Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

		PERMIT ISSUED_	
Pei	mit N	umber: 081555 2000	

This is to certify that _____MACOMBER PETER B & MAGARET ____Parkes Bu

has permission to Partial Demo and Rebuild of Research Wall, pairs in Sected-Limited Areas (Water Damage Repair.

AT _28 SEAL COVE LN,GDI

this department.

or common or acting this permit shall comply with all e and of the Process of the City of Portland regulating buildings and structures, and of the application on file in

083E A018001

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

Noti ition of nust be spectio give nd writte ermissid rocured g or pa befo his bui hereof is lath or oth d-in. 24 HOU 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.

provided that the person or persons, file

of the provisions of the Statutes of Ma

the construction, maintenance and use

Appeal Board

Other ______ Department Name

Marvis Director - Building & Inspection Services 12/29/08

PENALTY FOR REMOVING THIS CARD

Permit No: Issue Date: CBL: City of Portland, Maine - Building or Use Permit Application 08-1555 083E A018001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 28 SEAL COVE LN.GDI MACOMBER PETER B & MARG 88 FESSENDEN ST 207-772-5973 **Business Name:** Contractor Name: Contractor Address: Phone Kim Parkes Builders PO Box 7934 Portland 2076159225 Lessee/Buyer's Name Phone: Permit Type: Zone: JR-1 Additions - Dwellings Past Use: Proposed Use: Permit Fee: Cost of Work: CEO District: Single Family Home Single Family Home - Partial Demo \$35,000.00 \$370.00 and Rebuild of Roof, , Extention FIRE DEPT: Approved Wall, Repairs in Selected-Limited Denied Areas(Water Damage Repair. Proposed Project Description: Partial Demo and Rebuild of Roof, Extention Wall, Repairs in Selected-Signature: Limited Areas(Water Damage Repair. PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Signature: Date: Permit Taken By: Date Applied For: **Zoning Approval** lmd 12/15/2008 Special Zone or Reviews Historic Preservation Zoning Appeal 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Shoreland land whin Not in District or Landmark Variance Federal Rules. Miscellaneous Does Not Require Review 2. Building permits do not include plumbing, septic or electrical work. Flood Zone Conditional Use Requires Review Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation Approved permit and stop all work.. Approved w/Conditions Site Plan Approved Maj Minor MM Denied Denied ABN OK WI conditor Date: Date: **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.

ADDRESS

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE

PHONE

DATE

DATE

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.

rete or setting
or drywalling

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> 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,

Though May Ve

Signature of Inspections Official

12/30/08

Date

) -- / <u>-- /</u>

CBL: 083E A018001

Building Permit #: 08-1555

City of Portland, Maine - 1 389 Congress Street, 04101 T	•		-8716	Permit No: 08-1555	Date Applied For: 12/15/2008	CBL: 083E A018001
Location of Construction: 28 SEAL COVE LN,GDI Owner Name: MACOMBER PETER B & MARG			Owner Address: 88 FESSENDEN ST		Phone: 207-772-5973	
Business Name:	Contractor Name: Kim Parkes Builders		1	Contractor Address: PO Box 7934 Port	land	Phone (207) 615-9225
Lessee/Buyer's Name	Phone:			Permit Type: Additions - Dwell	lings	
Proposed Use: Single Family Home - Partial Demo and Rebuild of Roof, , Extention Wall, Repairs in Selected-Limited Areas(Water Damage Repair. Proposed Project Description: Partial Demo and Rebuild of Roof, , Extention Wall, Repairs in Selected-Limited Areas(Water Damage Repair.						
Note: On the original permit (# 1) This property shall remain a sapproval. 2) This permit is being approved.	single family dwelling. Any	ne building	g was a use sha	all require a separa	te permit application	Ok to Issue:

Note:

Ok to Issue: ✓

1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Reviewer: Tom Markley

Approval Date:

12/29/2008

Status: Approved with Conditions

Dept: Building

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

Applicant: Eduted Drinan Date: 0/5/97
Address: 28 Sext Cove LAne Lot 18 C-B-L: 8,3E-A-18 # 97-0511
CHECK-LIST AGAINST ZONING ORDINANCE
Date-Existing Foundation - Adaptive rebuilt
Zone Location -
Interior or corner lot -
Interior or corner lot - Proposed Use Work - Single Family dwelling - AdAptive rebind Sewage Disposal - HHE - 200 Attached - has about Abandaned build Lot Street Frontage - 100' reg - 150't Shown Chywith
Sewage Disposal - HHE - 200 Attached - WAS Ob Abandoned Sured
Lot Street Frontage - 100 reg - 190'+ Shown Thoward
From Tara - 2018 - 30+ 8 hour
Rear Yard - 30' vey - 30' + 5h
Rear Yard - 30' vey - 30' + 5hom Side Yard - 20' rey - 20' + 8hom
Projections -
Width of Lot - $\hat{\mathcal{U}}$ =
Height - Story
Lot Area - 40,000 636 A 18 127,630 +
Lot Coverage/ Impervious Surface -
Area per Family -
Off-street Parking -
Loading Bays -
Site Plan - N
 Shoreland Zoning/Stream Protection - William - but owen 75 (x) 175
Flood Plains - Not in proved 9 6, 17 from high water high water high

HAYE PDF

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: 218 HEST SHOPE DRIVE, GREAT DIAMIND IS.						
Total Square Footage of Proposed Structure/Area EXISTIAL STRUCTURE PEPAINS Square Footage of Lot LOT 18 = 119,6715F						
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	* Telephone:				
Chart# Block# Lot#	Name PAM I PETEN MACOMBEN	772-5973				
83E A 18	Address 88 FESSENDEN					
	City, State & Zip Portand, ME 04/103					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of t Work: \$ 35 K				
HA	Name	Work: \$ * 35 K				
~~	Address	C of O Fee: \$				
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City, State & Zip	270-				
DEC 15 Sept	ony, otate & Zip	Total Fee: \$ <u>376 -</u>				
Current legal use (i.e. single family)	NGLE FAMILY					
If vacant, what was the previous use?	<u></u> _					
Proposed Specific use:	TC 1	_ 				
	Is property part of a subdivision? If yes, please name					
PAMIAL DEMO	& REBUILD OF ROOF. ALSO, EXTED AMERICA (WATER DAMAGE REF	XTENION WALL				
repairs in sacred & limit	TED AMEAS (WATER DAMAGE REF	rains)				
•						
Contractor's name: KIM PAMES						
Address: 6 MEAT DIAMOND (S., MAINE						
City, State & Zip	Te	elephone:				
City, State & Zip						
Mailing address: SEE ABOVE						
Please submit all of the information outlined on the applicable Charliet Failure to						

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, 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:	Date:





