| 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.

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 <u>www.portlandmaine.gov</u>, 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.

| / | <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.





