

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

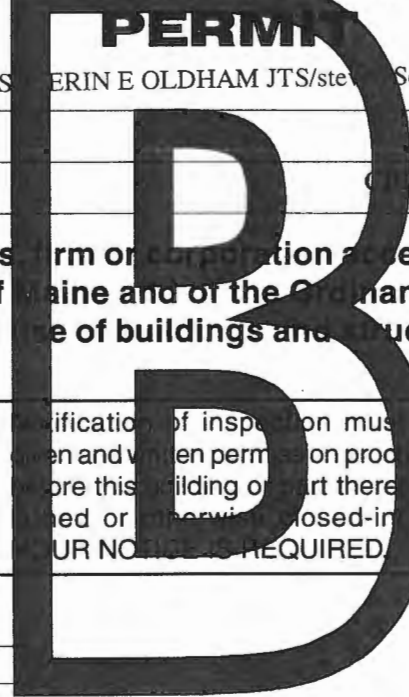
BUILDING INSPECTION

Permit Number: 070253

PERMIT ISSUED

MAR 14 2007

CITY OF PORTLAND



Please Read Application And Notes, If Any, Attached

This is to certify that DIGIOVANNI STEPHEN S ERIN E OLDHAM JTS/step Sewa

has permission to Interior Renovations

AT 55 THOMAS ST 062 C015001

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.

ification of inspection must be given and when permission procured before this building or part thereof is used or otherwise closed-in. 4
OUR 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

3/14/07 Chen & NK
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0253	Issue Date: 03/14/2007	CBL: 062 C015001
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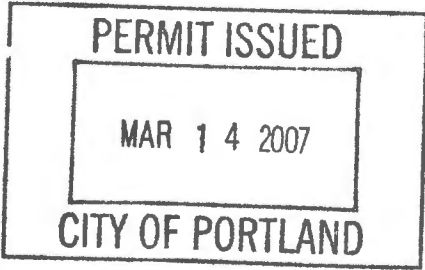
Location of Construction: 55 THOMAS ST	Owner Name: DIGIOVANNI STEPHEN S & ERI	Owner Address: 55 THOMAS ST	Phone: 838-7981
Business Name:	Contractor Name: steven Sewall & Sewall Assoc.	Contractor Address: P O Box 6610 Portland	Phone: 2077744755
Lessee/Buyer's Name	Phone:	Permit Type: <i>Alterations - Dwelling</i>	Zone: <i>R-6</i>

Past Use: Single Family	Proposed Use: Single Family	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R-3</i> Type: <i>5B</i> <i>IRC 2003</i>	

Proposed Project Description: Interior Renovations	Signature:	Signature: <i>3/14/07 CR ML</i>
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: csh	Date Applied For: 03/14/2007	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>O.K.</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/14/07 CR ML</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 <i>Yes.</i> <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>Ink only</i> Date: <i>3/14/07 CR ML</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

4/6/07 - Close in - framing + electric.
Of to drywall. you

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0253	Date Applied For: 03/14/2007	CBL: 062 C015001
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Location of Construction: 55 THOMAS ST	Owner Name: DIGIOVANNI STEPHEN S & ERI	Owner Address: 55 THOMAS ST	Phone: () 838-7981
Business Name:	Contractor Name: steven Sewall & Sewall Assoc.	Contractor Address: P O Box 6610 Portland	Phone (207) 774-4755
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family	Proposed Project Description: Interior Renovations
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 03/14/2007**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.
- 2) 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.
- 3) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 03/14/2007**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) ANY exterior work requires separate review and approval thru Historic Preservation



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>55 THOMAS ST.</u>		
Total Square Footage of Proposed Structure <u>EXISTING</u>		Square Footage of Lot <u>-</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>ROB AND MARCIA CHAFFEE</u>	Telephone: <u>1-617-921 0340</u>
Lessee/Buyer's Name (If Applicable) <u>NA</u>	Applicant name, address & telephone: <u>STEPHEN SEWALL</u> <u>SEWALL ASSOC. INC</u> <u>PO BOX 6610</u> <u>PORTLAND, ME 04103</u> <small>PHONE: 838-7981</small>	Cost Of Work: \$ <u>6200</u> Fee: \$ _____ C of O Fee: \$ _____
Current legal use (i.e. single family) <u>SINGLE FAMILY</u> If vacant, what was the previous use? <u>NA</u> Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>NA</u> Project description: <u>PARTION THE LIVING ROOM WITH A 2X4 WALL (NON BEARING)</u> <u>ADD A PAIR OF 2'-0" X 6'-8" FRENCH DOORS WITH A TRANSOM LIGHT ABOVE. A</u> <u>2'-6" FRENCH DOOR WITH 10" SIDE LIGHT WILL BE ADDED FROM HALL TO NEW ROOM.</u> <u>A 5'-0" CASED OPENING WILL BE MADE IN THE WALL BETWEEN THE BACK HALL</u> <u>AND THE DINING ROOM, THE DOORWAY BETWEEN THE DINING ROOM AND KITCHEN WILL BE</u> <u>WIDENED AS SHOWN ON PLAN. ADD NEW SHEETROCK OPENING IN WALL BETWEEN BED ROOM #1</u> <u>AND HALLWAY. A 2'-8</u> <u>X 6'-8" DOOR WILL BE</u> <u>ADDED IN 2ND FLOOR</u> <u>HALLWAY. SEE PLAN.</u> <u>REBUILD WALL WHERE</u> <u>WALL ONCE WAS IN</u> <u>MASTER BEDROOM.</u>		
Contractor's name, address & telephone: <u>SEWALL ASSOCIATES - STEPHEN SEWALL</u> <u>PO BOX 6610</u> <u>PORTLAND, ME 04103 774-4755</u>		Who should we contact when the permit is ready: <u>STEPHEN SEWALL</u> Mailing address: <u>PO BOX 6610 PORTLAND, ME</u> <u>04103</u> Phone: <u>838-7981</u>
Who should we contact when the permit is ready: <u>STEPHEN SEWALL</u>		
Mailing address: <u>PO BOX 6610 PORTLAND, ME</u> <u>04103</u>		

