

Att. 1

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-0260	Issue Date:	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:
Business Name:	Contractor Name: Sewall Associates	Contractor Address: P.O. Box 6610 Portland	Phone: 2077744755
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-6

Past Use: Single Family	Proposed Use: Single family install 3 skylights / expand kitchen + bathroom 5/14/07 Cl. M.	Permit Fee: \$50.00	Cost of Work: \$2,700.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB JRC-2003	

Proposed Project Description: Install 3 skylights / expand kitchen + bathroom	Signature: [Handwritten Signature]	Signature: [Handwritten Signature]
<b>DENIED</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: dmartin	Date Applied For: 03/15/2007	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 3/15/07	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 5/15/07
	To D.A. 3/15/07 J. Andrews		

**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 Application**

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

Permit No: 07-0260	Issue Date: 05/16/2007	CBL: 062 C015001
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Business Name:	Contractor Name: Sewall Associates	Contractor Address: P.O. Box 6610 Portland	Phone 2077744755
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family	Proposed Use: Single family install 3 skylights/expand Kitchen and Bathroom	Permit Fee: \$220.00	Cost of Work: \$14,070.00	CEO District: 2
Proposed Project Description: Install 3 skylights		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature:	Signature: <i>S/15/07</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: dmartin	Date Applied For: 03/15/2007	<b>Zoning Approval</b>		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input 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	
	Date:	Date:	Date:	

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

7/30/07 - Clean - two renovations - all  
OK to close in. Jim H



# 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		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner:	Telephone:
<u>62      C      015</u>	<u>ROB + MARCIA CHAFFEE</u>	<u>1-617-921-0340</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>6,300</u>
<u>NA</u>	<u>STEPHEN SEWALL SEWALL ASSOC. INC. PO BOX 6610 PORTLAND, ME 04103 838-7981</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>2 UNIT (ADDING KITCHEN FOR IN LAW APARTMENT)</u>	
Is property part of a subdivision?	<u>NO</u>	If yes, please name <u>NA</u>
Project description: <u>ADD A KITCHEN TO THE 3RD FLOOR (IN LAW APARTMENT)</u>		
Contractor's name, address & telephone: <u>STEPHEN SEWALL, SEWALL ASSOC. INC PO BOX 6610, PORTLAND, ME 04103 774-4755</u>		
Who should we contact when the permit is ready:		<u>STEPHEN SEWALL</u>
Mailing address:		Phone: <u>838-7981</u>

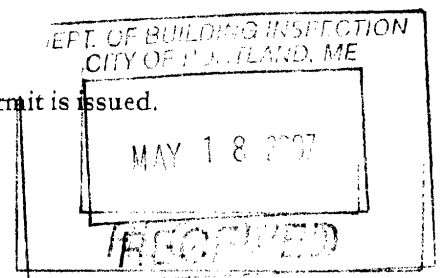
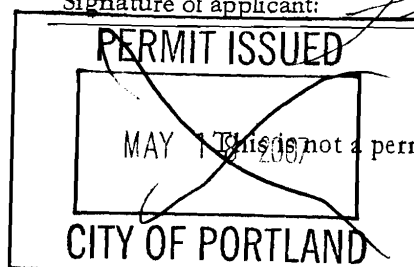
Please submit all of the information outlined in the Commercial Application Checklist.  
Failure to do so will result in the automatic denial of your permit.

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](http://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: Stephen Sewall

Date: 5-18-07



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



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Lee Urban - Director of Planning and Development  
Jeanie Bourke - Inspection Division Services Director

May 15, 2007

Steven Digiovanni  
55 Thomas St.  
Portland, Me.

Dear Mr. Digiovanni:

I am in receipt of your application to add 3 skylights, add a kitchen, and bath at 55 Thomas St. Your permit has been denied pursuant to sec.R105.1 of the International Residential Code because the addition of a kitchen on the third floor would require a change of use. Your permit issued on 3/14/2007, #07-0253 specifically prohibited the addition of any kitchen equipment.

You have the right to appeal my decision pursuant to sec. 112.5. If you wish to exercise your right to appeal, you have 10 days from the date of this letter in which to appeal. If you should fail to do so, my decision is binding and not subject to appeal. Please contact this office for the necessary paperwork that is required to file an appeal.

