

| City of Portland, Main | ne - Building or Use | Permit Application | Permit No: | Issue Date: | CBL: | |
|---|--|-------------------------------------|--|----------------------|-------------------------------|--|
| 389 Congress Street, 0410 | • | • • | 08-0477 | | 085 N010001 | |
| Location of Construction: | | | Owner Address: | | Phone: | |
| 99 Seashore Ave Peaks Taland Weiner Lawre | | ence A Etal | 140 Cabrini Blvd # 34 | | | |
| Business Name: | Contractor Name | | Contractor Address: | | Phone | |
| | Macey Orme | | P O Box 143 Peak | s Island | 2074087100 | |
| Lessee/Buyer's Name | Phone: | | Permit Type: | | Zone: | |
| | | | Alterations - Dwe | llings | | |
| Past Use: | Proposed Use: | | Permit Fee: | Cost of Work: | CEO District: | |
| Single Family | | Single Family / Relocating existing | | \$70.00 \$5,000.00 1 | | |
| | | | FIRE DEPT: Approved INSPECTION: | | | |
| | back. No chai | nge in footprint. | ~ 7 | Denied Use C | iroup: /2 - 3 Type: 5/3 | |
| | | | | | Group: <i>R</i> - 3 Type: 573 | |
| | | | XIIA | $t \mid :$ | 7602005 | |
| Proposed Project Description: | | | \mathcal{N} | | -511 | |
| Relocating existing entrance | e stairs. | _ | Signature: (| Signa | | |
| | | F | PEDESTRIAN ACTIV | ITIES DISTRICT | (P.A.D) | |
| | | | Action: Approve | ed Approved v | w/Conditions Denied | |
| | | | Signature: | | Date: | |
| Permit Taken By: | Date Applied For: | | Zoning | Approval | | |
| gg | 05/09/2008 | | | | | |
| 1. This permit application | does not preclude the | Special Zone or Review | s Zoning | g Appeal | Historic Preservation | |
| | ing applicable State and | Shoreland house is be | Latid 🗌 Variance | | Not in District or Landmar | |
| Federal Rules. | | past the p | <u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u> | | | |
| 2. Building permits do not include plumbing, septic or electrical work. | | Wetland Springh | A. Discellaneous | | Does Not Require Review | |
| | | , | | | | |
| 3. Building permits are void if work is not started | | Flood Zone paul 15 | Condition | nal Use | Requires Review | |
| within six (6) months of the date of issuance. | | landisin Flord 2014 house is not | e. | | | |
| False information may invalidate a building | | Subdivision | 🗌 Interpreta | tion | Approved | |
| permit and stop all wor | K | | | 1 | | |
| | | Site Plan | | | Approved w/Conditions | |
| | | | | | | |
| | TISSUED | Maj Minor MM | Denied | | Denied | |
| Field | or | | | | | |
| | OK Date: 5/6/28 Aten | Date: | I | Date: | | |
| | a contra da la con | | | | | |
| M.M. | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |

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 |

| • | e - Building or Use Permit 1 Tel: (207) 874-8703, Fax: (207) | 874-8716 | Permit No: 08-0477 | Date Applied For: 05/09/2008 | CBL: 085 N010001 |
|--|--|------------------|----------------------------------|---------------------------------|------------------------------------|
| Location of Construction: | Owner Name: | | wner Address: | | Phone: |
| 99 Seashore Ave | Weiner Lawrence A Etal | | | 140 Cabrini Blvd # 34 | |
| Business Name: | Contractor Name: | C | ontractor Address: | | Phone |
| | Macey Orme |] | PO Box 143 Peak | s Island | (207) 408-7100 |
| .essee/Buyer's Name | Phone: | | ermit Type: Alterations - Dwe | ellings | |
| Proposed Use: | | Proposed | Project Description: | | |
| the back. No change in foot | | | ing existing entra | | 05/00/2009 |
| Dept: Zoning S Note: | tatus: Approved with Conditions | Reviewer: | Ann Machado | Approval I | Date: 05/09/2008 Ok to Issue: 🔽 |
| 1) This permit is being issu remain exactly the same. | ed with the condition that the stairs to | the rear por | ch are being reloc | ated and the footpri | nt of the stairs will |
| This permit is being app work. | roved on the basis of plans submitted. | . Any deviat | ions shall require | a separate approval | before starting that |
| Dept: Building S | tatus: Approved with Conditions | Reviewer: | Tammy Munson | Approval I | Date: |
| Note: | | | | | Ok to Issue: |
| 1) Application approval bas and approval prior to w | sed upon information provided by apport. | olicant. Any | leviation from ap | proved plans require | es separate review |



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: 99 51 | EASHORE AVE | | | |
|---|--|---|--|--|
| Total Square Footage of Proposed Structure/A 50 SF | rea Square Footage of Lot 61495F | | | |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# B5 N 10 Lessee/DBA (If Applicable) MAY - 9 2008 | Applicant * <u>must</u> be owner, Lessee or Buye Apc filter TUPAL PESILAN Name RACHEL COULY Address 24 STEPLING ST. City, State & Zip PEALS SLAND ME, 04108 Owner (if different from Applicant) Name Address | Telephone: $207 \cdot 766 \cdot 56 25$ Cost Of Work: $5000,00$ 5000,00 Work: $5000,00$ 5000,00 5000,00 5000,00 5000,00 | | |
| | City, State & Zip | Total Fee: \$ | | |
| Current legal use (i.e. single family) If vacant, what was the previous use? NA Proposed Specific use: SFR | | | | |
| Proposed Specific use: <u>SFR</u> Is property part of a subdivision? <u>NO</u> If yes, please name Project description: | | | | |
| CONSTRUCTION OF | ISTING ENTRANCE STA | | | |
| Contractor's name: MACEY ORME | ISTING ENTERINCE STA | nes. | | |
| Address: <u>41 ADAMS STREET</u> City, State & Zip PEALS SLAND, ME 09108 Telephone: 207.7466 | | | | |
| Who should we contact when the permit is ready: <u>PAZHEL CONTY</u> Telephone: 207-71.66 5625 | | | | |
| Mailing address: <u>Re</u> STERLINGST. | PEAKS ISLAND, ME -04108 | 6 | | |

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.

| Signature: | Veile. UM | Date: $4 \cdot 2 \cdot 08$ |
|------------|-----------|----------------------------|
| | | |

¹ This is not a permit; you may not commence ANY work until the permit is issue

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 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.

Signature of Applicant/Designee Signature of Inspections Official

Date

CBL: 085 N010001 Building Permit #: 08-0477











