

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: 090094

FEB 4 2009

CITY OF PORTLAND

This is to certify that RAPP STEVEN & KELIN RAPP TS/self
 has permission to removal of closets to create master bath on 1 floor
 AT 105 NEW ISLAND AVE CB# 084 D001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is lathed or otherwise worked-in. 24 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

Janne Bonke 2/6/09
 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: 09-0094	Issue Date: 02/06/2009	CBL: 084 D001001
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Location of Construction: 105 NEW ISLAND AVE	Owner Name: RAPP STEVEN & KELIN RAPP J	Owner Address: 5360 CHELSEA ST	Phone: 776-2145
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-2

Past Use: Single Family	Proposed Use: Single Family with removal of closets to create master bath on 2nd floor	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 1
Proposed Project Description: removal of closets to create master bath on 2nd floor		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: 5B IRL-2003 Signature: JMB 2/6/09	
		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: jmb	Date Applied For: 02/06/2009	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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: JMB 2/6/09	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 checked="" 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: JMB
	PERMIT TAKEN FEB 6 2009 PERMIT TAKEN FEB 6 2009 CITY OF PORTLAND		

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

2/24/09

OK for close in / Framing

checked Plumbing & electric

S NW

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

 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

 2/6/09

Date



Signature of Inspections Official

 2/6/09

Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 09-0094	Date Applied For: 02/06/2009	CBL: 084 D001001
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Location of Construction: 105 NEW ISLAND AVE	Owner Name: RAPP STEVEN & KELIN RAPP J	Owner Address: 5360 CHELSEA ST	Phone: () 776-2145
Business Name:	Contractor Name: self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family with removal of closets to create master bath on 2nd floor	Proposed Project Description: removal of closets to create master bath on 2nd floor
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 02/06/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) Approval for interior work only			
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 02/06/2009
Note:			Ok to Issue: <input checked="" type="checkbox"/>
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.			

Comments: 2/6/2009-jmb: Same day walk in
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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: <u>105 NEW ISLAND AVE, PEAKS ISLAND, ME</u>		
Total Square Footage of Proposed Structure/Area 96 <u>96 SQ FT</u>	Square Footage of Lot <u>.158 ACRE</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>84</u> <u>D</u> <u>1</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>STEVE RAPP</u> Address <u>105 NEW ISLAND AVE</u> <u>232 W 55TH ST APT 31 B</u> City, State & Zip <u>PEAKS ISLAND, ME NY, NY 10019</u>	Telephone: <u>207 766 2145</u>
Lessee/DBA (If Applicable) <u>Per Steve</u> <u>Temporary work</u> <u>relocation -</u> <u>current address is</u> <u>LA Jolla, CA</u> <u>as in</u> <u>MD.</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>2,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>40.00</u>
Current legal use (i.e. <u>single family</u>) _____ Number of Residential Units <u>1</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>SAME</u>		
Is property part of a subdivision? <u>NO</u> If yes, please name _____		
Project description: <u>REMOVE CLOSETS TO CREATE MASTER BATH ON 2ND FLOOR</u>		
Contractor's name: <u>OWNER</u>		
Address: _____		
City, State & Zip _____		Telephone: _____
Who should we contact when the permit is ready: _____		Telephone: _____
Mailing address: _____		

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: ht Rapp Date: 2/6/09

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



Same-Day Permitting

As part of Portland's city-wide effort to improve customer service and help streamline doing business within the City, the Inspections Division has developed a new permitting system for qualified properties and for specific construction projects.

This permitting program applies only to existing single family homes not located within a historic district or shoreland zone.

Eligible Projects

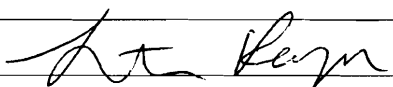
Please submit a complete application with the required plans

- Interior non structural projects (i.e. Adding closets, bathrooms, changing floor plans, kitchen remodels)
- Repairs to existing decks, porches and stairs that meet current zoning setbacks
- Adding or replacing windows and doors (not to include bay windows)
- Sheds less than 100 sq. ft.
- One story open entry/porch, 50 sq. ft. or less with maximum 6 ft. projection from the principal structure
- Chimney installation (NFPA 211 disclosure statement required)
- Propane tanks
- Heating Appliances (i.e. HVAC systems, gas inserts/monitors, wood/pellet stoves)
- Bulkheads 50 sq. ft. or less with maximum of 2 ft. in height (low profile)

Inspections are still required per City Code of Ordinance.

