

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number. 061402

Please Read
Application And
Notes, If Any,
Attached

This is to certify that BIXLER JANET L/Mackie Incorporation Services

has permission to Emergency removal of damaged roof structure

AT 63 PAYSON ST

066A A017001

PERMIT ISSUED

SEP 25 2006

provided that the person or persons who perform or cause to be performed any work accepting this permit shall comply with all of the provisions of the Statutes of this State 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 when permission procured before this building or part thereof is altered or closed-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

[Signature]
9/22/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1402	Date Applied For: 09/22/2006	CBL: 066A A017001
Location of Construction: 63 PAYSON ST	Owner Name: BIXLER JANET I	Owner Address: 65 PAYSON ST
Business Name:	Contractor Name: Mackie Restoration Services	Contractor Address: Jim Mackie Portland
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex
Proposed Use: 2 unit - Emergency removal of damaged roof structure	Proposed Project Description: Emergency removal of damaged roof structure	

Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 09/22/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 09/22/2006
Note: **Ok to Issue:**

- 1) This permit is for demolition of the roof structure only.
- 2) An engineers design must be submitted for the proposed roof system within 30 days of the date of this permit.

City of Portland, Maine - Building or Use Permit Application

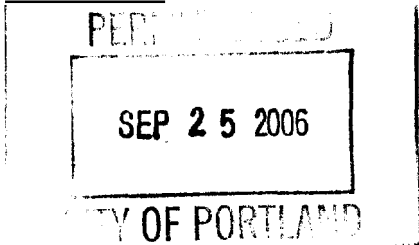
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1402	Issue Date:	CBL: 066A A017001
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Location of Construction: 63 PAYSON ST	Owner Name: BIXLER JANET I	Owner Address: 65 PAYSON ST	Phone:
Business Name:	Contractor Name: Mackie Restoration Services	Contractor Address: Jim Mackie Portland	Phone 2077991392
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	zone:
Fast Use: 2 unit	Proposed Use: 2 unit - Emergency removal of damaged roof structure	Permit Fee: \$120.00	Cost of Work: \$10,000.00
Proposed Project Description: Emergency removal of damaged roof structure		CEO District: 3	
		FIRE DEPT: <input type="checkbox"/> <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	
		INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i> Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> , Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____	

Permit Taken By: Idobson	Date Applied For: 09/22/2006	Zoning Approval
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Special Zone or Reviews <input checked="" 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: <i>9/22/06</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 checked="" 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: <i>9/22/06</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



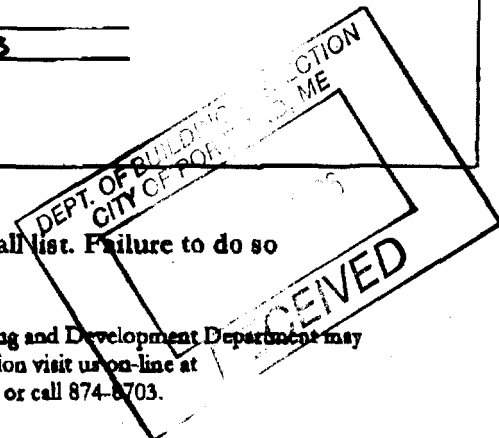
Demolition of A Structure Permit Application

If you or the property owner owes real estate or personal property taxes or user charge on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>63- Payson Street, P.Hd. Maine</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
TU Assessor's Chart, Block & Lot Chart# <u>166</u> Block# <u>AA</u> Lot# <u>17</u>		Owner: <u>Janet Bixler</u> Telephone: <u>776-1698</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>\$10,000</u> Fee: \$ _____
Current Specific use: <u>Home + Rental (1 unit)</u> If vacant, what was the previous use? <u>same</u> How long has it been vacant?: <u>2 months</u>		
Project description: <u>Emergency Removal of damaged roof structure</u>		
Contractor's name, address & telephone: <u>Machie Restoration Services, So. P.Hd. ME.</u> Who should we contact when the permit is ready: <u>Mr. Machie</u> Mailing address: _____ Phone: <u>210-7103</u>		

Please submit all of the information outlined in the Demolition call list. 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, stop by the Building Inspections office, room 315 City Hall or call 874-6703.



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: <u>Janet Bixler</u>	Date: <u>9.22.06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

COASTAL RESTORATION SERVICES, INC.
 40 STONE DRIVE
 CAPE ELIZABETH, MAINE 04107
 (207) 799-9777

JOB Bixler - Payson Street (#63.)
 SHEET NO 1 OF 1
 CALCULATED BY - DATE 9/22/06
 CHECKED BY _____ DATE _____
 SCALE N/A

