Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	. FRO	NTAC	GE OF	WORK	
Please Rea Application A Notes, If An	nd		YTI<	OF		LAI				
Attached				P	ERMA		Р	ermit Numbe PERW	TTISSUEL	2
This is to certi	ify thatBLANC	ATO LOU	I S S & E	en w b	ANGATO JTS/Ra	n Bake				
has permissio	n toAdd 1/2	bath & wi	ndow &	hen ren	tions			SEP	4 2002	_
AT -321 SPR	ING ST					L 06	51-Cd09	001		
of the pro	that the perso ovisions of the ruction, main rtment.	e Statut	es of		tion F na or the P uildings and	lances	of the	e City of	Portland	n on file in
	Public Works for s if nature of work mation.			ificatio in and v bre this ied or UR NO	of insperior in en permission p ilding or art th porwise cosed neQUIRE	oroc d lere s d-in 4	р	rocured by	of occupant owner before ereof is occu	e this build-
отн	ER REQUIRED APPR	OVALS								
Fire Dept.										
Health Dept.							,	1		
Appeal Board							9/.	la D	DI DA	
Other							1/4/	08 ()	My 1/2	Magaan.
	Department Name						/	Director - Building i	& Inspection Services	
			PENAL	TY FOR	R REMOVING	THIS CA	RD			

City of Portland, Ma			ermit No:	Issue Date:		CBL:			
389 Congress Street, 04101 Tel: (207) 874-8703 Location of Construction: Owner Name:			5, Fax: (207) 874-8		08-1015	<u> 1/1/0</u>	8	061 C00	19001
			LOUIS S & ELLEN		er Address: SPRING ST	I		Phone:	
Business Name: Contractor Name				ractor Address:			Phone		
		Randy Baker (ractor Address: rtland			Phone	
Lessee/Buyer's Name		Phone:			nit Type:			_	Zone:
				Alterations - Dwellings					
Past Use:		Proposed Use:		Perr	mit Fee:	Cost of Work		CEO District:]
Single Family Home			y Home - Add 1/2 bath		\$120.00	\$10,00	0.00	2	
		& window & I	kitchen renovations	nen renovations FIRE DEPT : Approve		Approved Denied	INSPECTION: Use Group: R - 3 Type: 5B IRC-2003 Signature: 9/4/08 CL		
								IKC-0	too s
Proposed Project Description Add 1/2 bath & window		enovations			Signature: Signature: 9/4/08 C				
		Action: Approved Approved w/Conc			Denied				
				Sign	Signature: Date:				
Permit Taken By: ldobson		pplied For: 8/2008			Zoning	Approva	1		
			Special Zone or R	eviews Zoning Appeal		Historic Preservation			
1. This permit applicat Applicant(s) from m Federal Rules.		•	Shoreland		Variance		[Not in Distric	t or Landmar
2. Building permits do septic or electrical w					Miscellaneous			Does Not Require Review	
 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 			Flood Zone		Conditional Use		[Requires Rev	iew
			Subdivision		Interpretation		[Approved	
			Site Plan			ed	[Approved w/0	Conditions
PERMI	TISSUEI)	Maj 🗌 Minor 🗌 N	MM	Denied		[Denied	
			Date:		Date:		Da	te: BIELOS	2 STH
SEP	4							-	

CERTIFICATION

CITY OF ELEPTICATIO

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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

•	· · · ·		ilding or Use Permit (207) 874-8703, Fax: (2	Permit No: Date Applied For: 08-1015 08/18/2008		CBL: 061 C009001	
	of Construction:		Owner Name:		wner Address:		Phone:
321 SPI	RING ST		BLANCATO LOUIS S & ELLEN		321 SPRING ST		
Business Name:			Contractor Name:	C	Contractor Address:	Phone	
			Randy Baker Construc	tion	Portland		
Lessee/Bu	yer's Name		Phone:		ermit Type: Alterations - Dwe	llings	
Proposed	Use:			Proposed	Project Description:		
Single I renovati	-	dd 1/2 bath	& window & kitchen	Add 1/	2 bath & window	& kitchen renovatio	ons
Dept: Note:	Historic	Status:	Approved	Reviewer:	Scott Hanson	Approval I	Date: 08/18/2008 Ok to Issue: ☑
Dept: Note:	Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval I	Date: 09/04/2008 Ok to Issue: ☑
1 / I		required fo	Approved with Condition r any electrical, plumbing ubmitted for approval as a	, or HVAC syster		Approval I	Date: 09/04/2008 Ok to Issue: ☑

Comments:

8/22/2008-tmm: Left message - need header size over window and distance from bath fixtures to wall

ALL SURGAN ALL SURGAN

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.