Sincerely,

Christopher Hanson  
Code Enforcement officer/Plan Reviewer

Application ID Number: 7-0260

Print Permit

Delete Review

Save

C

Department: Historic

Status: Approved w/Conditions

Reviewer: Deborah Andrews

Comments:

Approval Date: 05/15/2007

Histor

Given On Date: 03/15/2007

OK to Issue Permit

Name: Deborah Andrews

Date:

Date 2:

Conditions Section:

Add New Condition  
From Default List

Add New Condition

Delete Condition

Close

\* Approved based on revised skylight proposal. New skylights to be introduced on east roof slope only.



Create Date: 03/15/2007

By: mes

Update Date: 05/15/2007

By: dga



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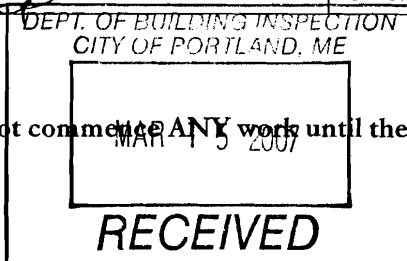
Location/Address of Construction: <u>55 THOMAS ST.</u>		
Total Square Footage of Proposed Structure <u>EXISTING</u>		Square Footage of Lot <u>-</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>ROB AND MARCIA CITAFFEE</u>	Telephone: <u>1-617-921-0340</u>
Lessee/Buyer's Name (If Applicable)  <u>NA</u>	Applicant name, address & telephone: <u>STEPHEN SENALL SEWALL ASSOC INC PO BOX 6610 PORTLAND, ME 04103 PHONE 838-7981</u>	Cost Of Work: \$ <u>2,700</u>  Fee: \$ <u>50</u>  C of O Fee: \$ <u>DI/A</u>
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>ONE VS 606 SKYLIGHT EXISTS IN THE 3RD FLOOR ON THE NORTH ROOF SLOPE ELEVATION. TWO ADDITIONAL VS 606 SKYLIGHTS ARE PROPOSED IN LINE (HEIGHT) WITH THE EXISTING ONE THE FIRST ONE IS 44" EAST OF THE FIRST. THE 2ND IS 5" APART FROM THE FIRST (MOUNTED TOGETHER WITH 3 FRAMING MEMBERS).</u>		
Contractor's name, address & telephone: <u>STEPHEN SENALL C-838-7981 SEWALL ASSOC PO BOX 6610 PORTLAND, ME 04103</u> Who should we contact when the permit is ready: <u>STEPHEN SENALL</u> Mailing address: <u>PO BOX 6610 PORTLAND, ME 04103</u> Phone: <u>C-838-7981</u>		<u>THE FRAMING WILL BE DOUBLE 2X8 LVL ON EITHER SIDE OF SKYLIGHTS AND 3 2X8 LVL'S BETWEEN THEM.</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.