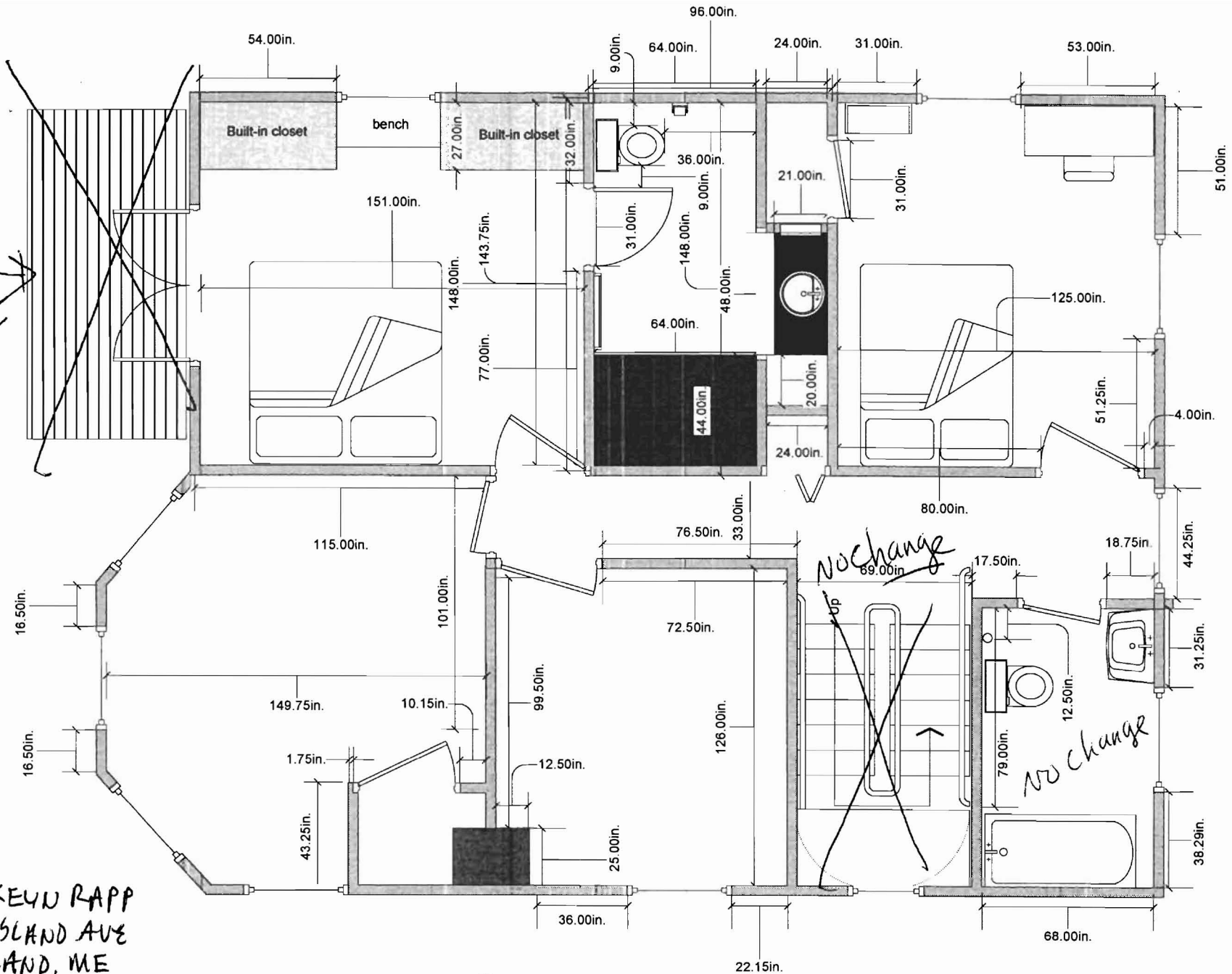
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that this project meets the above criteria and that the work performed will not go beyond these parameters.

Signature of applicant: 	Date: 2/6/09
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This is not a permit; you may not commence ANY work until the permit is issued.

