Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND Please Read PERMIT ISSUED BU Application And Notes, If Any, Permit Number: 081390 Attached DEC 12 2000 This is to certify that _ BOISJOLY RUSSELL P & C OL A S has permission to ____ Addition 2nd Floor Bathroom. w Deck isc Inte r Remod AT 87 SEASHORE AVE.PEAKS ISLAND 085 N004001 provided that the person or persons, fire or comment on accepting this permit shall comply with all of the provisions of the Statutes of Marie and of the Comment of the City of Portland regulating the construction, maintenance and use f buildings and structures, and of the application on file in

Apply to Public Works for street line and grade if nature of work requires such information.

this department.

Not ation o must b spectid give nd writte permissi brocure befo this bui na or p hereof i lath or oth HO NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Department Name

Fire Dept. _______

Health Dept. ______

Appeal Board ______

Other

Mom h Machines 12/12/48
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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OTHER	REQUIR	ED APP	ROVALS
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Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

Mom h Ma (12/12/08)
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - E	Building or Use	Permi	t Application	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Te				· ·			085 NO	04001
Location of Construction:	Owner Name:	Owner Name:					Phone:	
87 SEASHORE AVE, PEAKS IS	LA BOISJOLY R	BOISJOLY RUSSELL P & CAROL			L PINES RD		561-495-4	1147
Business Name:	Contractor Name	:		Contractor Address:		Phone		
	Macey Orme			P O Box 143 Pea	ks Island		2074087100	
Lessee/Buyer's Name	Phone:		1	Permit Type:				Zone:
Ĺ			j	Additions - Dwe	llings			IB-5
Past Use: Proposed Use:				Permit Fee: Cost of Work:		CE	O District:	
Single Family Home		Single Family Home - Addition 2nd		\$820.00 \$80,000.00			1	1
	Floor Bathroo		Deck, Misc				PECTION:	
	interior Remo	uei.		[Denied	Use Group: K 3 Type: 5B TRC 2M3 Signature: 12/12/02 RICT (P.A.D.)		Type: 513
			1		j			2013
					1		100	クレン
Proposed Project Description:	uy Doole Miss Inton	ior Don	nodal	Ci	1.	Si	1	1/2/2
Addition 2nd Floor Bathroom, No	w Deck, Misc inter	ior Keii	<u></u>	Signature:		ICT (P.A.D.)		
		*	ľ	·				
			ļ	Action: Appro	ved Appro	oved w/Con	ditions	Denied
				Signature:		Da	te:	
	te Applied For:			Zoning	g Approval		٠	
lmd 1	0/30/2008	<u> </u>					III to to Door	
1. This permit application does			ecial Zone or Review	Zon	ing Appeal	Ι,	Historic Pres	
Applicant(s) from meeting ap Federal Rules.	plicable State and	☑ sı	horeland 14/14 Sautheastern ed	☐ Variand	ce		Not in Distric	ct or Landmar
Building permits do not include plumbing,		Wetland win the 2.		279' Miscell	aneous		Does Not Re	quire Review
septic or electrical work.	,	Setback-ha		auce)				
3. Building permits are void if v	vork is not started			and Condit	Conditional Use		Requires Review	
within six (6) months of the date of issuance.		pandis-zone C		- 1				
False information may invalidate a building		Subdivision		☐ Interpretation		Approved		
permit and stop all work	FIGUED	1						~
PERMI	TISSUED	∏ s	ite Plan	Approv	red	$\mathcal{A} \sqcap$	Approved w/	Conditions
		11,	□ Minor □ MA	Denied			Denied	
l ner	1 2 2000		☐ Minor ☐ MM [1	
DEC		0	rwicadihar 191908 ACA	Date:		Date:	ABN	
	- DODTI AND	Late:	13 14103 FLA	Date:		Date.		
CITY OF	PORTLAND							

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

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.

CERTIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

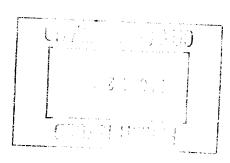
Signature of Applicant/Designee

Signature of Inspections Official

Date

12/12/08

Date



CBL: 085 N004001

Building Permit #: 08-1390

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: 87	SEASHOPE AVE PEAKS ISUA	THD, ME 04108				
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 85 N 4-9	Applicant *must be owner, Lessee or Buyer RUSSELL BOISJOH Name CAROL SOMERS Address 12952 PENNELL PINE	561.495.4147				
	City, State & Zip BOYNTON BEACH FLORIDA 33436					
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Cost Of Work: \$ 80,000					
	Address City, State & Zip Cof O Fee: \$ Total Fee: \$ 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: 2 FLOOK BATT	If yes, please name	INTERIOR REMODEL				
PHASE TWO						
Contractor's name: MACEY OPME Address: P.O. BOX 143						
City, State & ZipPEATS_ISLAND, ME. 04168 Telephone: 207.418.7100 Who should we contact when the permit is ready: RACHEL CONLY Telephone: 207.766.5625						
Who should we contact when the permit is read	Hy RACHEL CONLY TO	lephone: 207.766.5625				
Mailing address: 26 STERLING ST., PEAKS ISLAND, ME. 04108						
Please submit all of the information	outlined on the applicable Checklis	st. 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.

		1						
Signature:	leu) . <i>(</i> ()	W		Date:	0.27	1.08	
	1			1				

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:

 08-1390
 10/30/2008
 085 N004001

Location of Construction:	Owner Name:		Owner Address:	Phone:
87 SEASHORE AVE,PEAKS ISLA	BOISJOLY RUSSELL P & CAROL		12952 PENNELL PINES RD	561-495-4147
Business Name:	Contractor Name:		Contractor Address:	Phone
	Macey Orme		P O Box 143 Peaks Island	(207) 408-7100
Lessee/Buyer's Name	Phone:		Permit Type:	
			Additions - Dwellings	_

Proposed Use:	Proposed Project Description:
Single Family Home - Addition 2nd Floor Bathroom, New Deck, Misc Interior Remodel.	Addition 2nd Floor Bathroom, New Deck, Misc Interior Remodel.

Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 12/09/2008

Note: Using section 14-425 to have 50 sf entry porch in side setback not extend more than 6'. Ok to Issue: ✓

Using section 14-436(b). 80% of first floor footprint is 838.4. Adding 44.63 sf on second floor which is 5.3% of the allowable 80% increase.

Using section 14-427 to enclose the existing porch.

- 1) As discussed during the review process, the property must be clearly identified prior to pouring concrete and compliance with the required setbacks must be established. Due to the proximity of the setbacks of the proposed addition, it may be required to be located by a surveyor.
- 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: 12/12/2008

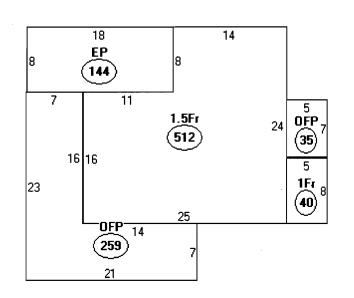
Note: Ok to Issue: ✓

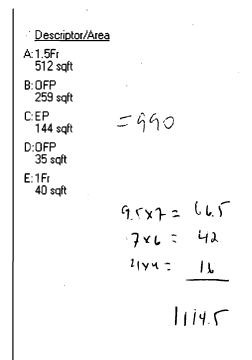
- 1) Separate permits are required for any electrical, plumbing, HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.

Comments:

12/9/2008-amachado: Received revised plans that meet the ordinance.

10/31/2008-amachado: Spoke to Rachel Conly. Need existing west elevation. Section 14-427 only allows you to enclose an open porch if majority of it is windows. Does the existing side 5' x 7' entry have a roof? With section 14-436(b) you can only go up a story over an existing story. Can't do the whole 15' x 5' second floor on the side.





Applicant: Russell Boisjoy

Date: 10 31 08

Address: 87 Stres Sens haz Are, Peaks Island

C-B-L: 85 - N-034

CHECK-LIST AGAINST ZONING ORDINANCE

Date - hour bull 1900

Zone Location - IR-2

Interior or corner lot

Proposed Use/Work -

Servage Disposal -

Lot Street Frontage -

Front Yard - Off or avery - 16 scaled

Rear Yard - 25' mm. - 68.5 scaled

Side Yard- 20' Neft- 10.5 Mr. 13.5- where extracon state estars

Projections -

1111 - DT b street. (newdeet)

right- 201 who beyond section 14-427 (new deck)

Width of Lot -

Height - 35 max.

Lot Area - 20, 000 4 mm - 11, 158 gran (asserve)

Lot Coverage Impervious Surface - 20% = 2031.6 wishre phase 1= +++7.+3
p.025.01. = 312.55

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning/Stream Protection - southeast come located in short and - house is beyond 210' setbrut.