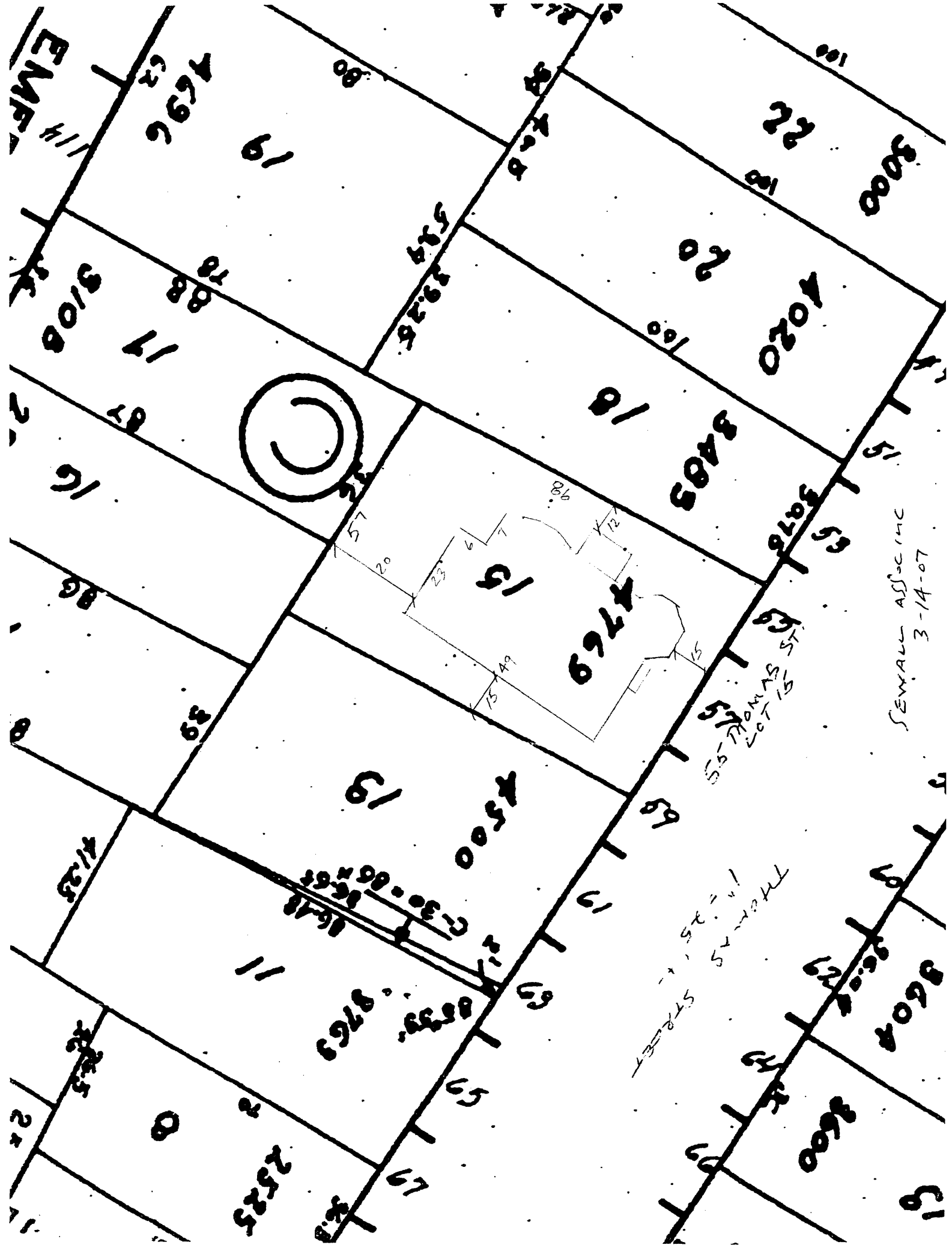
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I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to 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: [Signature] Date: 3-13-07



