

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0256	Issue Date: MAR 25 2002	CBL: 063 H006008
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Location of Construction: 93 Neal St	Owner Name: Small Duane L	Owner Address: Po Box 322	Phone: CITY OF PORTLAND
Business Name: n/a	Contractor Name: Eckart Horn	Contractor Address: 46 Clifford St Portland	Phone: 2078747971
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Dwellings	Zone:

Past Use: Residential / Condo Unit # 8	Proposed Use: Residential / Condo Unit # 8; Interior Renovations dividing master bedroom into two rooms, 9' x 15 1/2' x 9 1/4' x 14'.	Permit Fee: 1644	Cost of Work: \$3000	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 1999	

Proposed Project Description:
Interior Renovation, dividing bedroom into two rooms.

Signature: _____ Signature: *T. W. [unclear]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 03/25/2002	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 checked="" type="checkbox"/> Subdivision <i>ok</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/25/02</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 <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: <i>3/25/02</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

3/25/02 - Used to be 2 bedrooms originally - restoring
back to 2 rooms - discussed egress windows. TM

All Purpose Building Permit Application

R-6

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.

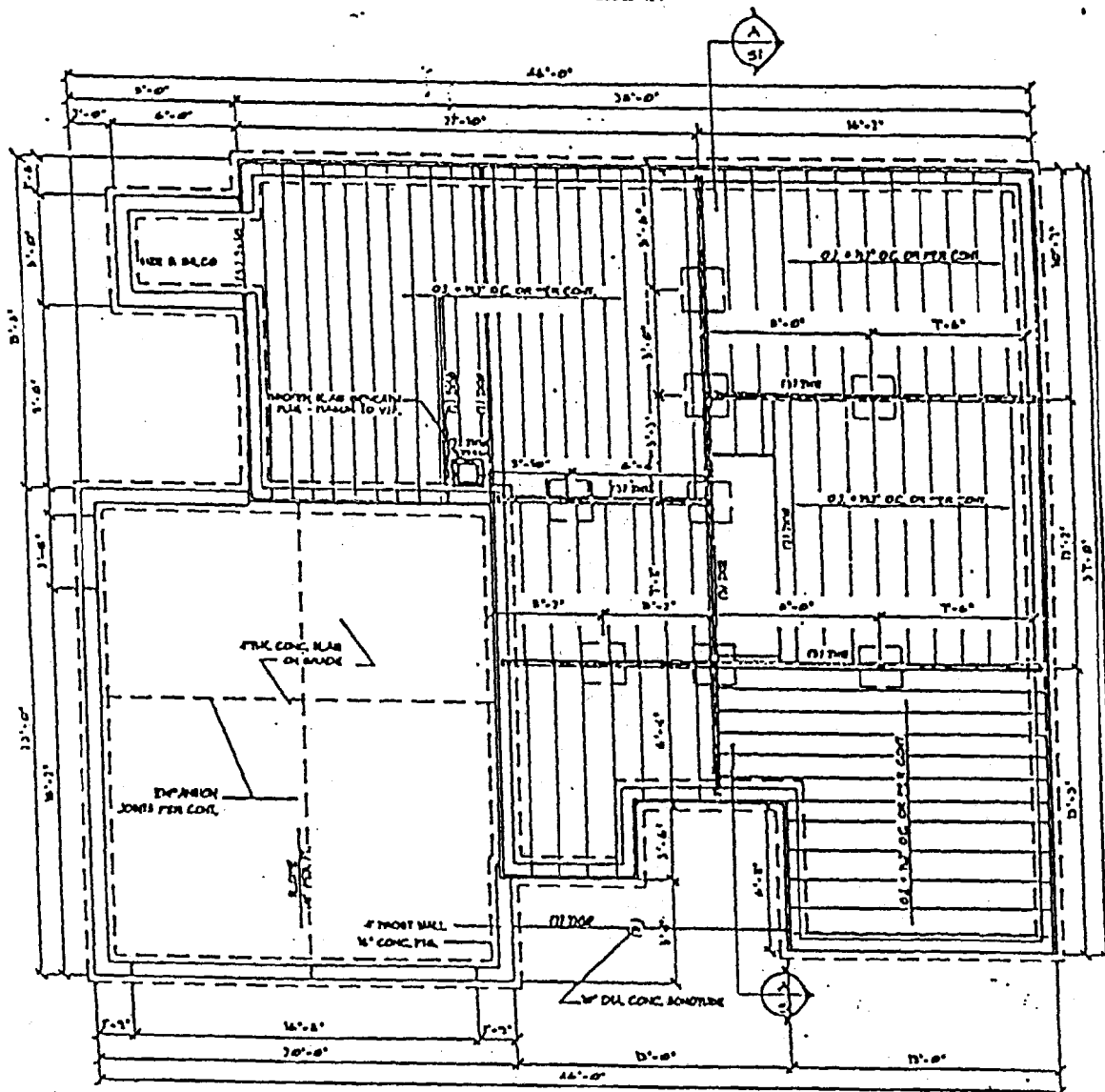
Location/Address of Construction: <u>93 NIEL STREET PORTL. ME. 04102</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>063</u> Block# <u>H</u> Lot# <u>006</u>	Owner: <u>DURANE SMALL</u> <u>17 BROOK STREET</u> <u>WEST BROOK ME</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>ECKART HORN</u> <u>46 CLIFFORD STR</u> <u>PORTL. ME 04102</u>	Cost Of Work: \$ <u>3,000.</u> Fee: \$
Current use: <u>residential / condo unit # 8</u> If the location is currently vacant, what was prior use: _____ Approximately how long has it been vacant: _____ Proposed use: <u>same</u> <u>9'x15 1/2' & 9' 1/4' x 14'</u> Project description: <u>dividing master bedroom into 2 bedrooms</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>ECKART HORN</u> Mailing address: <u>46 CLIFFORD STR PORTLAND ME 04102</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>874 7971</u>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