Flood Plains - panel K-zone C

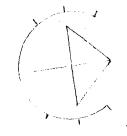
- Sichin 14 - 427-enclosur of parts

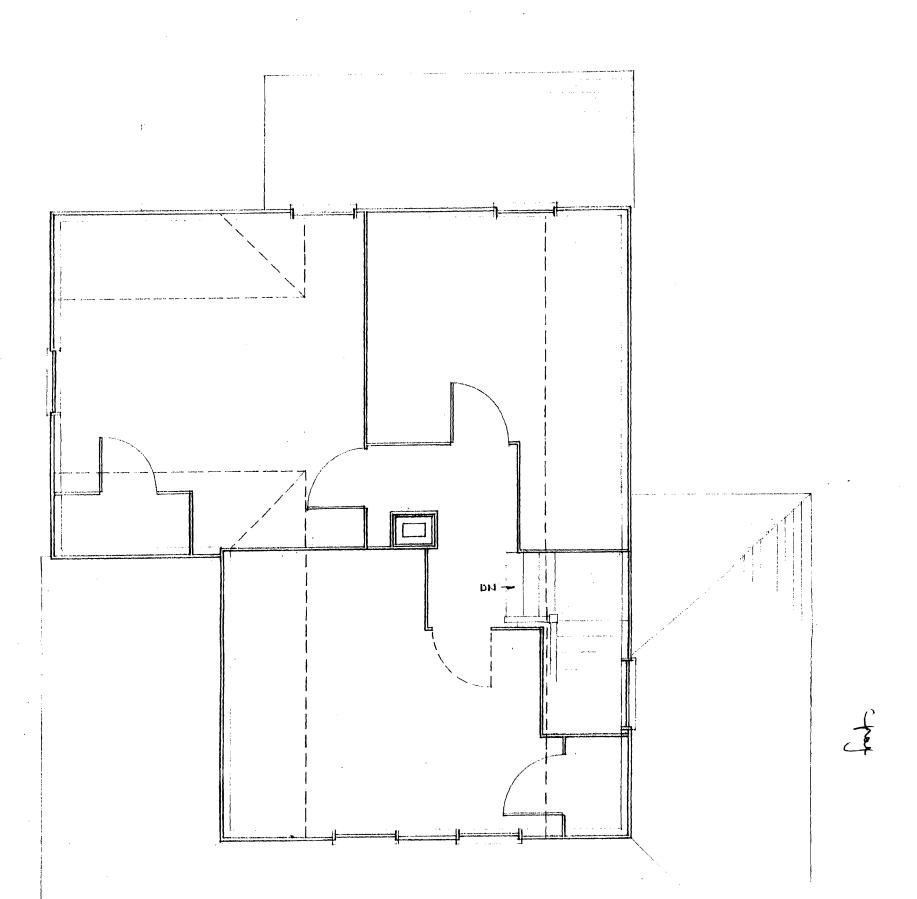
- Section 14-436(1) 157 ftp- Confant 1044 -extension of decle o'k undersect

Sechon 14-421 (not extend mon than 10sf)