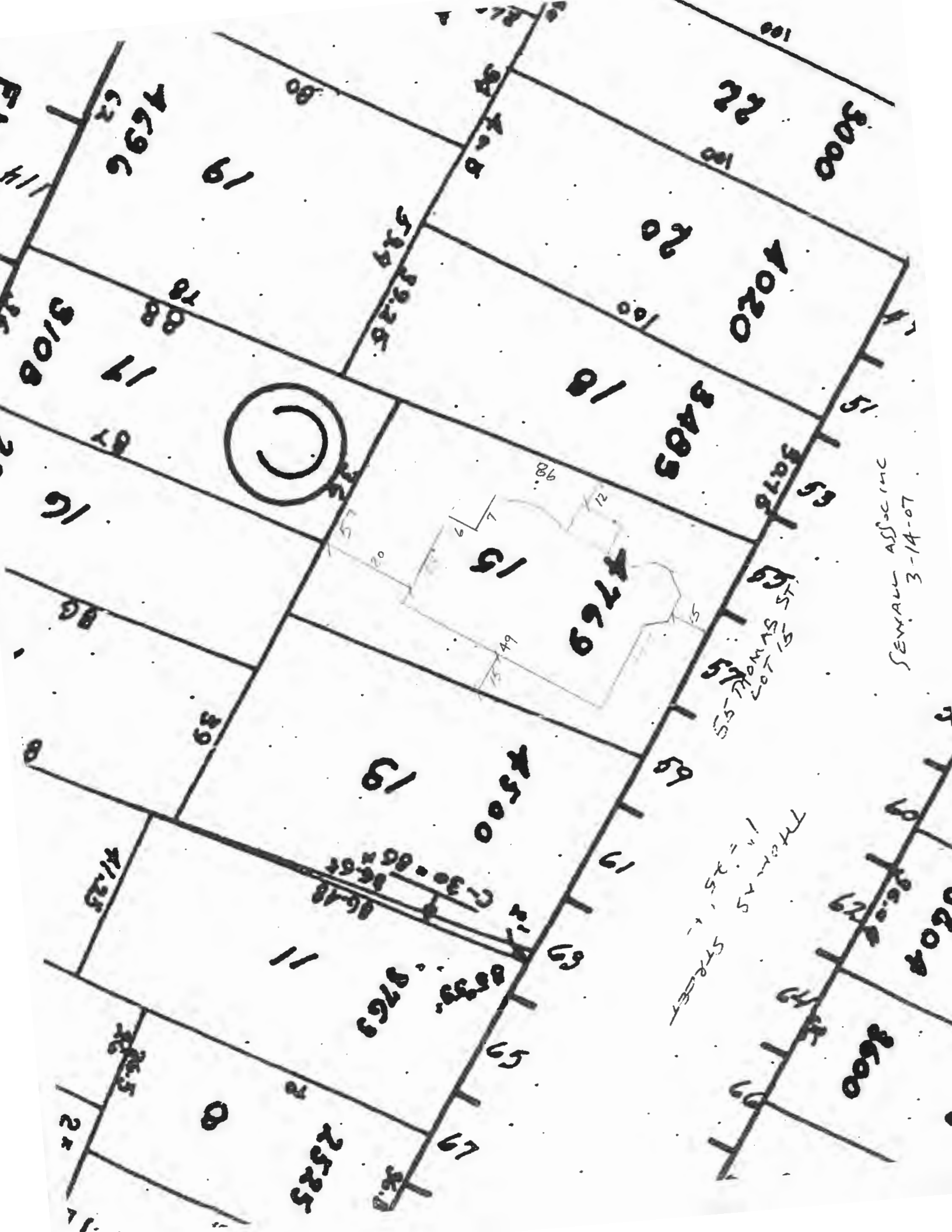
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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>Stephen Sewall</u>	Date: <u>3-12-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



SEWELL ASSOC INC
3-14-07

51.107
SQ FT

THOMAS
STREET
14.25'



