

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BU **PERMIT** ION

Permit Number: 090321

PERMIT ISSUED

This is to certify that FOLEY LISA A TRUSTEE

has permission to Amend permit to include the removal of wall in study area replacement w/ LVL

AT 94 NEAL ST

CP 063 G01603N

APR 16 2009

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 lath or other is used-in. 2
 HOW 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

Jeanne Bernick 4/16/09
 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: 09-0321	Issue Date:	CBL: 063 G01603N
-----------------------	-------------	---------------------

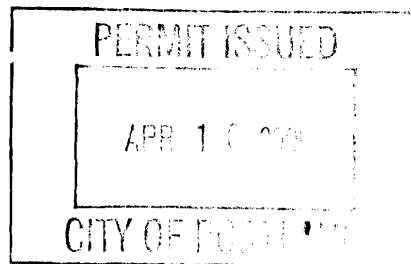
Location of Construction: 94 NEAL ST	Owner Name: FOLEY LISA A TRUSTEE	Owner Address: PO BOX 7665	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Multifamily	Zone: R-6

Past Use: Unit 3N of 6 unit Condo	Proposed Use: Unit 3N of 6 unit Condo - Amend permit to include the removal of wall in study area replace w/ LVL	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: Amend permit to include the removal of wall in study area replace w/ LVL		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: <i>M/A</i> <i>IBC-2003</i>	
		Signature: _____		Signature: <i>JMB 4/16/09</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: Ldobson	Date Applied For: 04/14/2009	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan <i>OK w/ conditions</i>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>JMB 4/16/09</i>	Date: _____	Date: <i>JMB</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

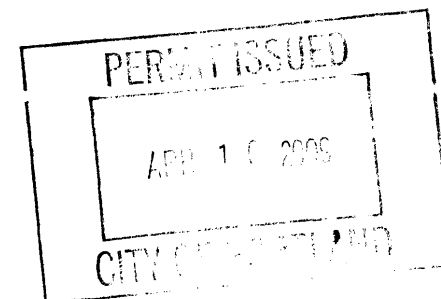
Permit No: 09-0321	Date Applied For: 04/14/2009	CBL: 063 G01603N
------------------------------	--	----------------------------

Location of Construction: 94 NEAL ST	Owner Name: FOLEY LISA A TRUSTEE	Owner Address: PO BOX 7665	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Multifamily	

Proposed Use: Unit 3N of 6 unit Condo - Amend permit to include the removal of wall in study area replace w/ LVL	Proposed Project Description: Amend permit to include the removal of wall in study area replace w/ LVL
--	--

Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 04/16/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) All previous conditions apply for the amendment			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 04/16/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
2) All floors and walls that separate dwelling units or dwelling units and common areas are required to meet a 1 hour fire rated assembly and sound transmission rating of 45 STC.			
3) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.			
4) All previous conditions apply for the amendment			

Comments: 4/16/2009-jmb: Left vcmg for Lisa F. To confirm what floor her unit is on and if fire separation is required at the ceiling, will put as condition.





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, 3N, PORTLAND, ME 04102</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# <u>63</u> Block# <u>G</u> Lot# <u>163N</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>LISA A. Foley</u> Address <u>94 NEAL ST, 3N</u> City, State & Zip <u>PORTLAND, ME 04102</u>	Telephone: <u>653-4149</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address <u>AS ABOVE</u> City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ <u>30</u>
Current legal use (i.e. single family) <u>RESIDENTIAL Condo</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Remodel of existing Condo - to add : removal of wall at rear bedroom ^{Study} media room.</u>		
Contractor's name: <u>AS ABOVE</u>		
Address: _____		
City, State & Zip _____		Telephone: _____
Who should we contact when the permit is ready: <u>LISA Foley</u>		Telephone: _____
Mailing address: <u>94 NEAL ST, 3N, PORTLAND, ME 04102</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.

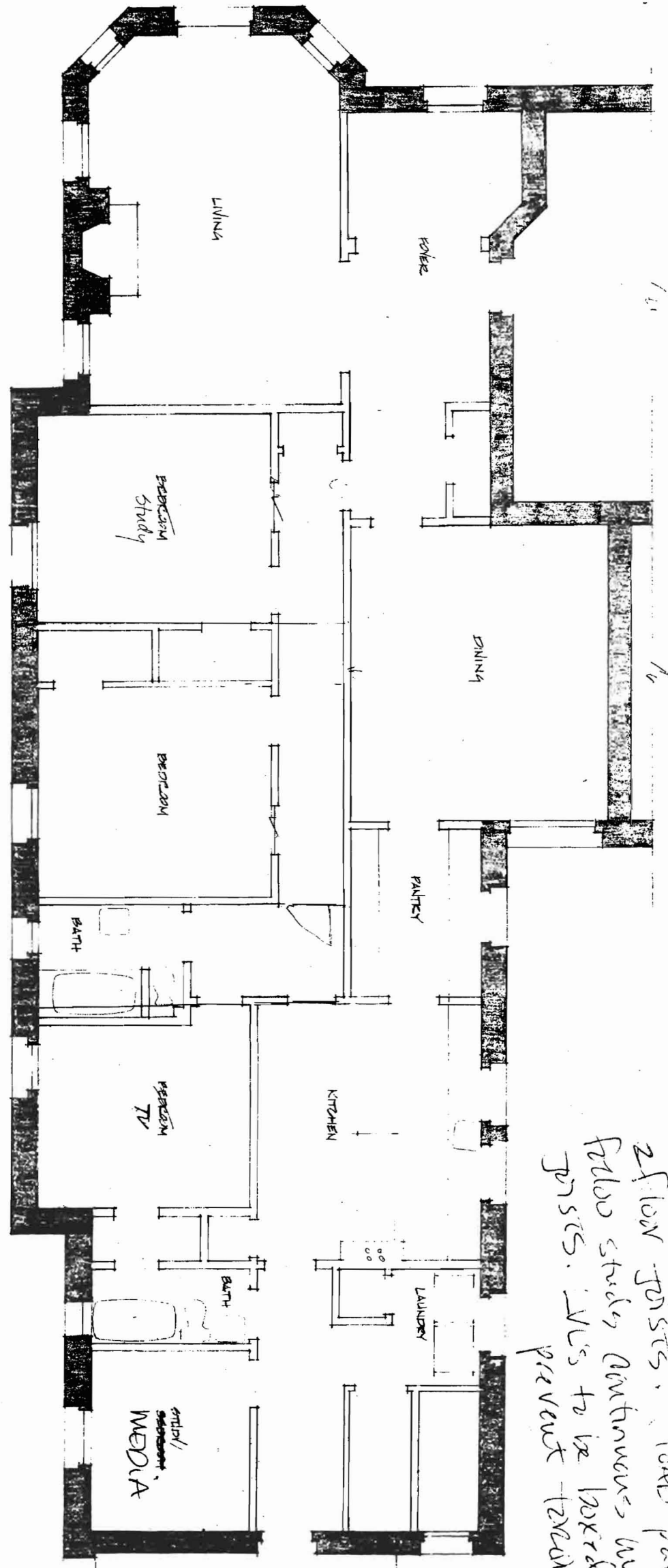
Signature: <u>[Signature]</u>	Date: <u>4-14-09</u>
-------------------------------	----------------------

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

Foley
94 N. WAL ST.

PORTLAND, ME 04102

tel. 653-4149



84" long beams will to
be removed. To be replaced by
3 x 1 3/4" x 9" LVL's set on
3 x 1 3/4" x 9" LVL's continuous over
2 floor joists. Load path to
floor joists continuous under floor
joists. JLS to be boxed to
prevent racking.

