				and the second control of the behinder	24
City of Portland, Main	A Puilding on Use	Downit Application	Permit No:	Issue Date:	CBL:
389 Congress Street, 0410	_		04.1054	<u> </u>	069 D004001
Location of Construction:	Owner Name:		Owner Address:	1	Phone:
59 Chadwick St	Howells Edwa	ırd S &	59 Chadwick St	atvæ pozil	207-780-6601
Business Name:	Contractor Nam		Contractor Address		Phone
	no contractor	/ self	Portland	Artistic (2000)	****
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:
			Alterations - Dw	ellings/	R-4
Past Use:	Proposed Use:		Permit Fee: 18.5	Cost of Work:	CEO District:
single family	I -	divide bedroom into	\$166500 \$18,000.00		2
	two bedrooms		ETDE DEST	INSPE	CTION:
				Approved Use G	10up: 1-3 Type: 5/3
			1 11	Denied 300	100 30
			1 + 1 + L	<i>\delta</i> 1	roup: R-3 Type: 5B 30CA 1999
Proposed Project Description:	<u>L</u>		1 W.F	` <i>E</i>	JUNE 1191
divide bedroom into two be	drooms		Signature:	Signati	um Little
				IVITIES DISTRICT (\ /
			Action: Appro	ved Approved w	//Conditions Denied)
			Signature:		Date:
Permit Taken By:	Date Applied For:		Zoning	z Approval	
tmm	07/28/2004				
1. This permit application	does not preclude the	Special Zone or Revie	ews Zon	ng Appeal	Historic Preservation
Applicant(s) from meeti		Shoreland /	☐ Variano	e i	Not in District or Landmark
Federal Rules.		l	_ _		
2. Building permits do not	include alumhing.	☐ Wetland	☐ Miscell	Aneous	Does Not Require Review
septic or electrical work		\Box M			Interior work only
3. Building permits are vo		Flood Zone	Conditi	anal Use	Requires Review
within six (6) months of		$ \Psi \rangle$			
False information may i		Subdivision	Interpre	station	Approved
permit and stop all work	k		{		
		Site Plan	☐ Approv	ed	Approved w/Conditions
		Maj Dinor MM	Denied		Denied / 1
					100/11
		Date: 11 76 04	Date:	,	Date: 1 /00/04
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			'
		• 1			, ,
		CERTIFICATI	ON		

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

•	•		illding or Use Permit (207) 874-8703, Fax: (20	07) 874-8716	Permit No: 04-1054	Date Applied For: 07/28/2004	CBL: 069 D004001
Location	of Construction:		Owner Name:	Ī	Owner Address:		Phone:
59 Chadwick St Howells Edward S & Business Name: Contractor Name:			59 Chadwick St		207-780-6601		
		Contractor Name:	Contractor Name:			Phone	
			no contractor / self		Portland		
Lessee/Bu	yer's Name		Phone:		Permit Type:		
					Alterations - Dwe	ellings	
single f	amily - divide bedi	room into	two bedrooms	divide	bedroom into two	bedrooms	
Dept: Note:	Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval I	Oate: 07/28/2004 Ok to Issue: ☑
Dept: Note:	Building	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Ok to Issue: 🗹

• .		ilding or Use Permit : (207) 874-8703, Fax: (2	Permit No: 04-1054	Date Applied For: 07/28/2004	CBL: 069 D004001	
Location of Construction:		Owner Name:		Owner Address:		Phone:
59 Chadwick St	Howells Edward S & 59		59 Chadwick St		207-780-6601	
Business Name:		Contractor Name:		Contractor Address:		Phone
		no contractor / self		Portland		
Lessee/Buyer's Name		Phone:		Permit Type:		
				Alterations - Dwe	ellings	
Proposed Use:			Propose	d Project Description	;	
single family - divide b	ALLOVIII IIII	THO COMPOSITS	417141	e bedroom into two	, ood oons	
Dept: Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval I)ate: 07/28/2004
Note:						Ok to Essue: 🗹
Dept: Building	Status:	Approved with Conditions	Reviewer:	Tammy Munson	Approval I	Date: 07/28/2004
Note:						Ok to Issue: 🗹

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INCRECTION

Permit Number: 041054

has permission to divide bedroom into		
AT _59 Chadwick St		, 069 D004001
provided that the person or person the provisions of the Statutes the construction, maintenance at this department.	of Name and or the O	

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

N ication inspect n must git and with n permis n procu be this to ding or at thereo land or of must sed-in. H. R. NOT

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

Director - Building & Inspection Services

OTHER REQUIRED APPROVALS
Fire Dept. _____

Appeal Board _____

Other _____

Health Dept.

