

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BU **INSPECTION**

PERMIT

Permit Number: 090145

Please Read
 Application And
 Notes, If Any,
 Attached

This is to certify that FOLEY LISA A TRUSTEE /p property own
 has permission to Re-model of bath, masterbed r, & TV rom
 AT 94 NEAL ST

ISSUED
 FEB 23 2009
 063-G01603N

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.

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or other work done-in. 24 HOUR 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. _____
 Health Dept. _____
 Appeal Board _____
 Other _____
Department Name

Janine Bonke 2/23/09
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 09-0145 | Issue Date: | CBL: 063 G01603N |
|-----------------------|-------------|---------------------|

| | | | |
|---|-------------------------------------|--|--------------|
| Location of Construction: 94 NEAL ST | Owner Name: FOLEY LISA A TRUSTEE | Owner Address: PO BOX 7665 | Phone: |
| Business Name: | Contractor Name: property owner | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Multi Family | Zone: R-6 |

| | | | | |
|--|--|--|---|--------------------|
| Past Use: Unit 3N of 6 unit Condo | Proposed Use: Unit 3N of 6 unit Condo - Re-model of bath, masterbed room, & TV room | Permit Fee: \$320.00 | Cost of Work: \$30,000.00 | CEO District: 2 |
| Proposed Project Description: Re-model of bath, masterbed room, & TV room | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R-2 Type: N/A IBC-2003 | |
| | | Signature: JMB 2/23/09 | | |
| 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: Ldobson | Date Applied For: 02/23/2009 | Zoning Approval | | |
| <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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: JMB 2/23/09 | 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 <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 Date: JMB |
| | | <i>approved w/conditions interior only</i> | | |

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

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 09-0145 | Date Applied For: 02/23/2009 | CBL: 063 G01603N |
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| | | | |
|--|--|---|---------------|
| Location of Construction: 94 NEAL ST | Owner Name: FOLEY LISA A TRUSTEE | Owner Address: PO BOX 7665 | Phone: |
| Business Name: | Contractor Name: property owner | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Multi Family | |

| | |
|---|---|
| Proposed Use: Unit 3N of 6 unit Condo - Re-model of bath, masterbed room, & TV room | Proposed Project Description: Re-model of bath, masterbed room, & TV room |
|---|---|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 02/23/2009

Note:**Ok to Issue:**

- 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 2) This property shall remain a 6 residential condo dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 02/23/2009

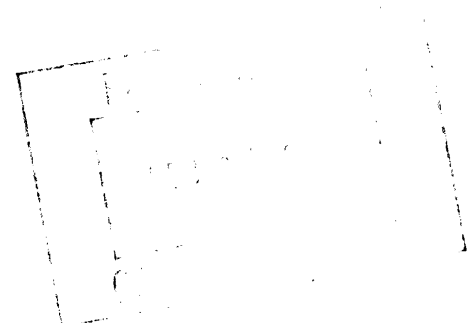
Note:**Ok to Issue:**

- 1) This allows the replacement of the glass in the existing bathroom window to be tempered. No replacement of the window is allowed without historic review.
- 2) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Comments:

2/23/2009-jmb: Lisa F. Came in for application, it was reviewed as permit by appt. It is in historic, but no exterior work is proposed. May have to replace the glazing in the bathroom window due to height at new tub.

2/23/2009-jmb: Zoning was determined by Marge S. in 2008





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>94 NEAL ST., 3 NORTH, PORTLAND, ME 04102</u> | | |
| Total Square Footage of Proposed Structure/Area | Square Footage of Lot | Number of Stories <u>1</u> |
| Tax Assessor's Chart, Block & Lot Chart# <u>636</u> Block# <u>016</u> Lot# <u>03N</u> <u>63 G 01603N</u> | Applicant "must be owner, Lessee or Buyer" Name <u>LISA Foley</u> Address <u>94 NEAL ST.</u> City, State & Zip <u>PORTLAND, ME 04102</u> | Telephone: <u>653-4149</u> |
| Lessee/DBA (If Applicable) | Owner (if different from Applicant) Name <u>L. Foley TRUST</u> Address City, State & Zip | Cost Of Work: \$ <u>30K</u> C of O Fee: \$ _____ Total Fee: \$ <u>320.-</u> |
| Current legal use (i.e. single family) <u>SINGLE FAMILY CONDO #3N</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>single family Condo re-model of bath, MASTERbed, TV Room</u> <u>3rd FL</u> | | |
| Contractor's name: <u>Lisa Foley</u> Address: <u>94 NEAL ST.</u> City, State & Zip <u>PORTLAND ME 04102</u> Telephone: <u>653-4149</u> Who should we contact when the permit is ready: <u>AS ABOVE</u> Telephone: _____ Mailing address: <u>AS ABOVE</u> | | |

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 www.portlandmaine.gov, 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 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: [Signature] Date: 2/14/09

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



Permitting By Appointment

As part of Portland's city-wide effort to improve customer service and help streamline doing business within the City, the Inspections Division has developed a new permitting system for qualified properties and for specific construction projects. Under this new program, you may be eligible to receive a building permit on the day you have a scheduled appointment with Inspection staff.