3000

4020

3485

4769

4500

3763

2525

7696

3108

3125

8604

8600

ST. JAMES

51.107

14/1

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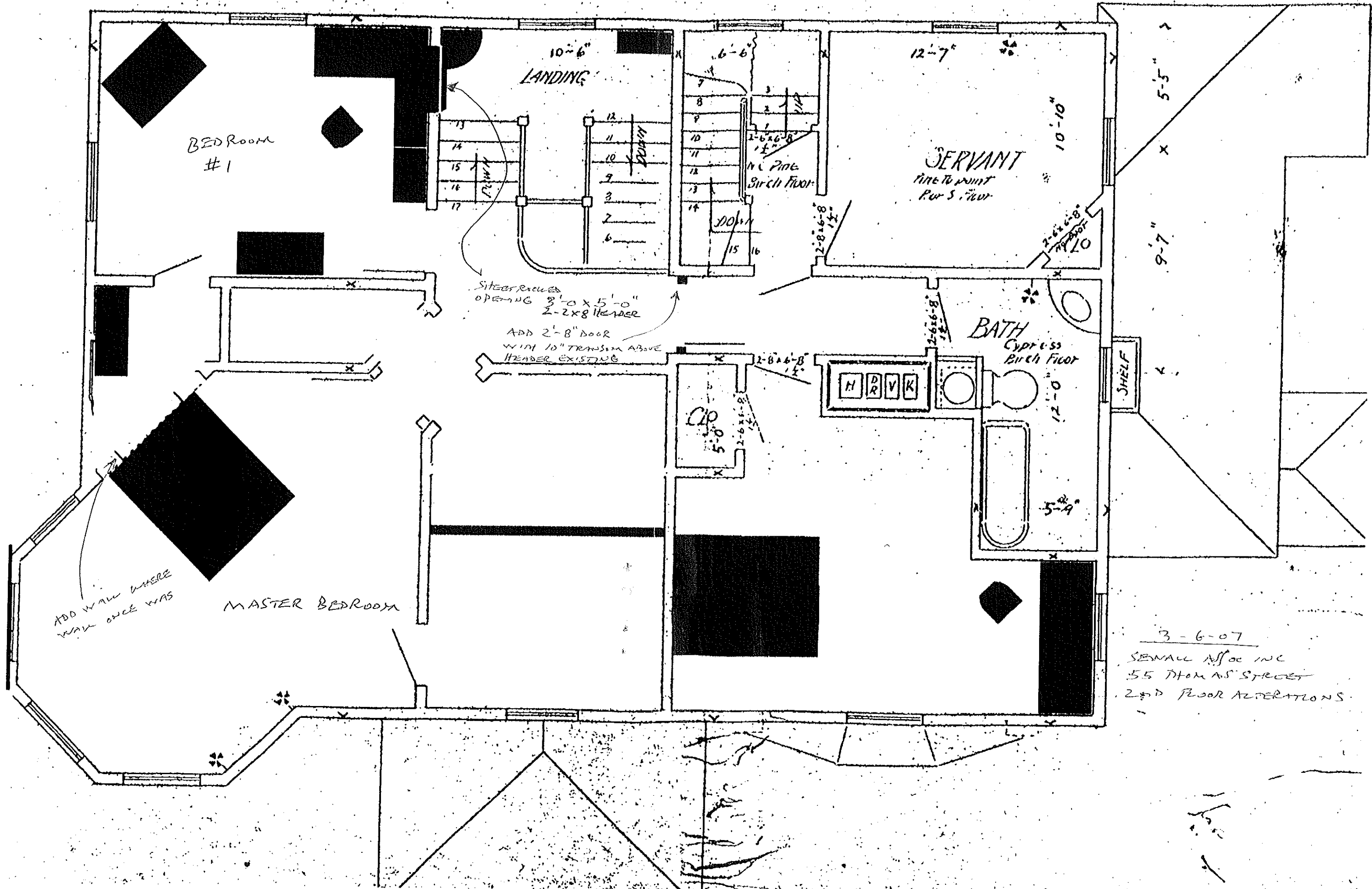
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BED ROOM #1