PENALTY FOR REMOVING THIS CARD

1/20/01

pttosil

C

This page contains a detailed description of the Parcel ID you selected. Press the New Search button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1
Parcel ID DL9 DUU4D01
Location 59 CHADWICK 57

Land Use SINGLE FAMILY

Owner Address HOWELLS EDWARD S & PATRICIA HOWELLS JTS

59 CHADWICK ST PORTLAND ME 04102

Book/Page 16871/132

Legal 69-0-4

CHADWICK ST 57-61

9745 SF

1970

Valuation Information

Property Information

SHED-FRAME

Year Built	Style	Story Height	Sq. Ft.	Total Acres	
1958	Cape	3.5	2360	0.224	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement
2		1	8	None	Full
Outbuildings	Quantity	Year Built	Siza	Grade	Condition

2 £ X &

Sales Information

Dete	Type	Price	Book/Page
05/10/2001	LAND + BLDING	4483 -000	16271-132
07/14/2000	LAND + BLDING	+ 450.000	15597-055
07/13/1999	LAND + BLDING		14878-273
11/05/14	LAND + BLDING	•275·000	14320-209

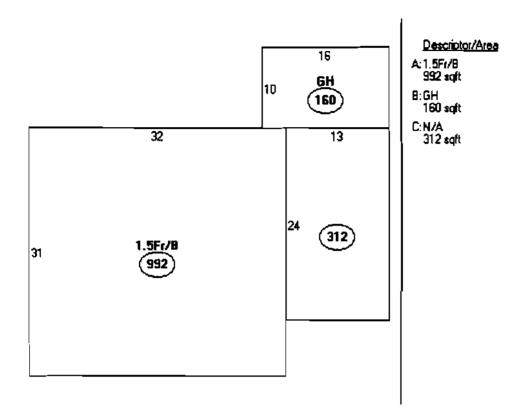
Picture and Sketch

Picture Sketch

Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.







All Purpose 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: 5	9 chadwick St.	Portland
Total Square Footage of Proposed Struc	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 9 Block# Lot#	owner: Edward + Patr Howells	Telephone: 2017 RO UUC
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ 18.000
If the location is currently vacant, what w Approximately how long has it been vac		
Proposed use: Divide o	ur Loom	
Project description: Contractor's name, address & telephone: US WALLFILL Rd. HOLL Who should we contact when the permit Malling address: 55 CNAWi	WILLIAM B WINKE US CANGER, ME DYOY 18 18000Y: PATRICIA HOWL	247-4067 15 6661

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 APROVE 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 Officials authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enterce the provisions of the codes applicable to this permit.

		 	
Signature of applicant:	07-	 Date: 7 28104	<u>.</u>

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 Hali

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" 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.

Footing/Building Location Inspect	ion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electric	cal: Prior to any insulating or drywalling
	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 or you if your project requires a Certificate of O inspection If any of the inspections do not occuphase, REGARDLESS OF THE NOTICE	occupancy. All projects DO require a final
CERIFICATE OF OCCUPANICE BEFORE-THE SPACE MAY BE OCCUP	ES MUST BE ISSUED AND PAID FOR,
$\times 0$	7/28/04
Signature of Applicant Designee	Date 1/28/04
Signature of Inspections Official	Date
CBL: 069-0004 Juilding Permit #:	04-1054



CITY OF PORTLAND, MAINE

Department of Building Inspections
1/15/2004
Received from Phtricia Howells
Location of Work 57 (Widwick
Cost of Construction \$ 14.000 18.000
Equilding (II.) Plumbing (IS) Electrical (I2) Site Plan (U2) Other
CBL: 69.0-4 183
Check #: 1473 Total Collected :

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