This permitting program applies only to existing one and two family homes not located within a historic district or shore land zone.

Eligible Projects

Please submit a complete application with the required plans

- Interior renovations, gut rehabs including structural changes
- Attached and detached garages
- Additions, decks, sheds, pools, dormers (two family addition must be less than 500 s.f.)
- Rebuild of any exterior structure listed above

Inspections are still required per City Code of Ordinance.

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 this project meets the above criteria and that the work performed will not go beyond these parameters.

Signature of applicant:

LISA A. FLEY

Date:

2-23-2009

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

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.


Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

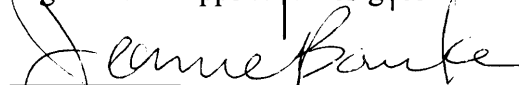
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee



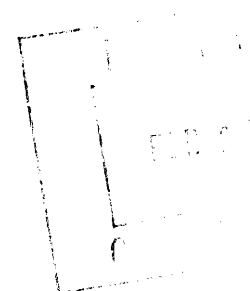
Signature of Inspections Official

2-23-09

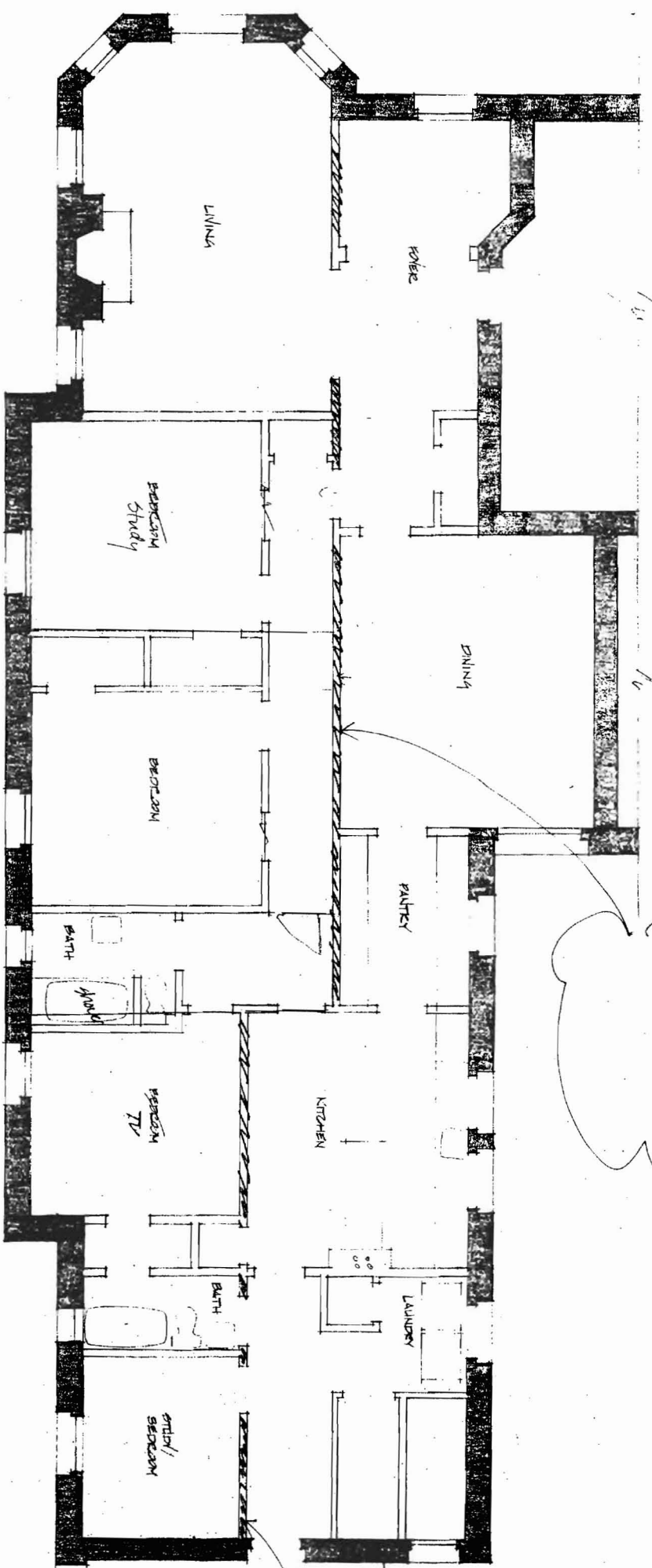
Date

2/23/09

Date



FEB 23 2009



Baking LVL

Baking LVL

* Existing Framing is full 2x4" at 16" on t.

