Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 090028

-084-N004001-

This is to certify that ____KIPP THOMAS P & BARBAF H KIPP _____ hAshmore has permission to _____ Interior Renovations, adding D ____ ter and I ____ k ____

AT 16 WHITEHEAD ST, PEAKS ISLAND

provided that the person or persons, fill for control on accepting this permit shall comply with all of the provisions of the Statutes of Marie and of the October sces 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.

Notice Ition of spectio chust be given hd written ermissid corocured before this builting or particle ed-in. 24 HOL NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENA

Manush Manf King Oi/21/3.

PENALTY FOR REMOVING THIS CARD

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	Footing/Building Location Inspection: Prior to pouring concrete or setting
	precast piers
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.

M	1/21/09
Signature of Applicant/Designee Ka(ph Ashmore	Date
Signature of Inspections Official	Date

CBL: 084 N004001

Building Permit #: 09-0028

City of Portland, Ma	ine - Buil	lding or Use	Permi	t Application	ı P	Permit No:	Issue Date:	1	CBL:	
389 Congress Street, 04	101 Tel: (207) 874-8703	, Fax:	(207) 874-871	6 [09-0028			084 NO	04001
Location of Construction:		Owner Name:			Owr	ner Address:			Phone:	
16 WHITEHEAD ST,PE	AKS ISLA	KIPP THOMA	ASP&	BARBARA H	14	BALSAM DR			207-766-2	2981
Business Name:		Contractor Name	:		Con	tractor Address:			Phone	
		Ralph Ashmor	e		20	Welch Street P	eaks Island		20776629	81
Lessee/Buyer's Name		Phone:			Pern	nit Type:				Zone:
<u> </u>		<u></u>]	A	dditions - Dwell	ings			JR-2
Past Use:		Proposed Use:			Per	mit Fee:	Cost of Wor	k:	CEO District:	7
Single Family Home		Single Family				\$620.00	\$60,00	0.00	1	
		Renovations, a			FIR	E DEPT:	Approved	INSPEC		
		Deck croper	h, enc	losing part			Denied	Use Gro	oup: <i>R</i> 3	Type:53
		of parch]				00 2	~ ?
		<u> </u>						4	JCC 21/	05
Proposed Project Description:				. 1					RC 211 re: Im 01	1. 1 .
Interior Renovations, add	ing Dormer	and Deck 0	park, e	enclosing		nature:		Signatu	re: 1m 0/	<u> 121/09</u>
pat of put.					PED	ESTRIAN ACTIV	VITIES DIST	RICT (P	P.A.D.)	
,					Acti	ion: Approve	ed 🗌 App	roved w/	Conditions	Denied
					Sign	nature:			Date:	
Permit Taken By:		oplied For:		-		Zoning	Approva	1		
lmd	01/12	2/2009								· -
1. This permit application	on does not	preclude the	Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic Prese	ervation
Applicant(s) from me Federal Rules.	eeting applic	eable State and	☐ Sh	oreland \mathcal{N}/A		Variance			Not in Distric	t or Landmar
2. Building permits do a septic or electrical we		olumbing,	│	etland		Miscellar Miscellar	neous		Does Not Rec	quire Review
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		☐ Fle	☐ Flood Zone ☐ Conditiona		nal Use		Requires Rev	iew		
			☐ Su	bdivision		Interpreta	ition		Approved	
	The Additional Property of the Control of the Contr	-1	Sin	te Plan		Approved	1		Approved w/0	Conditions
)		Maj [Minor MM		Denied			Denied	
			t .	cwl conditor		1_			M	
7	2009		Date:	120109 ALRA		Date:		Da	ite:	
, , v 1										
م المحمد الم	-									
			C	ERTIFICATION	N					
I hereby certify that I am t	he owner of	record of the no				onosed work in	authorized	hy tha	owner of recor	d and that
I hereby certify that I am the I have been authorized by										
jurisdiction. In addition, in										
shall have the authority to										
such permit.										

ADDRESS

PHONE

PHONE

DATE

DATE

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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: 16 W	hitehead St., Peaks Isi	and, Maine
Total Square Footage of Proposed Structure/A None, adding dormer & dec		Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer*	
Chart# 84 Block# N Lot# 4		766-2981
	Name Ralph W.Ashmore POA Thomas & Barbara Kipp Address 20 Welch St	
	City, State & Zip Peaks Is Kind, ME	04108
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
me / / em	Name Thomas Kipp	Work: \$ 60,000. 100
1 JAN 9 2009	J N	C of O Fee: \$
JAN.	City, State & Zip Bed ford, MA 01730	Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Renovation of same volume of living space	family If yes, please name Brackett residence, adding dormer and on first level, see Front Eleve	Estale
Contractor's name: Project Manager Address: 20 Welch St	, Ralph W. Ashmore	
	M.C. AUIOC	7/1-2051
City, State & Zip Peaks Island,	700 07108 Te	ephone: <u>766 - 2981</u>
Who should we contact when the permit is read	ly: Kalph Hshmore Tel	ephone:
Mailing address: 20 Welch St.	Prak's Island, ME 041	08
Please submit all of the information	outlined on the applicable Checklis	t. 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: 1-8-2009	
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This is not a permit; you may not commence ANY work until the permit is issue

City of Portland, Maine - Building or Use Permit

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

	Permit No:	Date Applied For:	CBL:
5	09-0028	01/12/2009	084 N004001

Location of Construction:	Owner Name:		Owner Address:	Phone:
16 WHITEHEAD ST,PEAKS ISLA	KIPP THOMAS P & BARBARA H		14 BALSAM DR	207-766-2981
Business Name:	Contractor Name:		Contractor Address:	Phone
	Ralph Ashmore		20 Welch Street Peaks Island	(207) 766-2981
Lessee/Buyer's Name	Phone:		Permit Type:	
	<u> </u>		Additions - Dwellings	