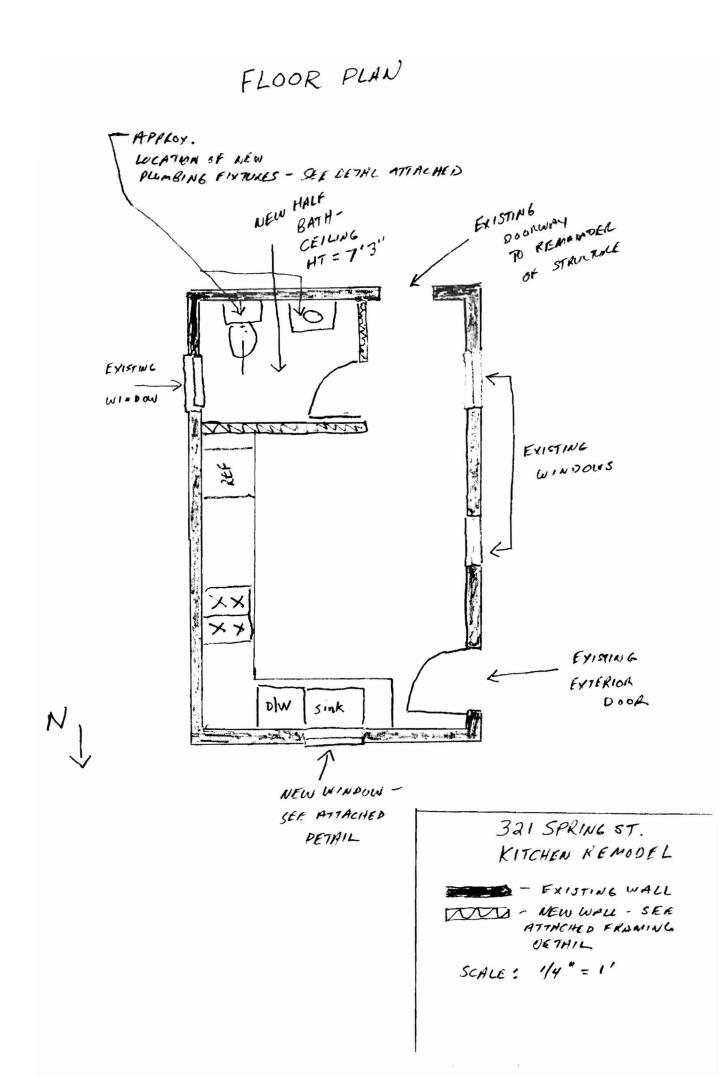
Location/Address of Construction: 321	SPRING STREET PORTLAN	B ME OYIOZ	
Total Square Footage of Proposed Structure/A 200 (Existing Kitchen "el	rea Square Footage of Lot	4340	
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buy	er* Telephone:	
Chart# Block# Lot#	Name Mark & Darlene Jarrell	(207)	
LI C 9	Ivanic Philip tot loc Chines	865-3255	
	Address 3 Whispering Pines		
	City, State & Zip Freeport ME OVC	32	
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work \$ 10,000	
	Name	Work: \$	
	Address	C of O Fee: \$	
	City, State & Zip	Total Fee: \$ 120	
Current legal use (i.e. single family)	Single tamily		
If vacant, what was the previous use?			
Proposed Specific use:			
Is property part of a subdivision?	If yes, please name	<u> </u>	
Project description: Remodel exist	ting Kitchen add 1/2 bath	in Kitchen	
<i>p</i>	Baker Construction		
	usvell Rd.		
City, State & Zip	eport ME 04032	Telephone: 565 - 9359	
Who should we contact when the permit is rea	dy: Mayk Jarrell	Telephone: 765-3255	
Mailing address: 3 Whispening Pil	nes treepart ME 04032	-	

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 <u>www.portlandmaine.gov</u>, 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 **US** de 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.

