Form # P 04	DISPLAY	THIS (	CARD	ON P	RINCI	PAL F	RONT	AGE OI	F WOR	Κ	
	_	C	ITY	OF	PO	RTL	ANI				
Please Read Application And Notes, If Any,						ECTIC					
Attached				PE					nher: 071336 T ISSUEI		
This is to certify t	hat <u>ELTMA</u>	N PATRICI	A/PA	vations_L	20					7	
has permission to	•remodel	cottage							2 4 2007-		
AT _49 RYEFIE	LD-ST						085 <sup>°</sup> F(	00\$001			
of the provi the constru this departi	iction, main							his permi the City of and of the			
	blic Works for s nature of work tion.		g b la e	ication and w re this ad or R NO	orwie	on mus on procu rt there osed-in. UIRED.	4	procured I	ate of occup by owner be thereof is c	efore this b	
Health Dept											
Appeal Board							М	la Ma	10	11/22	107
Other	Department Name						this	Director - Build	ing & Inspection Se	10/23	10+

PENALTY FOR REMOVING THIS CARD

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## 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.

Footing/Building Location Inspect	ion: Prior to pouring concrete			
Re-Bar Schedule Inspection:	Prior to pouring concrete $\int h u S = \int h u S $			
Foundation Inspection:	Prior to placing ANY backfill			
Framing/Rough Plumbing/Electric	al: Prior to any insulating or drywalling			
	r to any occupancy of the structure or NOTE: There is a \$75.00 fee per ection at this point.			

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** 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

CBL: S.S-7--S

Building Permit #: O

City of Portland, Main	ne - Building or Use	Permit Applic	cation Pe	rmit No:	Issue Date:		CBL:	
389 Congress Street, 0410	0			07-1336			085 F0	05001
Location of Construction:		Owne	er Address:			Phone:		
49 RYEFIELD ST	TRICIA	41 0	41 COTTAGE RD					
Business Name:	Contractor Name	:	Contr	ractor Address:		Phone		
	P A Renovatio	ons, Inc		Box # 1288 S	carborough		2074504440	
Lessee/Buyer's Name Phone:			Perm	Permit Type:			L	Zone:
			Alte	Alterations - Dwellings				IR2
Past Use: Proposed Us		Permit Fee: Cost of V		Cost of Worl	CE	O District:		
Single Family Home	Single Family	Home - remodel		\$470.00 \$45,000.0		0.00	2	
	cottage		FIRE	FIRE DEPT: Approved INSPECT			ON:	
					Denied	Use Group:	:K3	Type: <u>5B</u> W3 <u>123/u7-</u>
						·	00 7	
							$ec \nu$	05
Proposed Project Description: remodel cottage			Signa	turo.		Signatura	1 .	112/17
Temoder conage				Signature: Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			<u> </u>	10310F
			Actio	on: Approv	ed App	roved w/Con	nditions	Denied
			Signa	iture:		Da	ite:	
Permit Taken By: Date Applied For:				Zoning	Approva	 I		
Idobson	10/23/2007							
1. This permit application	does not preclude the	Special Zone o	or Reviews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland				4	Not in District or Landmark	
2. Building permits do no septic or electrical worl	U Wetland	on	Miscellaneous			Does Not Require Review		
<ol> <li>Building permits are vo within six (6) months o</li> </ol>	Flood Zone		Conditional Use			Requires Review		
False information may permit and stop all wor	Subdivision	Subdivision Interpretation		ition	Approved			
	o merre)	Site Plan			t		Approved w	Conditions
PERMIT		Maj 📋 Minor 🗌	MM	Denied			Denied	
007.27		Date: Jm 16	124/07	Date:		Date:	Jor 1	1/24/07
CITY OF P								

## 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

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## **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:	Rulield -						
Total Square Footage of Proposed Structure/A	rea // Square Footage of Lot						
	1 4875 Ja t						
Tax Assessor's Chart, Block & Lot	Applicant * must be owner, Lessee or Buyer	* Telephone:					
Chart# Block# Lot#	Name Patricia Eltman	207-799-5036					
85 F 5		415-0139					
	Address 4/ Cottage Rd						
	City, State & Zip SoPtld, Ma	-04106					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of					
	Name	Work: \$ 45,000					
	Address	C of O Fee: \$					
	City, State & Zip	Total Fee: \$					
Current legal use (i.e. single family)	ingle Family						
If vacant, what was the previous use?							
Proposed Specific use: Residunce							
Is property part of a subdivision?	If yes, please name						
Project description:							
	ł.						
Contractor's name: PA. RENOVATIONS Inc.							
Address: P.O Box 1288							
City, State & Zip							
Who should we contact when the permit is read		elephone: <u>450 - 4440</u>					
Mailing address:AME AS AS	v <b></b>						