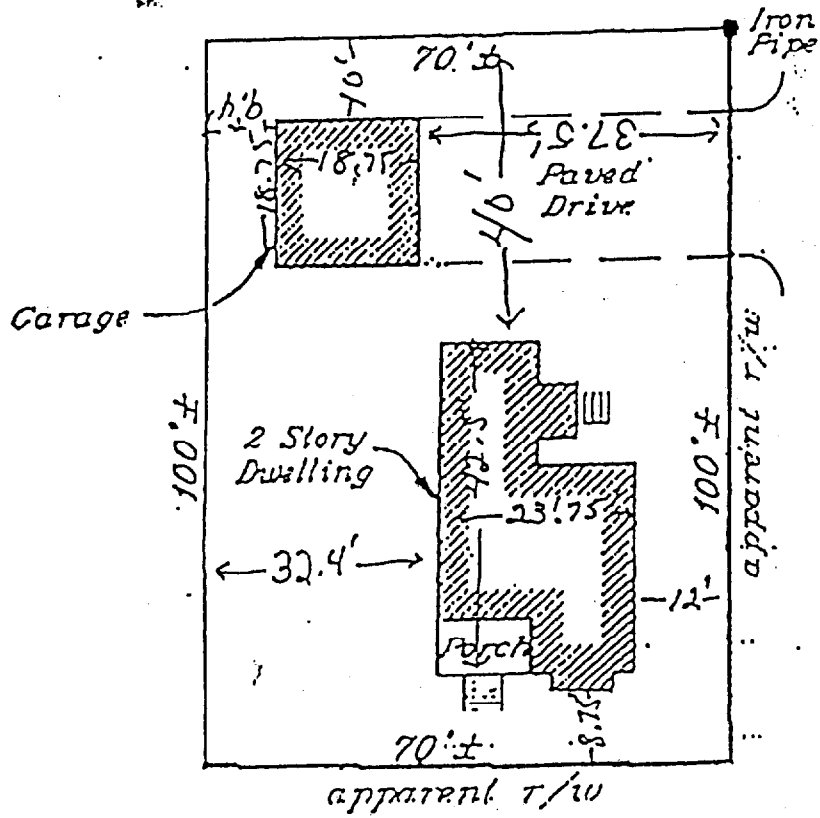
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: 	Date: <u>March 02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
 If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



FOUNDATION PLAN
 SCALE: 1/4" = 1'-0"



Lot-Front

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

N/A **Footing/Building Location Inspection:** Prior to pouring concrete

N/A **Re-Bar Schedule Inspection:** Prior to pouring concrete

N/A **Foundation Inspection:** Prior to placing ANY backfill

_____ **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

_____ **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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.**

N/A **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]
Signature of applicant/designee