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



SEWAGE ASSOC INC  
3-14-07

ST. SWANSON  
LOT 15

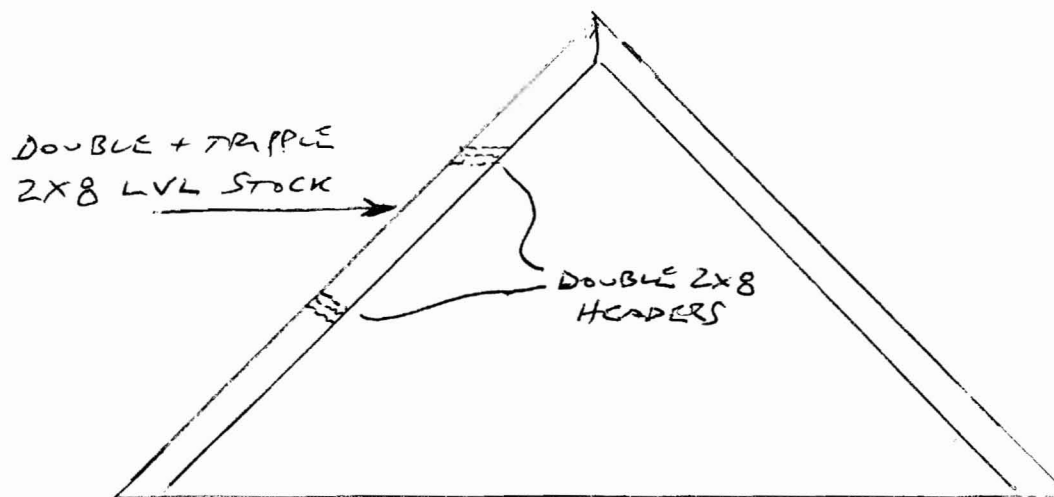
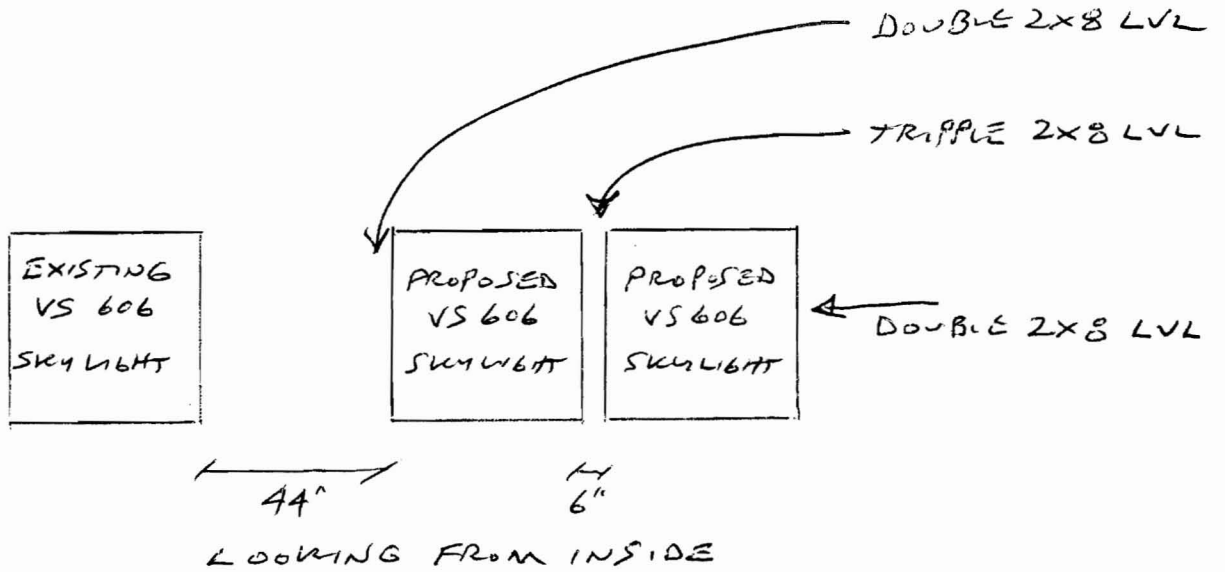
THOMAS  
1/4 - 25' - STREET



**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 SS DATE 3-12-07  
CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
SCALE NTS - DIMENSIONS CALLED OUT



SEWALL ASSOCIATES  
PROJECT: 55 THOMAS ST

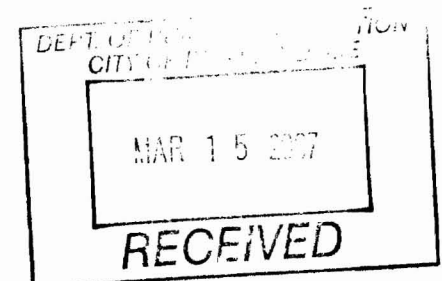
From: Rob Chaffee <oninc@earthlink.net>  
Subject: **Add. Skylights**  
Date: March 15, 2007 8:41:38 PM EDT  
To: Steve Sewall <sewall@maine.rr.com>  
1 Attachment, 327 KB

Hello Steve -

Will this be OK for the skylight permit?



