Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PECTION

tion a

This is to certify that HARVEY JOHN J & PAUL HARVE

has permission to _____Apply 5/8 sheetrock to share tairwells

d ceill

rm or

ine and of the

e of buildings and

AT 63 PAYSON ST

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

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

fication f inspe n mus en perm n and w bn proci re this lding or rt there osed-in ed or

JR NOTICE IS MEQUIRED.

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

Permit Number Solo 700

JUN 1 9 2003

epting this permit shall comply with all

ctures, and of the application on file in

ances of the City of Portland regulating

OGGN AO TOPY OF PORTLAND

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board_ Other

Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine	- Building or Use	Permi	t Application	n Permit No:	Issue Date:		CBL:		
389 Congress Street, 04101	•						066A A	017001	
Location of Construction: Owner Name:			Owner Address:			_	Phone:		
63 PAYSON ST HAR		HARVEY JOHN J & PAULA J HA		PO BOX 283			207-522-4345		
Business Name: Contractor Nam		ne:		Contractor Address:			Phone		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:				Zone:	
				Alterations - Du			183		
Past Use: Proposed Use:			Permit Fee: Cost of W		Cost of Wor	k: CEC	District:	1	
Two Family Residential	Two Family	Two Family Residential - Apply 5/8 sheetrock to shared stairwells and		\$50.00	\$2,80	00.00	00 3		
•							NSPECTION: Use Group: \(\begin{align*} \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ceilings.				Denied		Use Group:			
				Defiled			·		
						1 11	TR (2013 gnature) 6/13/88		
Proposed Project Description:				1					
Apply 5/8 sheetrock to shared	l stairwells and ceiling	s.		Signature: Sig		Signature:	gnature: 6/13/00		
				PEDESTRIAN ACTIVITIES DISTRIC		TRICT (P.A.I	CT (P.A.D.)		
				Action: Approved Approved			d w/Conditions Denied		
				Signature:		Dat	Date:		
Permit Taken By: Date Applied For:			-	Zoning	Approva				
lmd	06/17/2008		Zoming rippi oval						
1. This permit application d	loes not preclude the	Spe	cial Zone or Revie	ws Zoning Appeal		1	listoric Pres	ervation	
Applicant(s) from meetir Federal Rules.				☐ Variance			Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.		□ w	☐ Wetland ☐ Miscellaneous		aneous		Does Not Require Review		
3. 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			ood Zone	Conditional Use			Requires Rev	riew	
			ubdivision	☐ Interpretation			Approved		
		☐ Si	te Plan	Approv	ed		Approved w/	Conditions	
1221 TIME	ED 7	Мај	Minor MM	Denied			Denied		
PERMIT ISSUED			m 6/18/0	Date:		Date:	Date: 6/8/8)		
CITY OF POR	TLAND	(CERTIFICATI	ON			·		
I hereby certify that I am the o I have been authorized by the jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this appermit for work describ	olication bed in the	as his authorized application is is	d agent and I agree ssued, I certify that	to conform the code off	to all applic	cable laws orized repr	of this esentative	
SIGNATURE OF APPLICANT			ADDRES	S DATE			PHONE		

PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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. X 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 Date gignature of Inspections Official

CBL: 066A A017001 Building Permit #: 08-0700

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: (23 Payson St.					
Total Square Footage of Proposed Structure	•	Square Footage of Lot			
not proposed - 2946st exi	isting 5000Sf				
Tax Assessor's Chart, Block & Lot	Owner: Brent Adle + LIV Chase			Telephone:	
Chart# Block# Lot#				207-522-4345	
66A A 17				0.01 9000 (3 (3	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Cost Of				
	40 H	rampshire St. #1	W	ork: \$ <u>2, 9,00.00</u>	
	Portla	and, ME 04101	Fe	ee: \$	
	20	7-522-4345	C	of O Fee: \$	
Current legal use (i.e. single family) two family					
If vacant, what was the previous use?					
Proposed Specific use: two family					
Is property part of a subdivision? If yes, please name					
We will use 5/8" sheetrock in between 1st 4 2nd floor and on					
We will use 5/8" sheetrock in between 137 42 Hour and on					
the front & rea structed to act as a fire partier. Please					
see aftached section					
Contractor's name, address & telephone:					
Who should we contact when the permit is ready: UN 17 2008					
Mailing address: Phone: 207-523-4345					
see abore.					
Please submit all of the information outlined in the Commercial Application Checklist.					
- a rease suoinit au of the mioillauoit out	oneo m unc	Commission Application :		CRHOG	