10'-6"
LANDING

SERVANT
FINE TO PAINT
PER 5. FLOOR

BATH

MASTER BEDROOM

SITE REVEALS
OPENING 8'-0" X 5'-0"
2-2x8 HEADER

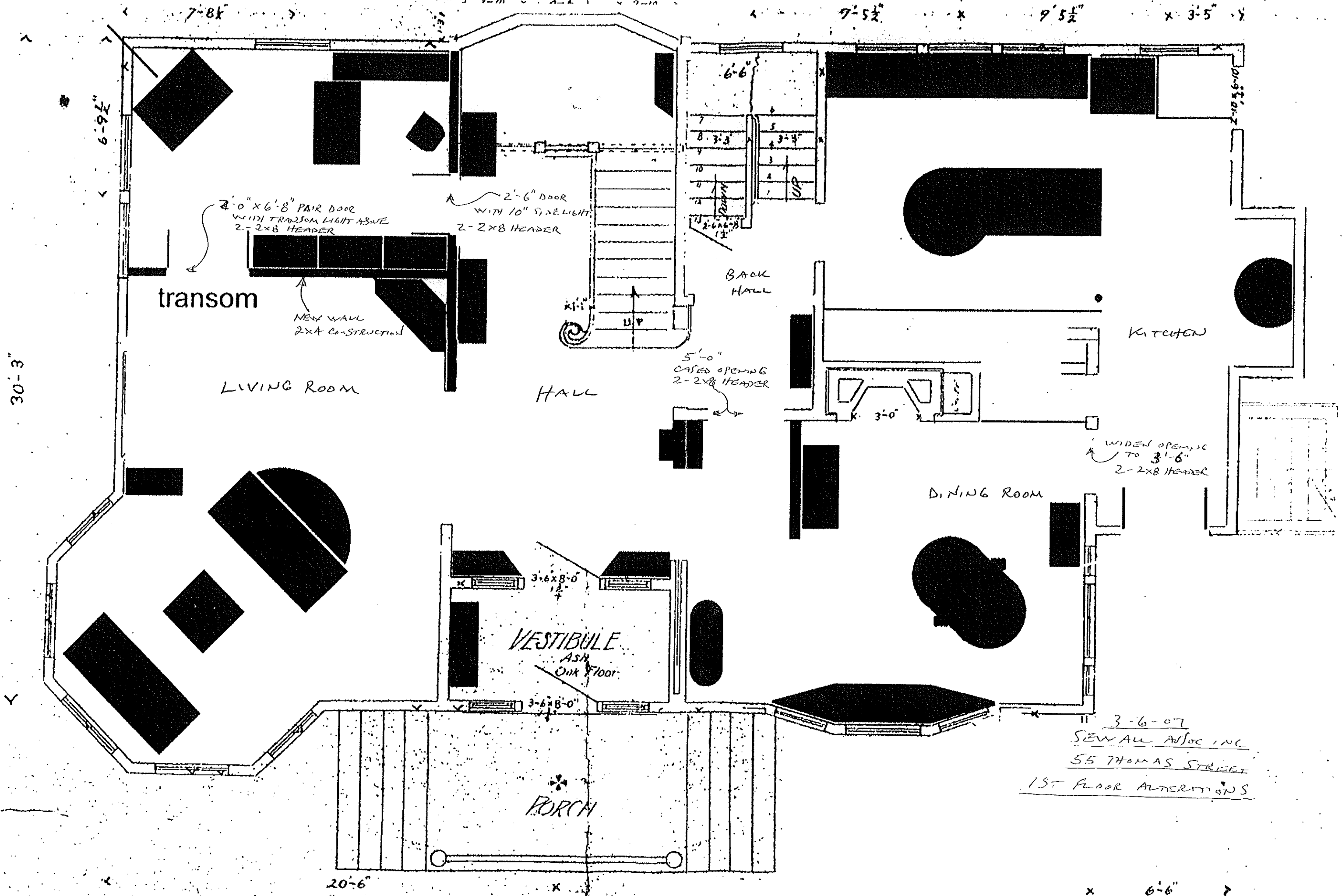
ADD 2'-8" DOOR
WITH 10" TRANSOM ABOVE
HEADER EXISTING

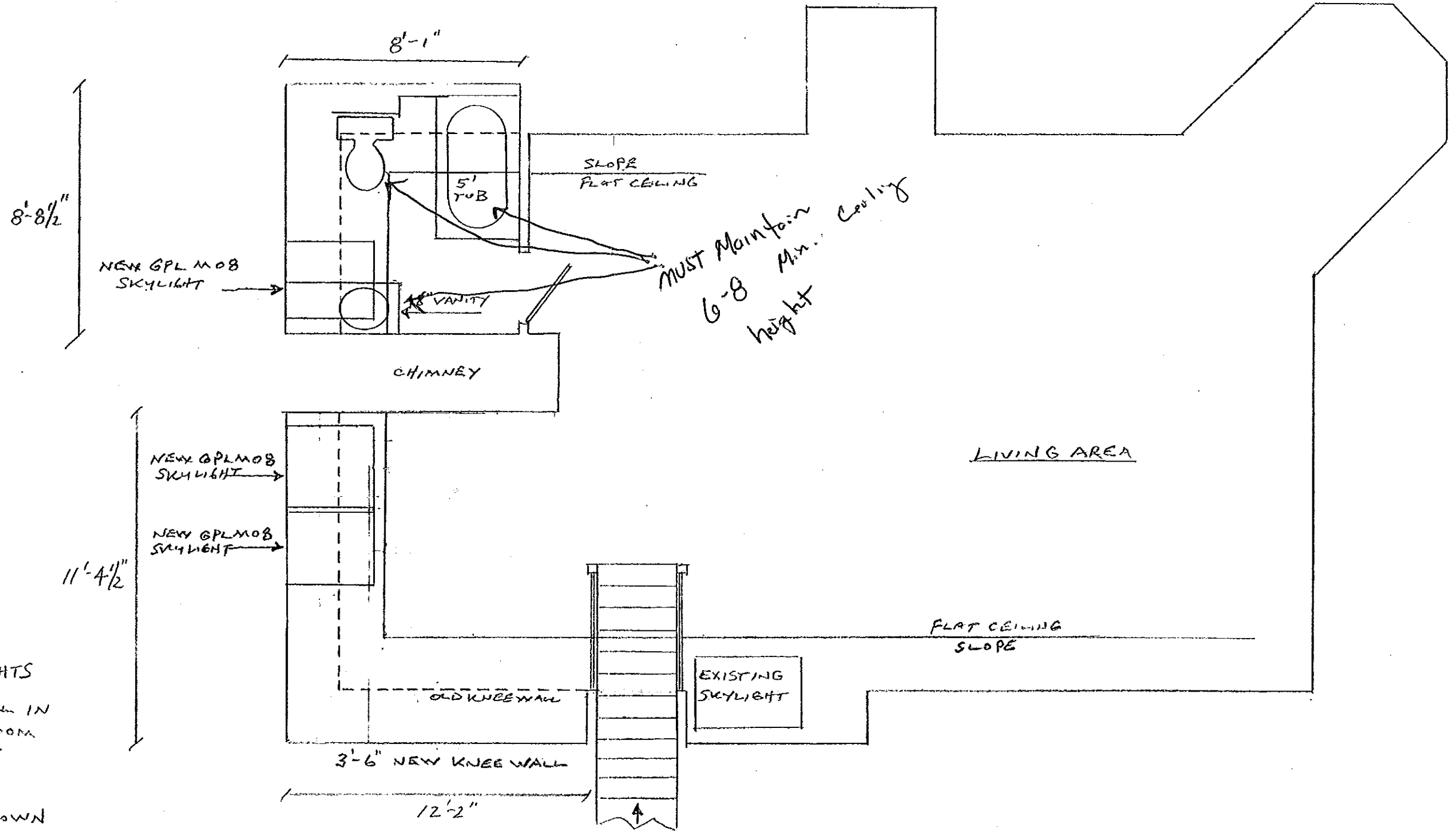
H D R V K

SHELF

ADD WALL WHERE
WALL ONCE WAS

3-6-07
SEWELL ASSOC INC
55 THOMAS STREET
2ND FLOOR ALTERATIONS





SCOPE OF WORK

- ① 3 NEW GPL MOB SKYLIGHTS
- ② MOVE THE KNEE WALL IN THE BATHROOM BACK TO A 3'-6" HEIGHT
- ③ ADD A BATHROOM AS SHOWN
- ④ ELECTRICAL AND PLUMBING AS NEEDED.
- ⑤ BATHROOM DOOR MOVES TO LEFT TO ALLOW FOR JUST A FULL CASING

SEWALL ASSOCIATES, INC.
 P.O. Box 6610
 PORTLAND, MAINE 04103
 (207) 774-4755
 FAX (207) 774-5448

JOB 55 THOMAS ST - PORTLAND
 SHEET NO. _____ OF _____
 CALCULATED BY _____ DATE 5-14-07
 CHECKED BY _____ DATE _____
 SCALE 1/4" = 1'