25 March 02
Date

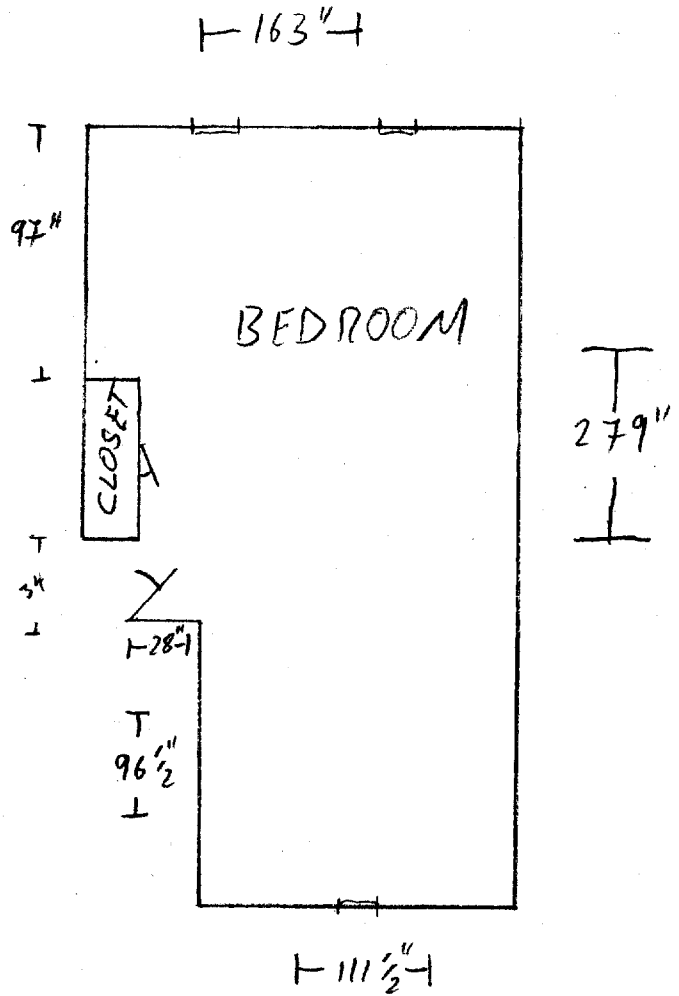
[Signature]
Signature of Inspections Official

3/25/02
Date

CBL: 063-H-006 Building Permit #: 02-256

BEDROOM DIVISION

EXISTING SPACE
93 NIEL STREET
2nd FLOOR



**Kokart Horn
Restoration
46 Clifford Street
Portland ME 04103
207 874 7871
ckhart@coel.com**

BED ROOM DIVISION

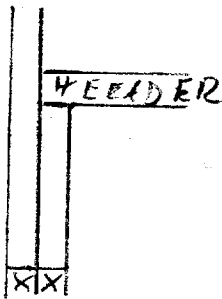
PROPOSED SPACE

93 NIEL STREET

2nd FLOOR

RESTORED TO TWO BEDROOMS

DOOR DETAIL

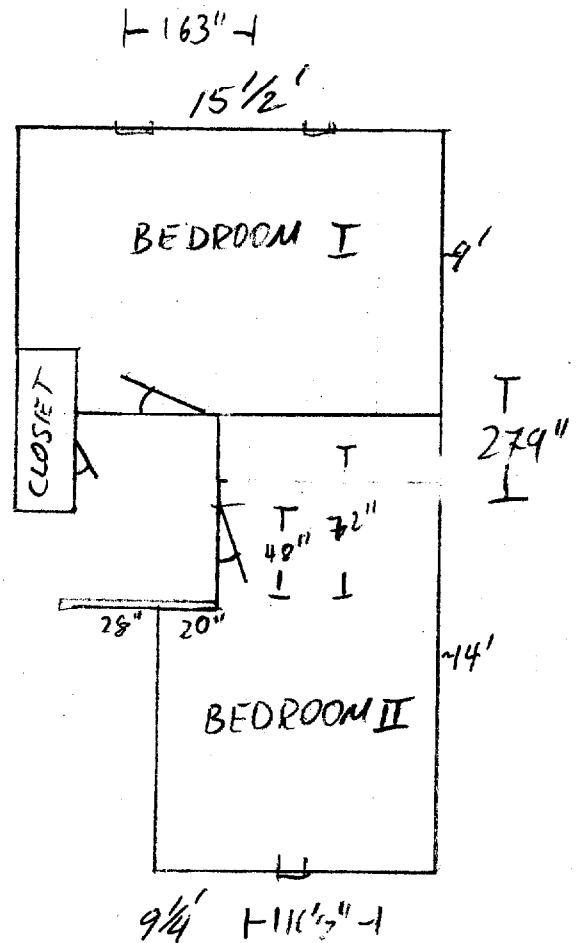


WALLS

2x4 160C

1/2 SHEETROCK

ALL NON BEARING



HARDWIRED SMOKE DET.

BATTERY BACK UP

**Eckart Horn
Restoration
48 Clifford Street
Portland ME 04108
207 874 7971
eckartfrg@aol.com**