

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030218

Please Read Application And Notes, If Any, Attached

This is to certify that Casey Paul J &/Thompson Johnson

has permission to expand 2nd floor living space

AT 47 New Island Ave 084 N032001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 when permission is procured before this building or part thereof is occupied or otherwise closed-in. A FOUR NO. 4 REQUIRED.

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

OTHER REQUIREMENTS: **PERMIT ISSUED**

Fire Dept. _____

Health Dept. _____

Appeal Board **MAR 21 2003**

Other _____

Department Name

CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

[Handwritten Signature]
Director - Building & Inspection Services

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0218	Issue Date: MAR 21 2003	CBL: 084 N032001
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Location of Construction: 47 New Island Ave	Owner Name: Casey Paul J &	Owner Address: 47 New Island Ave	Phone: 207-766-5921
Business Name:	Contractor Name: Thompson Johnson	Contractor Address: 9 Adams Street Peaks Island	Phone: 2077665919
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-2

Past Use: single family	Proposed Use: single family - 2nd floor expansion	Permit Fee: \$604.00	Cost of Work: \$82,900.00	CEO District: 3	4450 SF
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 99
Signature:	Signature:

Proposed Project Description: expand 2nd floor living space
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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: tm	Date Applied For: 03/21/2003	Zoning Approval		
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- 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	Zoning Appeal	Historic Preservation
<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: 3/21/03	<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:	<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: 3/21/03

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

6/20/03 Framing, Plumbing, elect. rough in OK A1

11/10/06 Final Inspection
Bldg - window - GFI - } OK.
Plumbing - Sinks }
egress -

* $9-6 \times 9-0 = 84 \text{ \#}$ Must be removed from
existing deck to conform w/ max Lot Coverage
(Do not close permit till done)
Chit H.

5/03/07 - $9-0 \times 9-6$ Deck Removed,

Final Insp. Done.

Close - out.
Chit H.