Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 071237

pepting this permit shall comply with all ances of the City of Portland regulating

of buildings and structures, and of the application on file in

This is to certify that	ELIE MICHAEL R			 		-	
has permission to	Replace rotted rafters replace	rner wa	uds				
AT _255 ST JOHN ST				 L 064 D00	03001		

ne and of the

ration

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

N ication inspect a must git and wron permis in procube this to ding or a total thereo land or of the R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER	RFOI	UIRED	APPROVALS	
VIIIER	nLw	UINLU	ALLIOVALO	,

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

Mons N - Markley 14/2/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

OCT - 1 2007

CITY OF PORTLAND

City of Portland, M	Iaine - Buil	ding or Use	Permi	t Application	n Pe	rmit No:	Issue Date	:	CBL:	
389 Congress Street, (•				07-1237			064 D0	003001
Location of Construction:		Owner Name:			Owner Address:				Phone:	
255 ST JOHN ST		ELIE MICHA	EL R		33 R	RAMSDELL	RD			
Business Name: Contractor Name		::	<u> </u>	Contr	actor Address:			Phone		
Lessee/Buyer's Name Pl		Phone:		Perm	Permit Type:				Zone: 2	
		_			Alte	erations - Co	mmercial_			
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		 k:	CEO District:		
Commercial		Commercial -	Replace	rotted rafters		\$30.00 \$300.0		00.00	2	
		replace corner	wall st	ıds	FIRE DEPT:		Approved	INSPE	CTION:	(Type:
							Denied	Oscui	toup.	1 type: 5th
					l				roup: Busin FBC 20 ure: Jm	113
Proposed Project Description	n:				1					
Replace rotted rafters re	eplace corner	wall studs			Signa			Signatu	ure:	10/2/07
					PEDE	STRIAN ACT	IVITIES DIST	TRICT (P.A.D.)	,
					Actio	n: Appro	ved 🗌 App	proved w	/Conditions	Denied
	-		_		Signa	iture:			Date:	
Permit Taken By: ldobson		oplied For: 2/2007				Zoning	g Approva	ıl		
			Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	servation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		 	Shoreland Varia		Varianc	nce E		Not in District or Landmark		
2. Building permits do septic or electrical		olumbing,	☐ Wetland ☐ Flood Zone		☐ Miscellaneous ☐ Conditional Use			Does Not Require Review Requires Review Approved		
3. Building permits ar within six (6) mont	e void if work	of issuance.								
False information neermit and stop all		a building		Subdivision		☐ Interpretation				
			☐ Sit	e Plan		Approve	ed		Approved w/	Conditions
DEDI	MIT ISSUE	D	 Maj [Minor MM		Denied			Denied	
PEN		1 1	Date:	\	. 2	Date:			1	16/12
	1 200	7 \ \	Date.	m 14219	7	Date.			ate:	1407
/ / 00	CT - ' / '									
	OF PORT	IMO								
/ CII)	10:	_								
			C	ERTIFICATION	ON					
I hereby certify that I am	the owner of	record of the na	med pro	perty, or that th	e proj	oosed work is	authorized	by the	owner of recor	d and that
I have been authorized by	y the owner to	make this appli	cation a	s his authorized	l agent	t and I agree	to conform t	to all ap	oplicable laws	of this
jurisdiction. In addition,	if a permit for	r work described	in the	application is is	sued,	I certify that	the code off	icial's a	uthorized repr	esentative
shall have the authority to such permit.	o enter all area	as covered by su	ch perm	nit at any reason	able h	our to enforc	e the provi	sion of	the code(s) ap	plicable to
ouen permit.										
SIGNATURE OF APPLICAN	T			ADDRESS			DATE		PHO	NE
							_			
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE		PHO	NE

PHONE

City of Portland, Ma	ilding or Use Permit	Permit No:	Date Applied For:	CBL:				
389 Congress Street, 04	(207) 874-8703, Fax: (2	07-1237	10/02/2007	064 D003001				
Location of Construction: Owner Name:				wner Address:	Phone:			
255 ST JOHN ST		ELIE MICHAEL R	3	33 RAMSDELL R	D			
Business Name:		Contractor Name:		ontractor Address:	Phone			
Lessee/Buyer's Name	essee/Buyer's Name Phone:			Permit Type: Alterations - Commercial				
Proposed Use:			Proposed	Project Description:				
Commercial - Replace to	tico raiters	replace corner wall studs	Керіасс		ace corner wall stud			
Dept: Zoning	Status:	Approved	Reviewer:	Tom Markley	Approval Da	ate: 10/02/2007		
Note:						Ok to Issue:		
1) This permit is being a work.	approved o	n the basis of plans submitt	ted. Any deviation	ons shall require a	separate approval be	efore starting that		
Dept: Building	Status:	Approved with Conditions	Reviewer:	Tom Markley	Approval Da	ate: 10/02/2007		
Note:						Ok to Issue: 🗹		
1) This is an after the fa	ct permit to	o replace rotting framing ar	nd not an expansi	ion or addition to e	existing structure.			
2) Application approval and approrval prior to	-	n information provided by	applicant. Any d	eviation from appr	oved plans requires	separate review		

City of Portland, Maine - Bu 389 Congress Street, 04101 Tel	0	Permit No: 07-1237	Date Applied For: 10/02/2007	CBL: 064 D003001	
Location of Construction: Owner Name: 255 ST JOHN ST ELIE MICHAEL R			Owner Address: 33 RAMSDELL R	Phone:	
Business Name:			Contractor Address:	Phone	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Com		
Proposed Use: Commercial - Replace rotted rafter	s replace corner wall studs	(-	l Project Description: e rotted rafters rep	s vlace corner wall stud	ds
Dept: Zoning Status: Note: 1) This permit is being approved owork.	Approved on the basis of plans submit		Tom Markley ions shall require a	Approval D	Ok to Issue:
Dept: Building Status: Note: 1) This is an after the fact permit to	Approved with Conditions		Tom Markley	Approval D	Pate: 10/02/2007 Ok to Issue: ✓
2) Application approval based upon and approval prior to work.		•		_	s separate review

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: 25-9 57 Jale 57
Location/Address of Construction: 25-9 57. John 57. Total Square Footage of Proposed Structure/Area Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Applicant *must be owner, Lessee or Buyer* Name MIKE ELIE Address 33 Rams DELL Rd City, State & Zip Gray HE
Lessee/DBA (If Applicable) Owner (if different from Applicant) Name MIKE FLIE Cost Of Work: \$ 300.00
Address 33 RAMS DELL Rd C of O Fee: \$ City, State & Zip CRAY ME. Total Fee: \$
Current legal use (i.e. single family) BUSINESS — VACANT
If vacant, what was the previous use? BUSIWESS
Proposed Specific use: If yes, please name
ls property part of a subdivision? If yes, please name
Project description: OF OLSIE RETTED RAFTERS 4
REPLACE CORNER WALL STUDS (8' of 26 WALL)
Contractor's name: OWNER
Address: 259 57. John 57.
City, State & Zip Pontlad Telephone:
Who should we contact when the permit is ready: Telephone:
Mailing address: 5446
Please submit all of the information outlined on the applicable Checklist. Failure to

1

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:	mike	melion	Date:	10-2-07		
------------	------	--------	-------	---------	--	--

* Control January France File Site of the most in the second of the seco

. . .

REPLACED RAFTERS with

2 x 8 x 12 - 2 ON CENTER 8' of Existing 26' RE PLACED WALL WIR 2X4 STUDS 16 ON C PREASURE TREATED PLATE ON EXISTINGS

ST. John ST.