Proposed Use:	Proposed Project Description:
Single Family Home - Interior Renovations, adding Dormer and Deck over porch, enclosing part of porch	Interior Renovations, adding Dormer and Deck over porch, enclosing part of porch

Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 01/20/2009

Note: Dormer is not adding any floor area since the walls on the second floor are already at 4' from floor to roof. Ok to Issue:

1/19/09 The part of the porch that is being enclosed must have a majority of windows. There are to be two in the front, two on left side & oneon the right side.the

- 1) This permit is being issued with the condition that the one story 6' x 8' room and entry deck & stairs on the rear of the building are not permitted and therefore not part of the legal footprint of the building. This illegal addition must be addressed wothin thirty days of the issuance of this permit.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building Status: Approved with Conditions Reviewer: Tom Markley Approval Date: 01/21/2009

Note: Ok to Issue: ✓

- 1) Fastener schedule per the IRC 2003
- 2) 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.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

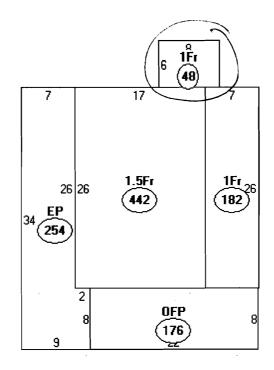
Comments:

1/12/2009-lmd: Received application on 01/09/2009. Ralph Ashmore stated that he would e-mail 11x17 plans. Also, called on 01/12/09 requesting plot plan due to addition of deck.

1/13/2009-lmd: Received plot plan and 11x17 from Ralph Ashmore. Moved permit forward to zoning.

1/13/2009-amachado: Left vcm for Ralph Ashmore. Can enclose part of front porch, but major portion needs to be glass (section 14-427). 6' x 8' area on back of house that leads to steps is not permitted & does not meet today's requirements.

1/16/2009-amachado: Ralph Ashmore brought in revised plans for part of porch that is being enclosed.



Descriptor/Are	<u>ea</u>	
A: 1.5Fr 442 sqft		
B:EP 254 sqft		
C:1Fr 48 sqft		1102
D:1Fr 182 sqft		
E: OFP 176 sqft		

IR-)

front - 25'min - 15.55 aut

rew - 25'min

side - 20'min - 6'on night

lot sin = 4100

lot covern 2006 = 831.8.

dormer is not adding

any floor area—well was already @ 4!

Subject: Permit 16 Whitehead St Peaks Island, ME 11x17 Hans and in addition a blat plan many thanks the your with any inerfront ! indlig, JAN 1 8 2009

RECORD OF BUILDINGS GRADE DENOTES QUALITY OF CONSTRUCTION: A-EXCELLENT; B-GOOD; C-AVERAGE; D-CHEAP; E-VERY CHEAP YEAR 19 YEAR 19 CONSTRUCTION FOUNDATION FLOOR CONST PLUMBING CONCRETE No ceilings WOOD JOIST BATHROOM CONCRETE BLOCK STEEL JOIST TOILET ROOM BRICK OR STONE MILL TYPE WATER CLOSET PIERS REIN. CONCRETE LAVATORY CELLAR AREA FULL FLOOR FINISH KITCHEN SINK B 1 2 3 STD. WAT, HEAT NO. CELLAR CEMENT AUTO. WAT. HEAT EXTERIOR WALLS ELECT, WAT, SYST. 144 CLAPBOARDS PINE LAUNDRY TUBS COMPUTATIONS WIDE SIDING HARDWOOD NO PLUMBING UNIT 1951 DROP SIDING TERRAZZO 442 S. F. 1500 TILING NO SHEATHING TILE BATH FL. & WCOT. WOOD SHINGLES S. F TOILET FL. & WCOT ASBES. SHINGLES LIGHTING STUCCO ON FRAME ATTIC FLR. & STAIRS +790 ADDITIONS ELECTRIC STUCCO ON TILE INTERIOR FINISH NO LIGHTING -120 FIDI. B 1 2 BRICK VENEER NO. OF ROOMS +70 BRICK ON TILE BASEMENT BSMT. 2ND SOLID BRICK HARDWOOD WALLS 3RD STONE VENEER PLASTER ROOF OCCUPANCY CONC. OR CIND. BL UNFINISHED SINGLE FAMILY METAL CLG. TWO FAMILY FLOORS -20 TERRA COTTA SHEATHER APARTMENT VITROLITE RECREAT, ROOM STORE PLATE GLASS -270 FINISHED ATTIC FINISH THEATRE INSULATION FIREPLACE HOTEL WEATHERSTRIP HEATING OFFICES FIREPLACE +150 ROOFING PIPELESS FURNACE WAREHOUSE HEATING ASPH. SHINGLES HOT AIR FURNACE COMM. GARAGE WOOD SHINGLES FORCED AIR FURN. GAS STATION PLUMBING +240 ASBES, SHINGLES STEAM SLATE TILE HOT WAT, OR VAPOR ECONOMIC CLASS TILING NO HEATING METAL OVER BUILT COMPOSITION UNDER BUILT 2340 TOTAL ROLL ROOFING GAS BURNER DT. 8/11 AR. B.C OIL BURNER MS. /3 REP. VAL. STOKER INSULATION CK. BUILDINGS SUMMARY OF GR. AGE REMOD. COND. REP. VAL. P. D. PHY. VAL. F. D. SOUND VAL. TAX VAL. YI 2340 55/ 1050 1050 A 625 cottage DC 50 В D D E E F G 1951 TOTAL BLDGS. YEAR 1951 1050 TAX VAL. 19 19 19 19 19 19 OLD VAL CHANGE

