on this floor). Also a varsalam will
be added in floor to correct pist span in
Massa bedroom below.

2Eb 5 5 3004

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