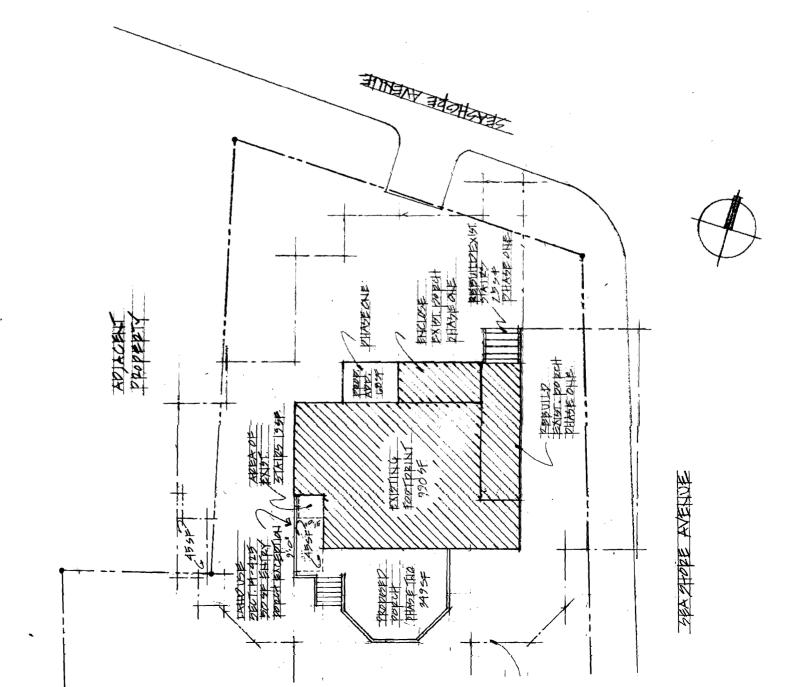
POLS OF TEST ARCHITECTURAL DESIGNATIONS TO SC-N-224 - DN

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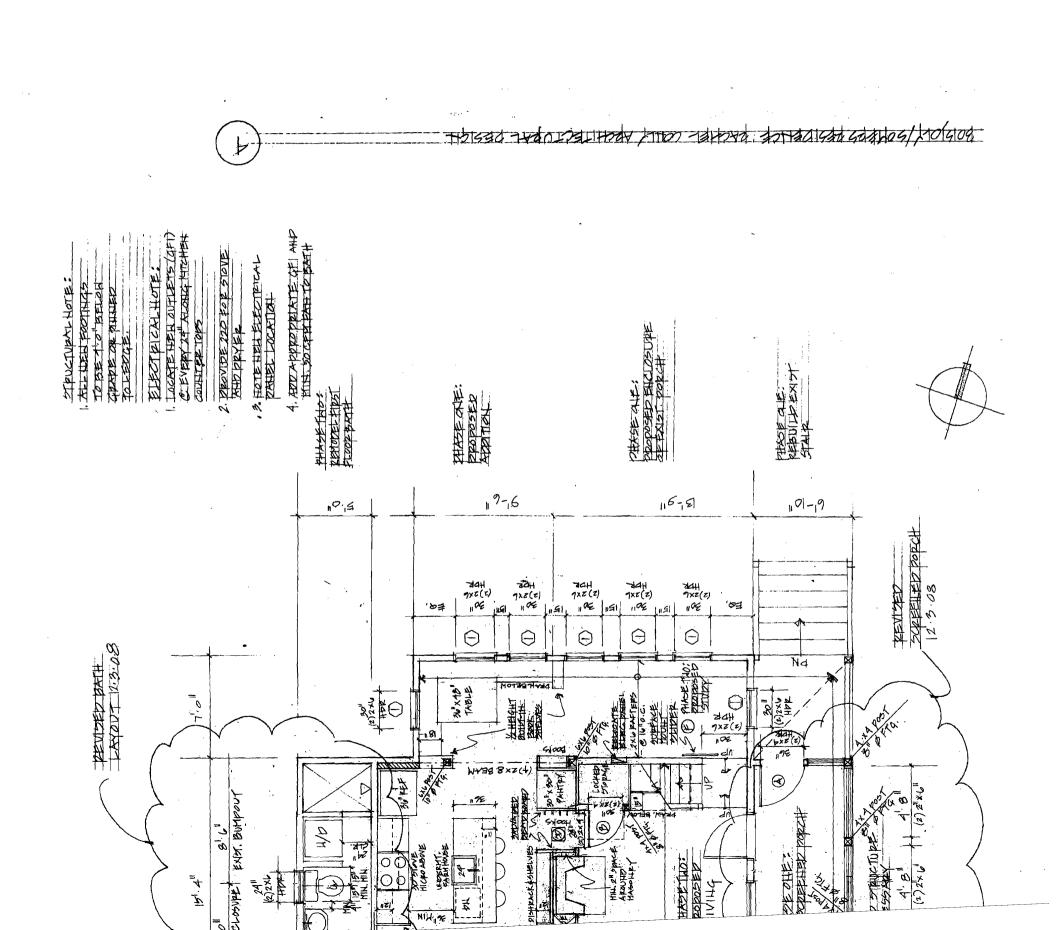




