DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK





Caron

CLANCY JUDITH K & PAUL G CLANCY JTS/Richard

Located at

30 WHITEHEAD ST, Peaks Island

PERMIT ID: 2013-00483 ISSUE DATE: 04/08/2013 CBL: 084 N037001

has permission to Renovation in kitchen - add sheetrock on two walls and widen doorway adding 4 x 8 beam above doorway

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise clsoed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY THERE IS A PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.

REQUIRED INSPECTIONS:

Close-in Plumbing/Framing Electrical - Residential Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Buil	Permit No:	Date Applied For:	CBL:				
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 2013-00483 03/13/2013 084 N0370							
Location of Construction:	Owner Name:	Owner Address: Phone:					
30 WHITEHEAD ST, Peaks Island	CLANCY JUDITH K & PAUL G C	L G C 12 JUSTAMERE RD					
Business Name:	Contractor Name:	Contractor Address:PhonePO Box 101 Peaks Island(207) 766-50		Phone			
	Richard Caron			(207) 766-5084			
Lessee/Buyer's Name	Phone:	Permit Type:					
		Alterations - Dwellings					
Proposed Use:	osed Use: Proposed Project Description:						
Single Family	ngle Family Renovation in kitchen - add sheetrock on two walls and widen doorway adding 4 x 8 beam above doorway						
Dept: Zoning Status: A Note:	Approved Reviewe	r: Ann Machado	Approval E	Date: 03/19/2013 Ok to Issue: ✓			
Dept: Building Status: Approved w/Conditions Reviewer: Tammy Munson Approval Date: 04/08/2013 Note: Ok to Issue: ✓ 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.							
 Permit approved based upon info requires separate review and approved approved based upon info 	rmation provided by the applicant or d roval prior to work.	esign professional. A	ny deviation from a	pproved plans			

City of Portland, Maine -	Building or Use	Permit Applicat	ion	Per	mit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-				20	013-00483			084 N037001	
Location of Construction:	ction: Owner Name:			Owner Address:				Phone:	
30 WHITEHEAD ST, Peaks Isla	ks Island CLANCY JUDITH K G CLANCY JTS		12 JUSTAMERE RD FALMOUTH, ME 04105		Ϋ́Η,				
Business Name: Contractor N		lame:		Contractor Address:			Phone		
	Richard Caron		PO Bo		Box 101 Peaks Island ME 04108		(207) 766-5084		
essee/Buyer's Name Phone:			Permit Type: Alterations - Dwellings				Zone:		
							IR-2		
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
Single Family	Single Family		\$40.00 \$2,000.00 FIRE DEPT: Approved INSPECT				1		
Proposed Project Description:	scription:			FIRE DEPT: Approved Use Group				ON: R.3 Type: 5E	
Renovation in kitchen - add shee	etrock on two walls a	nd widen doorway	Signature: Signature:					Aut	
adding 4 x 8 beam above doorw	ay		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Action: Approved Approved w/Conditions Denied						
			Signature: Da				te:		
	Taken By: Date Applied For: 03/13/2013			Zoning Approval					
1. This permit application doe	s not preclude the	Special Zone or R	eviews		Zonin	g Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			Variance			Not in District or Landmark	
 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 		Wetland			Miscellaneous			Does Not Require Review	
		Flood Zone Subdivision		Conditional Use			Requires Review		
						Approved			
		Site Plan		Approved			Approved w/Conditions		
					1 Denied			Denied	
		OK Date: 3/15/13 A	BU		Date:		Date:	ABM	

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