EXISTING SKYLIGHT



SEWALL ASSOCIATES  
PROJECT: 55 THOMAS ST

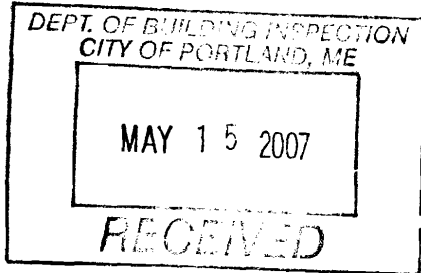


TWO ADDITIONAL PROPOSED SKYLIGHTS

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

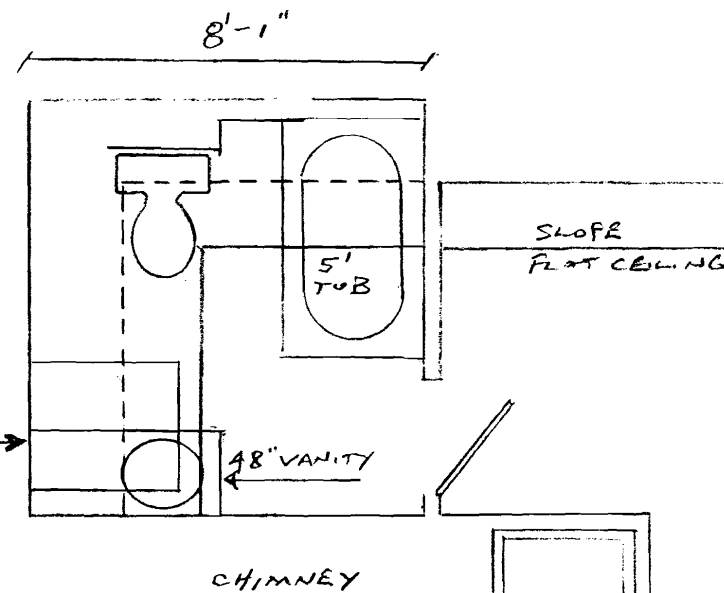
MAR 15 2017

RECEIVED



8'-8 1/2"

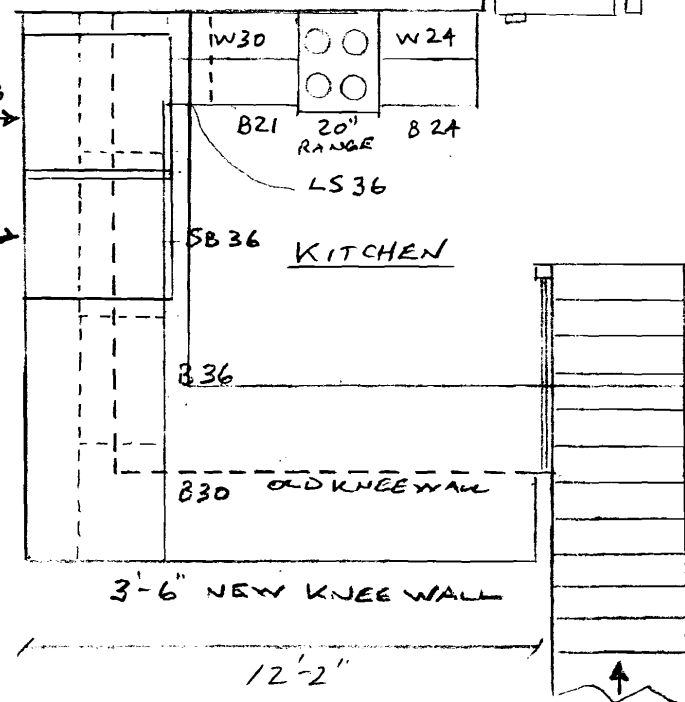
NEW GPL MOB  
SKYLIGHT  
ROOF



11'-4 1/2"