	$-\Delta l$	2.			
Signature:		ky 1	Date:	8/18/08	
	This is not	a per	nit; you may not commence Al	NY work until the permit is issue	



321 SPRING STREET KITCHEN RENOVATION

NOTES TO FLOOR PLAN

Wall Framing Details

- New walls for $\frac{1}{2}$ bath only as indicated all other walls are existing
- New walls to be framed with 2"X 4" studs 16" on center

Window Details

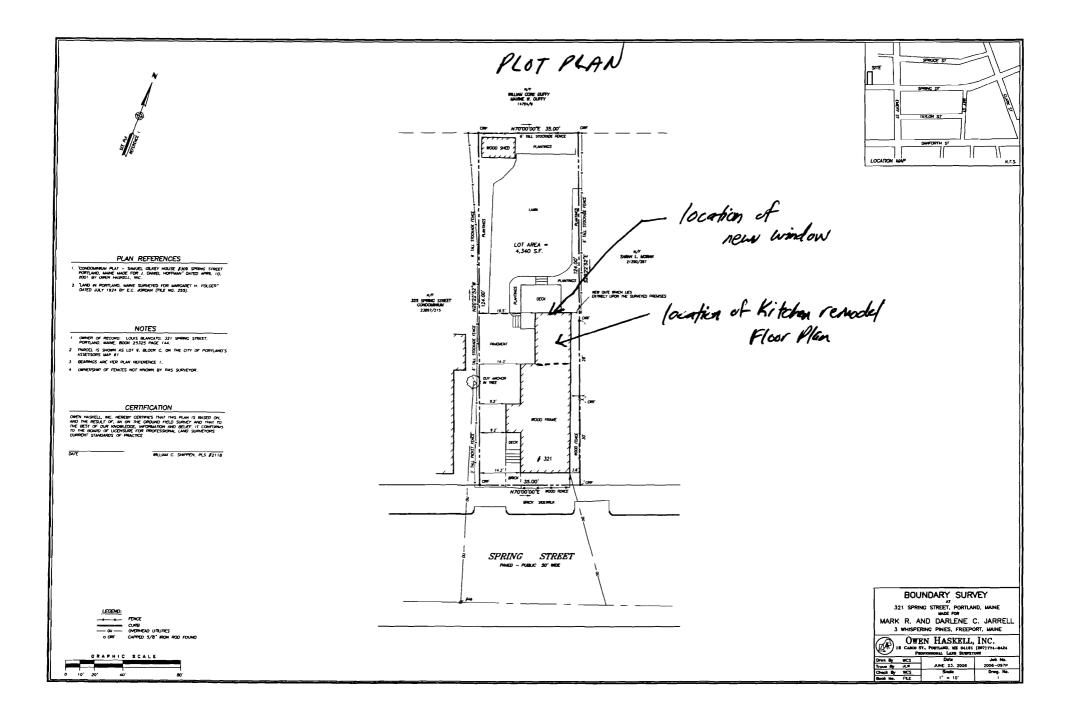
$1.1NG \times 1^{1}$

. . .

- One new window only as indicated on south wall all other windows existing
- Sill height to be minimum 36" above floor
- Window studs/jack studs to be 2" X 4" or 2" X 6 " to match existing framing
- Window header will be two (2) 2" X 8"
- Window to be Andersen Series 200 CX135 casement or similar with grille inserts to mimic existing window divided lights
- Approximate window dimensions 30" width X 40" height

Plumbing Fixture Distances

- Toilet to be minimum 15" from center to side wall
- Toilet to be minimum 15" from closest edge of sink/vanity
- Toilet to be approx. 12" from center of drain to rear wall



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 <u>DO</u> 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 Appligant/Designee

9/4/08

Date

Signature of Inspections Official

Date