*NOT on
THIS
Permit*

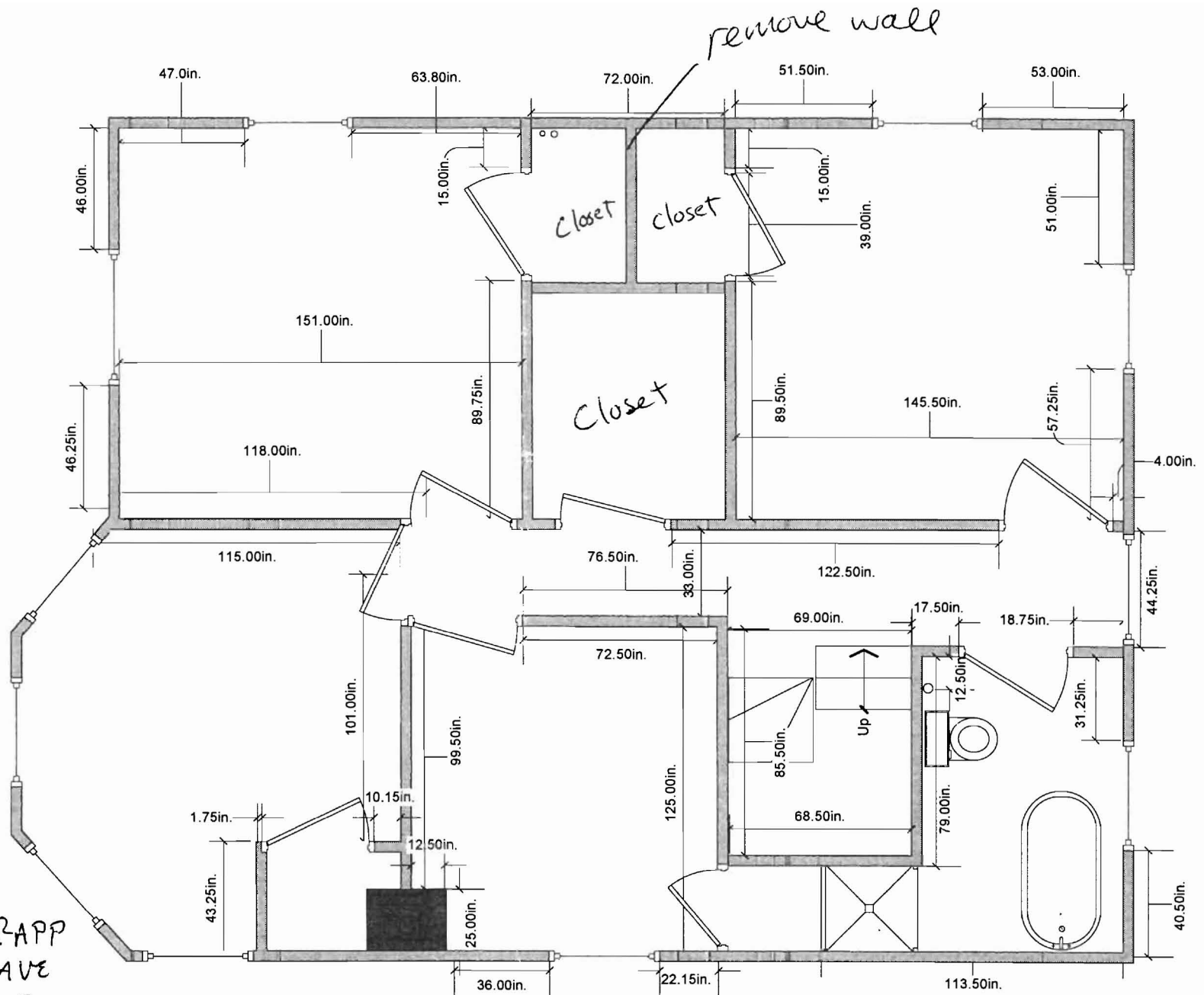


STEVE AND KEVIN RAPP
105 NEW ISLAND AVE
PEAKS ISLAND, ME

Ceiling height 2nd floor: 98"

2ND FLOOR - NEW MASTER BATH

PARCEL ID 084 D001001



STEVE AND KELIN RAPP
 105 NEW ISLAND AVE
 PEAKS ISLAND, ME

Ceiling height 2nd floor: 98"

2ND FLOOR EXISTING

PARCEL ID 084 D001001

