

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 020577	Issue Date: JUN 18 2002	CBL: 082 C001001
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Location of Construction: 46 Devonshire St	Owner Name: Martell Gregory A	Owner Address: 46 Devonshire St	Phone: 207-874-2396
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R5

Past Use: single family	Proposed Use: single family, install bulkhead with frost walls	Permit Fee: \$30.00	Cost of Work: \$700.00	CEO District: 3
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Proposed Project Description: install bulkhead with frost walls	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB 6/17/02 <i>[Signature]</i>
	Signature:	Signature:
	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: jodinea	Date Applied For: 05/29/2002	Zoning Approval
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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 <input 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>[Signature]</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 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:
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*R-5 zone
See Condition*

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

2-0577

Zoning

Approved with Conditions

Mike Nugent



06/17/2002

05/31/2002



Mike Nugent

06/17/2002

Pre-pour inspection must occur, as the proposal is right on the required setbacks

05/30/2002

lodinea

06/17/2002

mjn

001-0577

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.

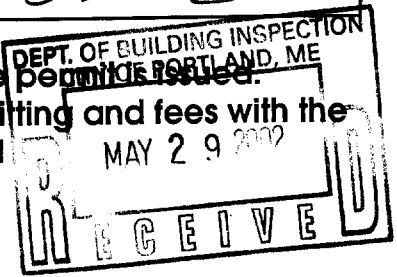
Location/Address of Construction: <u>46 DEVONSHIRE ST</u>		
Total Square Footage of Proposed Structure <u>25 SQ FT</u>	Square Footage of Lot <u>10,000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>0900</u> Block# <u>C</u> Lot# <u>001</u>	Owner: <u>GREG MARTELL</u>	Telephone: <u>874-2396</u>
Lessee/Buyer's Name (If Applicable) <u>/</u>	Applicant name, address & telephone: <u>GREG MARTELL</u> <u>46 DEVONSHIRE ST</u>	Cost Of Work: \$ <u>700</u> Fee: \$ <u>30 -</u>
Current use: <u>Single Family</u>	<u>cell 831-1669</u>	
If the location is currently vacant, what was prior use: <u>/</u>		
Approximately how long has it been vacant: <u>/</u>		
Proposed use: Project description:	<u>Single Family (Assting) Bulthead</u>	
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>GREG MARTELL</u> Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>874 2396</u>		

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 APPROVE THIS PERMIT.

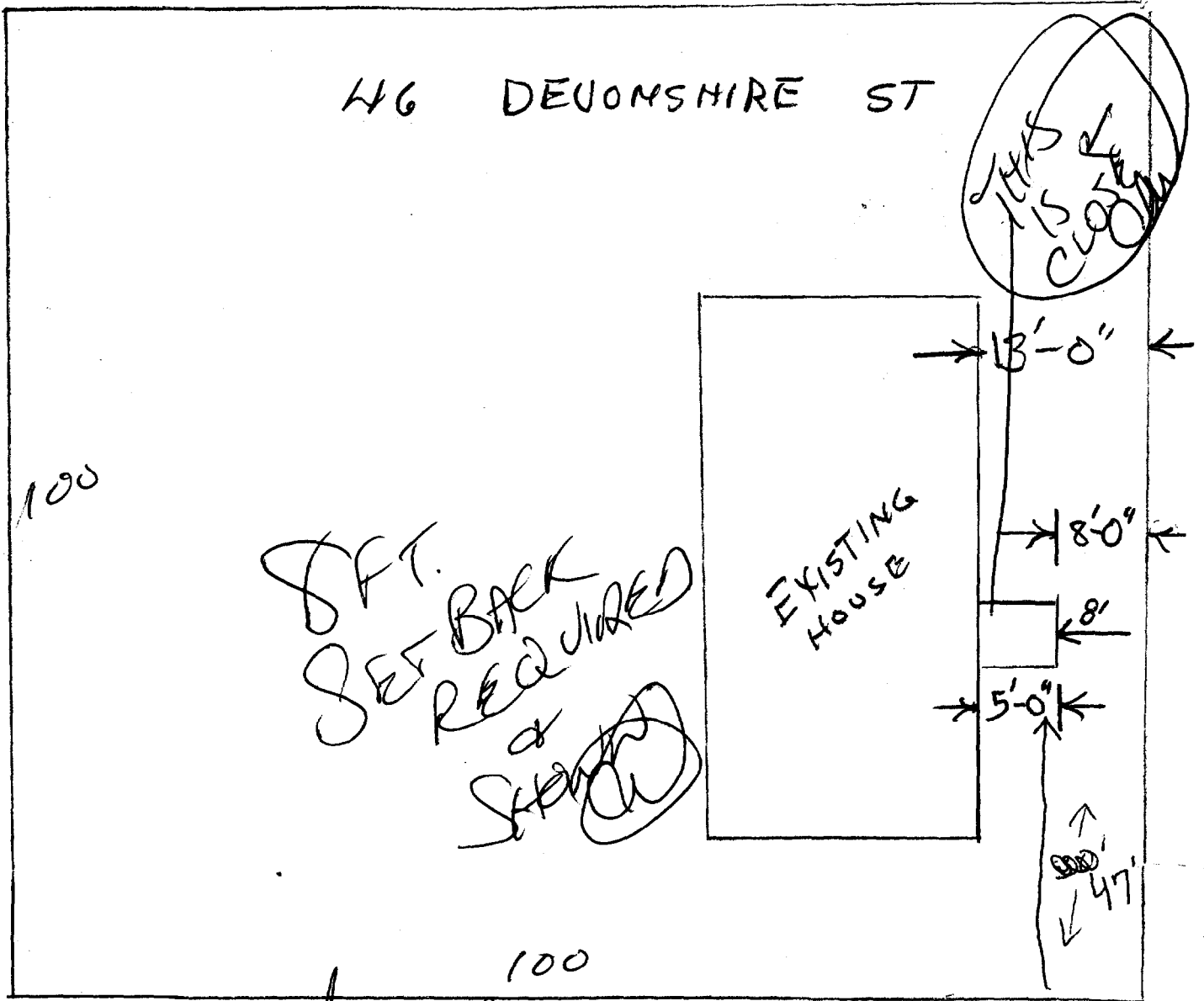
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Signature of applicant: [Signature] Date: 5-29-02

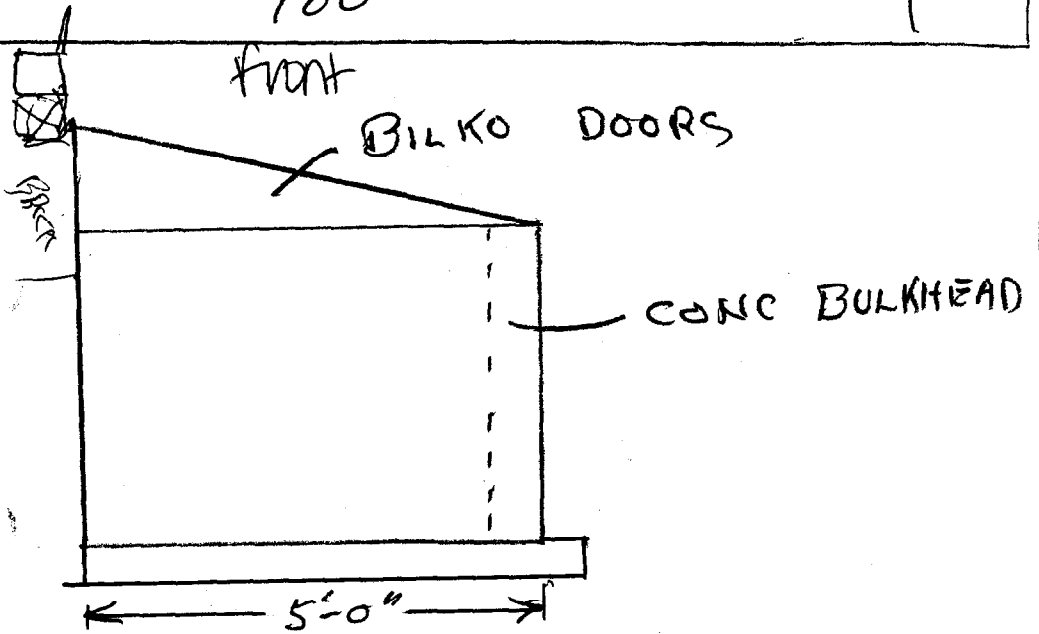
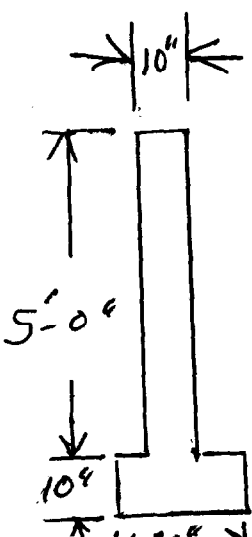
This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