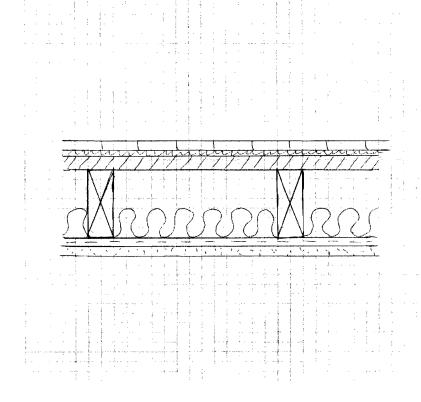
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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 of applicant:	have Bus	pholog	Date: 6-17-08	
1,7				

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



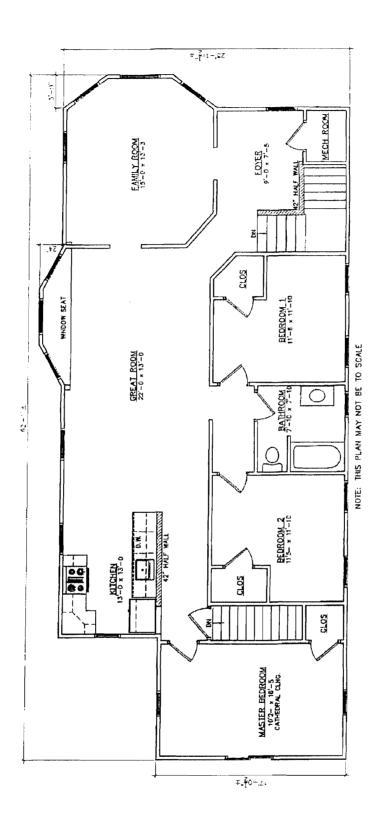
Description of 1 hour fire rating and 50-54 STC Sound. 63 Payson St

One layer 5/8" proprietary type X gypsum wallboard or gypsum veneer base applied at right angles to resilient furring channels 16" o.c. with 1" Type S drywall screws 12" o.c. Resilient furring channels applied at right angles to 2 x 10 wood joists 16" o.c. with 1 $\frac{1}{4}$ " Type W drywall screws. Wood Joists supporting 1" interior sub flooring and $\frac{1}{2}$ " Sheathing and $\frac{3}{4}$ " hardwood floor. 6" glass fiber insulation R19 in joists space.

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1 St floor

LC BLA



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•	e - Building or Use P	•	Permit No: 08-0700	Date Applied For: 06/17/2008	CBL: 066A A017001
389 Congress Street, 04101 Location of Construction:	Owner Name:		Owner Address:		Phone:
63 PAYSON ST				PO BOX 283	
Business Name:				Contractor Address:	
Dusiness Ivame.	Contractor Name.		Contractor reduces.		Phone
Lessee/Buyer's Name	, , , , , , , , , , , , , , , , , , , ,		Permit Type:		
			Alterations - Dup	- Duplex	
Proposed Use:	_	Propose	d Project Description	-	-
and ceilings.				_	
Dept: Zoning St	tatus: Approved	Reviewer:	Tom Markley	Approval I	Date: 06/18/2008
Dept: Zoning St	tatus: Approved	Reviewer:	Tom Markley	Approval I	Oate: 06/18/2008 Ok to Issue: ✓
	in a single family dwelling	g. Any change of use sh	all require a separa	ite permit applicatio	Ok to Issue:
Note:1) This property shall remai approval.2) This permit is being approvork.	in a single family dwelling	g. Any change of use shows submitted. Any deviate	all require a separa	ate permit application	Ok to Issue:
Note: 1) This property shall remai approval. 2) This permit is being approvork.	in a single family dwelling	g. Any change of use shows submitted. Any deviate	all require a separa	ite permit applicatio	Ok to Issue:

2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review

assembly and sound transmission rating of 45 STC.

and approrval prior to work.

BUILDING PERMIT INSPECTION PROCEDURES

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X Final inspection required at compl	letion of work.				
Certificate of Occupancy is not required for cer your project requires a Certificate of Occupancy	• •				
If any of the inspections do not occur, the pr REGARDLESS OF THE NOTICE OR CIRC	• •				
CERIFICATE OF OCCUPANICES MUST THE SPACE MAY BE OCCUPIED.	BE ISSUED AND PAID FOR, BEFORE				
Signature of Applicant/Designee	Date				
Signature of Inspections Official	<u>6/18/08</u> Date				

CBL: 066A A017001 **Building Permit #:** 08-0700