Form # P 04 DISPLAY THIS C	ARD ON PRINCIPAL FRONTAG	GE OF WORK
Please Read Application And Notes, If Any, Attached This is to certify that <u>RAPP STEVEN & KE</u> has permission to <u>removal of closets to cr</u>	LIN RAF	FED. (183010) Permit Number: 090094 FEB 2009 CITY (15 POFFLAND)
AT _105 NEW-ISLAND AVE	CB 084 D00	1001
of the provisions of the Statutes	ons, fille or concernion accounting this of Marie and of the Origination accounting this nd use of buildings and structures, an	e City of Portland regulating
Apply to Public Works for street line and grade if nature of work requires such information.	beform this builting or paramereof is p	certificate of occupancy must be rocured by owner before this build- ng or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Fire Dept.		ſ.
Health Dept.		Relation
Appeal Board Other Department Name	= Qa	Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Cit	y of Portland, Maine	- Building or Use I	Permi	t Application	1 Pe	ermit No:	Issue Date:		CBL:	
	Congress Street, 04101	•				09-0094	02/06	/2009	084 D0	01001
Loca	ition of Construction:	Owner Name:			Owne	er Address:			Phone:	
105	5 NEW ISLAND AVE	RAPP STEVE	N & K	ELIN RAPP J	5360	0 CHELSEA S	Г		776-2145	
Busi	ness Name:	Contractor Name	:			ractor Address:			Phone	
		self		r		tland				r
Less	ee/Buyer's Name	Phone:				it Type:	P			Zone: TR-Z
					Alterations - Dwellings				<u> + </u>	
Past		Proposed Use:				Cost of Work:		O District:		
Sin	gle Family	Single Family closets to creat			\$40.00 \$2,000.00 1 FIRE DEPT: Approved INSPECTION:					
		floor	• • • • • • • • • • • • • • • • • • • •						R-3	Type: 5B
							Denied			
						NIA		1	e Group: R-3 Type: 5B TRL-Z003 nature: MB 216/09	
Prop	oosed Project Description:				1			\sim	× .0	alite
ren	noval of closets to create ma	aster bath on 2nd floor			Signa			Signature: MB 2/6/09		
					PEDE	ESTRIAN ACTIV	ITIES DISTRI	CT (P.A	D.)/	·
					Actio	on: Approve	d 🗌 Approv	ed w/Con	ditions	Denied
					Signa	ature:		Da	te:	
		Date Applied For:				Zoning A	Approval			
jm	b	02/06/2009								
1.	This permit application do	-	Spe	cial Zone or Revie			Historic Pres			
	Applicant(s) from meeting Federal Rules.	g applicable State and	Sh	oreland		Variance			Not in Distric	et or Landmark
2.	Building permits do not in septic or electrical work.	clude plumbing,	[] w	etland	Miscellaneous			Does Not Rec	quire Review	
3.	Building permits are void within six (6) months of th		🗌 Fle	ood Zone	Conditional Use		Requires Review			
False information may invalidate a building permit and stop all work		🗌 Su	ibdivision fer			Approved				
			Sit	te Plan Dori	-7	Approved			Approved w/	Conditions
	PLEAM		Maj [Minor MM		Denied			Denied	\mathcal{Q}
FEB / PERMIDING NB 2/6/6					69	Date:		Date:	gue	
	CITY ().	FEB CITY OF F	5 2000							
		CITY OF POI		ERTIFICATI	ON					

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

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 <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

Signature of Inspections Official

Date

Date

•	e - Building or Use Permit 1 Tel: (207) 874-8703, Fax: (2		Permit No: 09-0094	Date Applied For: 02/06/2009	CBL: 084 D001001
Location of Construction: 105 NEW ISLAND AVE	Owner Name: RAPP STEVEN & KE		Dwner Address: 5360 CHELSEA S	' <u></u>	Phone: () 776-2145
Business Name:	Contractor Name: self		Contractor Address: Portland		Phone
Lessee/Buyer's Name	Phone:	F	ermit Type: Alterations - Dwe	llings	
Proposed Use: Single Family with removal of floor	of closets to create master bath on		l Project Description: Il of closets to crea	ite master bath on 21	nd floor
Dept:ZoningSiNote:1)Approval for interior work	tatus: Approved with Conditions	s Reviewer:	Jeanine Bourke	Approval D	Pate: 02/06/2009 Ok to Issue: ☑
 This property shall remain approval. 	in a single family dwelling. Any c	hange of use sha	ll require a separa	te permit applicatior	for review and
Note:	tatus: Approved with Conditions lired for any electrical, plumbing, process.		Jeanine Bourke 1st systems. Separa	Approval D ate plans may need to	Ok to Issue: 🗹

Comments:	 	
2/6/2009-jmb: Same day walk in		

CITY CALLS

General Building Permit Application

 $^{\prime}$ 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: 105 pe	WISLAND AVE, PEAKS 16LA	ND, ME			
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	Number of Stories			
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	* Telephone:			
Chart# Block# Lot#	Name STEVE RAPP	2077662145			
84 D I	Address 105 Nue 166AND AVE				
	Address 105 March 166April Alte 230 W 55 14 ST APT 31 B City State & Zip PEATH 151AND, MG	NY NY 10019			
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of			
per steve nov L C	Name	Work: \$ 2,000			
temporary work temporary work relocation - address is relocation to address is current address is the porary with	Address	C of O Fee: \$			
relocation Tolla,	City, State & Zip	Total Fee: \$			
Curvent LA John WI.		10tar 1 cc. #			
Current legal use (i.e. single family) Number of Residential Units If vacant, what was the previous use? Proposed Specific use: A M&					
Is property part of a subdivision?	If yes, please name				
Project description:					
RAMOUR CLOSETS TO CREATE	REAGTER BATH ON 2 ND FLOR	2 M			
Contractor's name:OWML					
Address:					
City, State & Zip	Tel	ephone:			
Who should we contact when the permit is ready	: Tele	ephone:			
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 <u>www.portlandmaine.gov</u>, 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.

	1		/ /	
Signature:	$\left \right $	Rin	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

- X 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)
- \Box 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)
- D 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.

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

/	<u> </u>	/	<u> </u>
		7	7
Signature of applicant:	+ Venn	Date: $2/6$	10a
	A promision	Daic: 210	

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





