

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED  
Permit Number: 080718  
JUN 19 2008  
CITY OF PORTLAND

This is to certify that CHALEFF STANLEY /Lan Skillsings

has permission to Bathroom alterations

AT 81 BRIGHTON AVE

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the 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 leased or closed-in. 4 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

*Thomas W. Malloy* 6/19/08  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 08-0718	Issue Date:	CBL: 081 C005001
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Location of Construction: 81 BRIGHTON AVE	Owner Name: CHALEFF STANLEY	Owner Address: 81 BRIGHTON AVE	Phone:
Business Name:	Contractor Name: Larry Skillings	Contractor Address: 427 Mitchell Rd Cape Elizabeth	Phone 2077990101
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R3

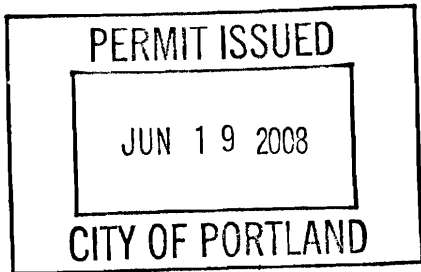
Past Use: Single Family Home	Proposed Use: Single Family Home- Bathroom alterations	Permit Fee: \$110.00	Cost of Work: \$9,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB	

Proposed Project Description: Bathroom alterations	Signature:	Signature: <i>Jm 6/19/08</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: lmd	Date Applied For: 06/19/2008	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone <i>MA</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm 6/19/08</i>	Date:	Date: <i>Jm 6/19/08</i>



**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



# 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:					
Total Square Footage of Proposed Structure/Area		Square Footage of Lot			
Tax Assessor's Chart, Block & Lot Chart#	Block#	Lot#	Applicant * <u>must</u> be owner, Lessee or Buyer* Name Address City, State & Zip	Telephone:	
Lessee/DBA (If Applicable)		Owner (if different from Applicant) Name <u>STANLEY CHALE</u> Address <u>81 BRIGHTON AVE.</u> City, State & Zip <u>MAINE</u>	Cost Of Work: \$ <u>9000</u>	C of O Fee: \$ _____	Total Fee: \$ _____
Current legal use (i.e. single family) <u>single family</u>					
If vacant, what was the previous use? _____					
Proposed Specific use: <u>single family</u>					
Is property part of a subdivision? _____ If yes, please name _____					
Project description: <u>alteration</u>					
Contractor's name: <u>LARRY SKILLINGS</u>					
Address: <u>427 MITCHELL RD CE.</u>					
City, State & Zip: <u>MAINE 04107</u>			Telephone: <u>7990101</u>		
Who should we contact when the permit is ready: <u>LARRY 7560615</u>			Telephone: <u>CELL 7560615</u>		
Mailing address: <u>427 MITCHELL RD CE.</u>					

**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](http://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: [Signature] Date: JUNE 19 2008

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

## 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.**

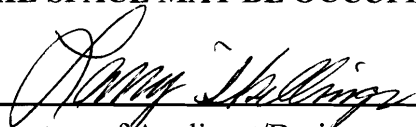
Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

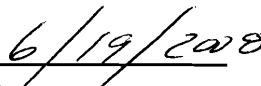
Final inspection required at completion of work.

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.

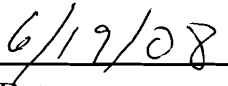
**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

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

  
\_\_\_\_\_  
Signature of Applicant/Designee

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

  
\_\_\_\_\_  
Date

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 08-0718	<b>Date Applied For:</b> 06/19/2008	<b>CBL:</b> 081 C005001
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<b>Business Name:</b>	<b>Contractor Name:</b> Larry Skillings	<b>Contractor Address:</b> 427 Mitchell Rd Cape Elizabeth	<b>Phone</b> (207) 799-0101
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	

<b>Proposed Use:</b> Single Family Home- Bathroom alterations	<b>Proposed Project Description:</b> Bathroom alterations
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 06/19/2008

**Note:** **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tom Markley      **Approval Date:** 06/19/2008

**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

1) ADDING LIGHT FAN COMBO

2) GROUPO F PLYG

3) 2- P SINKS AND 1 TOILET

4) 1 SHOWER