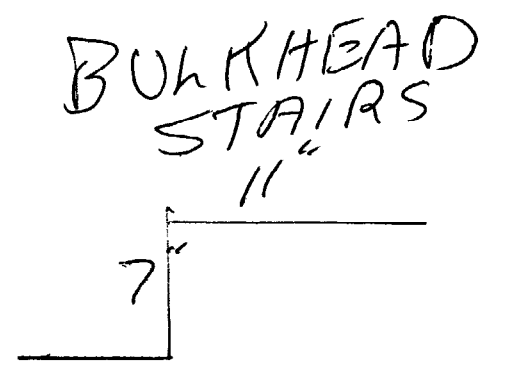
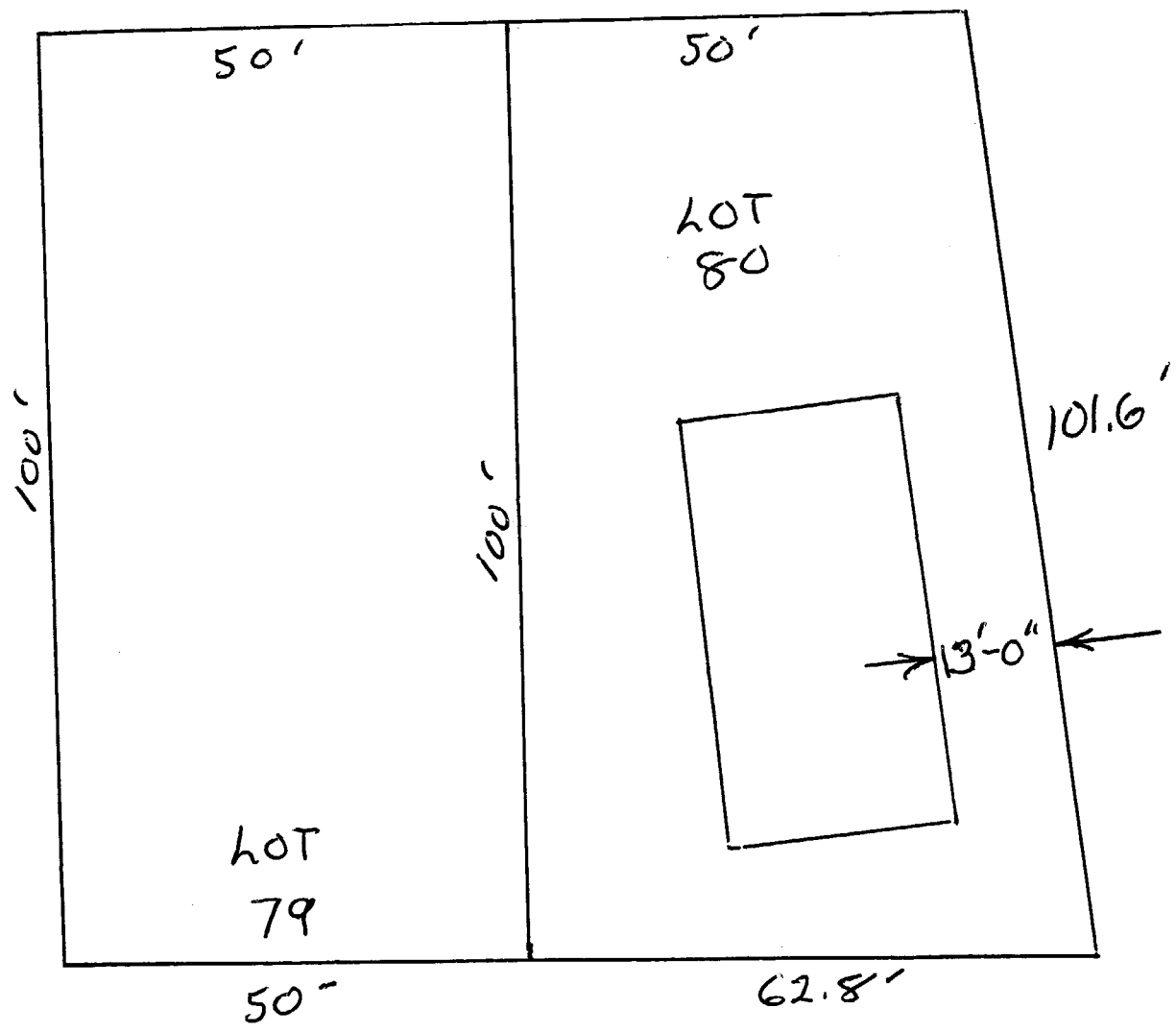
GREG MARTELL



DEKS IS CLOSED



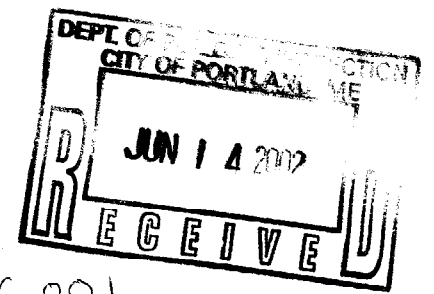
GREG MARTELL
FESSEDEN PARK
PLAN BOOK 8
Pg. 87



STAIRS TO
BE 7-11 OR
AS CLOSE AS
POSS'

46 DEVONSHIRE

Permit # 020577



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