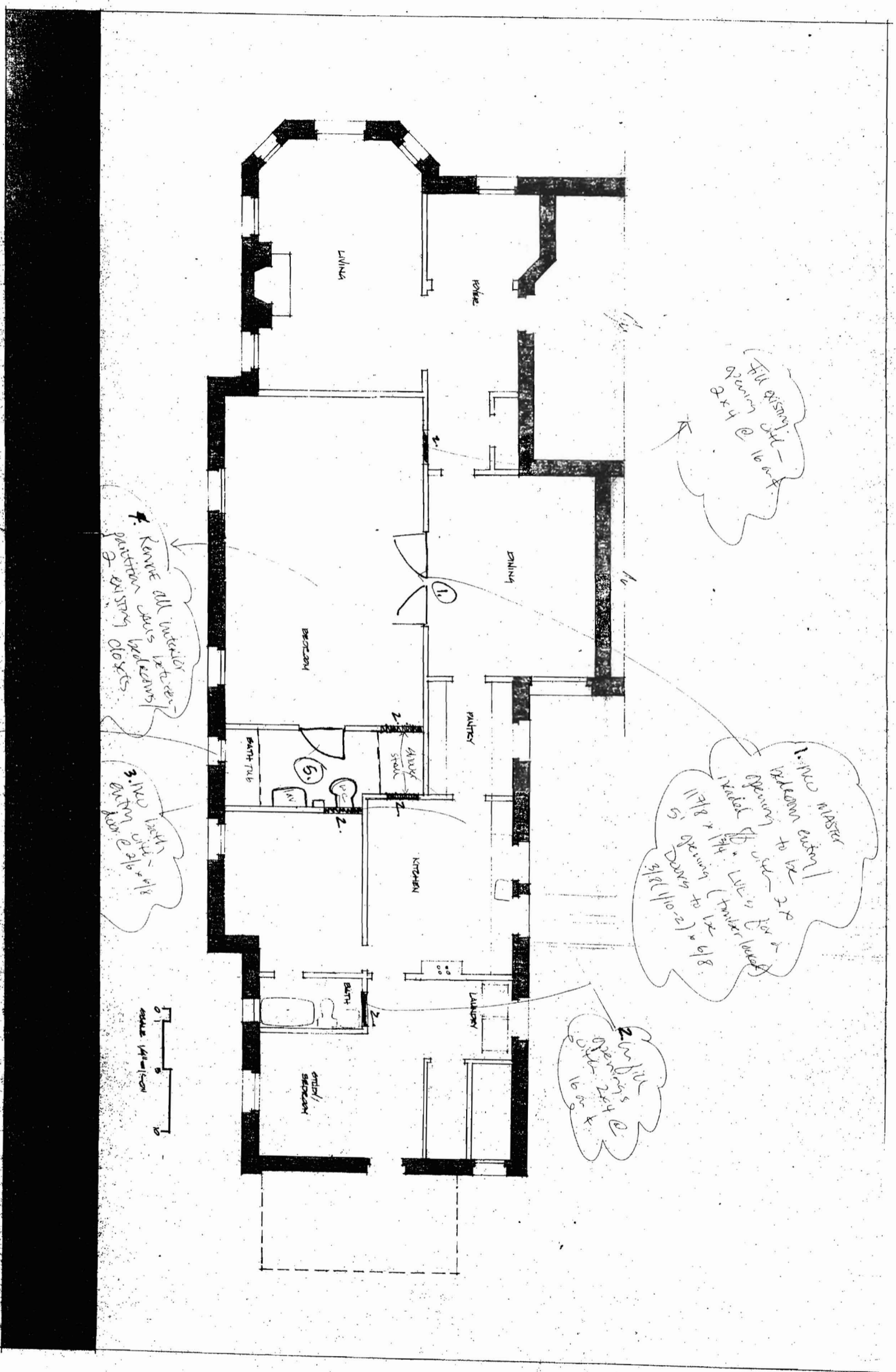
94 NEAL ST. 3N. FOLEY
EXISTING CONDITIONS.

1. Relocate MASTER bed entry
2. Infill existing openings w/ 2x4 @ 16" f.
3. New bath entry
4. Remove existing partition (non-bearing) walls between 2 bedrooms.
5. Re-con figure MASTER bath layout: add bath tub, relocate shower, relocate lav. + WC - see to meet code stand-offs and venting requirements.

PROPOSED CHANGES: 94 NEXL. 3N

FOLEY.

- Plumbing permit to be submitted by SKIP CARR (Carr + Langille)
- Electrical permit to be submitted by Larry Hamman.



Fill existing opening w/ 2x4 @ 16" f.

1. INfill MASTER bedroom entry opening to be filled w/ 2x4 @ 16" f. LIL's for a 5' opening (tambour door) 3/8" (110-2) @ 6/8

2. Infill opening w/ 2x4 @ 16" f.

4. REMOVE all interior partition walls between 2 bedrooms

All stairs to be 60" to be changed to tapered glass.

3. New bath entry