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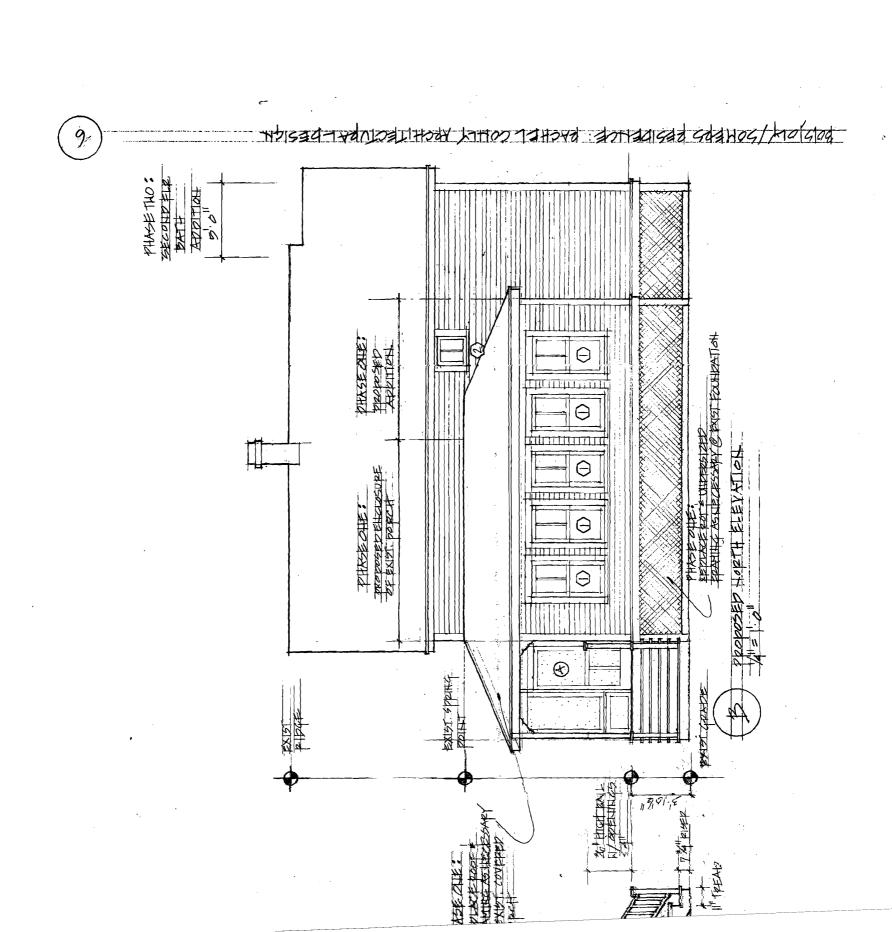


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Hae Hall

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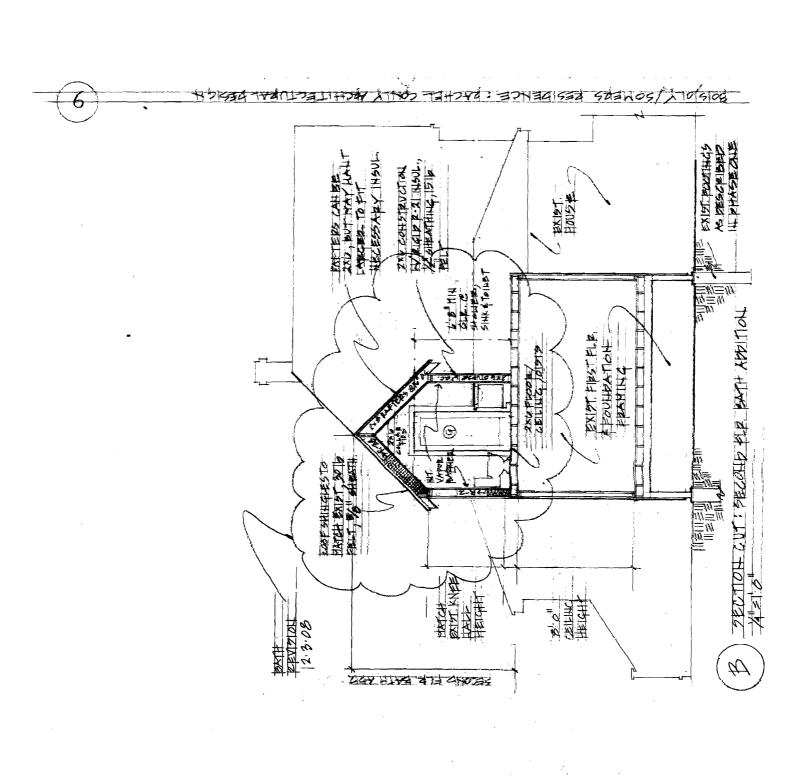
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