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

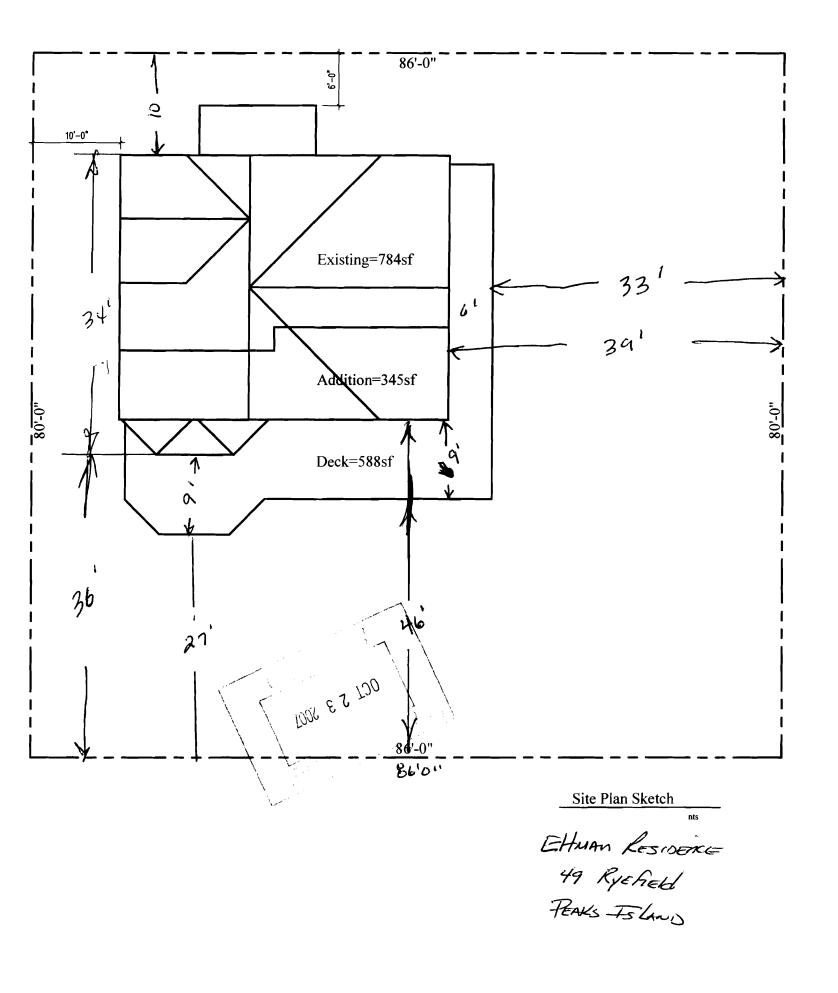
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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.

23 26.5 Signatúre Date: This is not a permit; you may not commence ANY work until the permit is issue

City of Portland, Maine - I	Building or Use Permit	t	Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 T	•		6 07-1336	10/23/2007	085 F005001		
Location of Construction:	Owner Name:		Owner Address:	Phone:			
49 RYEFIELD ST	ELTMAN PATRICIA		41 COTTAGE RE				
Business Name:	Contractor Name:		Contractor Address:	Phone			
	P A Renovations, Inc		P O Box # 1288 S	(207) 450-4440			
Lessee/Buyer's Name	Phone:		Permit Type:				
			Alterations - Dwe	ellings			
Proposed Use:		Propos	ed Project Description				
Single Family Home - remodel co	ottage	remo	lel cottage				
Dept: Zoning Statu	s: Approved with Condition	ns Reviewer	: Tom Markley	Approval D	ate: 10/24/2007		
Note: Ok to Issue:							
<ol> <li>This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.</li> </ol>							
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 Statu	s: Approved with Condition	ns Reviewer	: Tom Markley	Approval D	ate: 10/24/2007		
Note: Ok to Issue: 🗹							
<ol> <li>Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.</li> </ol>							





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