NEW GPL MOB  
SKYLIGHT

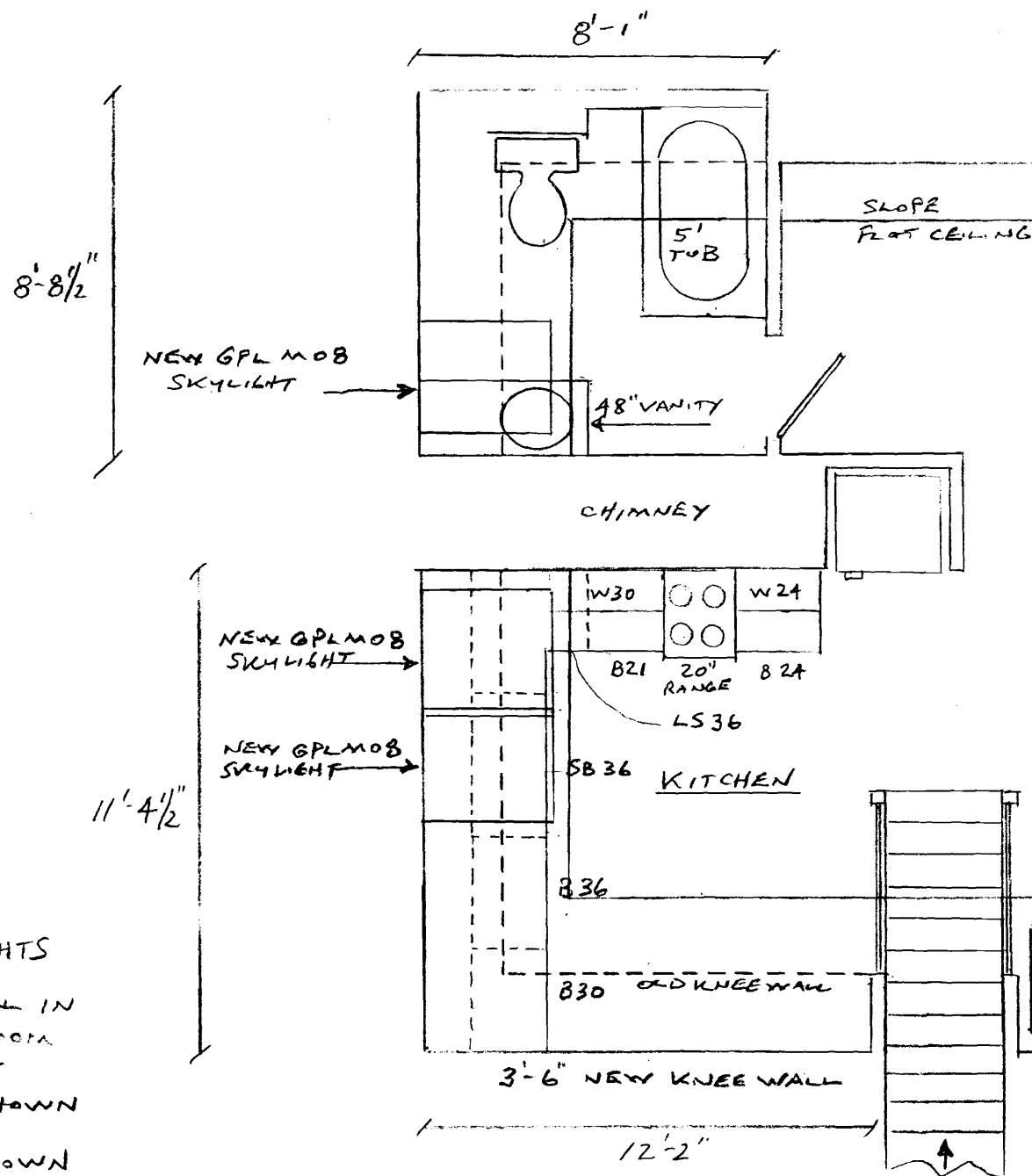
NEW GPL MOB  
SKYLIGHT



SCOPE OF WORK

- ① 3 NEW GPL MOB SKYLIGHTS  
DOUBLE RAFTERS W/ LVL EACH SIDE  
DOUBLE HEADERS
- ② MOVE THE KNEE WALL IN (2X4)  
THE KITCHEN AND BATHROOM  
BACK TO A 3'-6" HEIGHT
- ③ ADD A KITCHEN AS SHOWN
- ④ ADD A BATHROOM AS SHOWN
- ⑤ ELECTRICAL AND PLUMBING  
AS NEEDED.
- ⑥ EL SHAPED WALL BUILT  
FOR REFRIGERATOR
- ⑦ BATHROOM DOOR MOVES TO  
LEFT TO ALLOW FOR JUST A  
FULL CEILING

**SEWALL ASSOCIATE**  
P.O. Box 6610  
PORTLAND, MAINE 0  
(207) 774-4755  
FAX (207) 774-54



### SCOPE OF WORK

- ① 3 NEW GPL MOB SKYLIGHTS
- ② MOVE THE KNEE WALL IN THE KITCHEN AND BATHROOM BACK TO A 3'-6" HEIGHT
- ③ ADD A KITCHEN AS SHOWN
- ④ ADD A BATHROOM AS SHOWN
- ⑤ ELECTRICAL AND PLUMBING AS NEEDED.
- ⑥ EL SHAPED WALL BUILT FOR REFRIGERATOR
- ⑦ BATHROOM DOOR MOVES TO LEFT TO ALLOW FOR JUST A FULL CEILING

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