

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that SAM C. WAINRIGHT

Located At 45 WINDING WAY (PEAKS ISLAND)

Job ID: 2011-09-2179-ALTR

CBL: 085 - - P - 005 - 001 - - - -

has permission for window replacement and interior renovations.

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 closed-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

09/09/2011


\_\_\_\_\_  
**Fire Prevention Officer**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**


**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

|  |  |   |  |
|--|--|---|--|
| Job No:<br>2011-09-2179-ALTR   | Date Applied:<br>9/8/2011  | CBL:<br>085 - - P - 005 - 001 - - - - -   |  |
| Location of Construction:<br>45 WINDING WAY, P.                              | Owner Name:<br>SAM C WAINRIGHT   | Owner Address:<br>34 WEST MAIN ST<br>CHESTER, 06412 CT - CONNECTICUT  | Phone:   |
| Business Name:   | Contractor Name:<br>Michael McIntyre & Shane Fenton  | Contractor Address:<br>8 Spoonrift LN, Cape Elizabeth, ME 04107   | Phone:<br>749-4777   |
| Lessee/Buyer's Name:   | Phone:   | Permit Type:<br>SF alterations  | Zone:<br>IR-2  |
| Past Use:<br>Single family dwelling  | Proposed Use:<br>Same: Single Family dwelling<br>- to replace windows with new<br>- remodel kitchen and bath -<br>fix rot - new insulation | Cost of Work:<br>\$40,000.00  | CEO District:  |
|  |  | Fire Dept:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><input checked="" type="checkbox"/> N/A | Inspection:<br>Use Group: RS<br>Type: SB<br>MUBEC<br>Signature:  |
| Proposed Project Description:<br>window replacement and interior alterations |  | Pedestrian Activities District (P.A.D.)   |  |
| Permit Taken By: Jennifer  |  | <b>Zoning Approval</b>  |  |

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building Permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.

| Special Zone or Reviews   | Zoning Appeal   | Historic Preservation  |
|---|---|--|
| <input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetlands<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br><br><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM<br>Date: <i>OK with conditions</i><br><i>9/8/11</i> | <input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: | <input checked="" type="checkbox"/> Not in Dist or Landmark<br><input type="checkbox"/> Does not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date:  |

**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 appication 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 |



# PORTLAND MAINE

*Strengthening a Remarkable City. Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-09-2179-ALTR

Located At: 45 WINDING

CBL: 085 - - P - 005 - 001 - - - -

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
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 is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment for a separate unit including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. without special approvals.

### **Building**

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Window sills in locations more than 72 inches from finished grade shall be a minimum of 24 inches above the finished floor of the room, unless a window fall prevention devices is installed in accordance with section R612.3.
3. A code compliant emergency escape shall be provided in the bedroom. Window sills in locations more than 72 inches from finished grade shall be a minimum of 24 inches (no higher than 44 inches) above the finished floor of the room.
4. A photoelectric Carbon Monoxide (CO) detector shall be installed in each area within or giving access to bedrooms. That detection must be powered by the electrical service (plug-in or hardwired) in the building and battery.
5. Hardwired photoelectric interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level. A field inspection will verify your current smoke detector arraignment and the City's minimal code requirements.
6. Mechanical or natural ventilation required in the bathroom.
7. See attached documentation for bathroom fixture(s) clearance and headroom requirements.
8. Note: Contractor stated Safety Glazing will be installed in all hazard window locations, new insulation will comply with MUBEC requirements.

Entered 208

T 4



# General Building Permit Application

IR-2  
showered  
250/hitting

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: <u>45 Winding way, Peaks Island</u>   |  |  |
| Total Square Footage of Proposed Structure/Area   | Square Footage of Lot<br><u>&gt; 864</u>   | Number of Stories<br><u>2</u>  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>85</u> Block# <u>P</u> Lot# <u>5</u>   | Applicant * <u>must</u> be owner, Lessee or Buyer*<br>Name <u>Sam. Wainwright</u><br>Address <u>45 WINDING way</u><br>City, State & Zip <u>Peaks Island Me</u> | Telephone:   |
| Lessee/DBA (If Applicable)  | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip  | Cost Of Work: <u>\$40,000</u><br>C of O Fee: \$<br>Total Fee: \$ <u>420.00</u> |
| Current legal use (i.e. single family) <u>SF</u> Number of Residential Units <u>1</u><br>If vacant, what was the previous use?<br>Proposed Specific use: <u>SF</u><br>Is property part of a subdivision? <u>/</u> If yes, please name<br>Project description: <u>Changing Windows, Replacing windows with new, New kitch, Remodel Bath, w/large Bath, Fixing roof, New insulation</u> |  |  |
| Contractor's name: <u>Michael McInhyre / Shane Fenton</u>   |  |  |
| Address: <u>8 Spoonbill Ln</u>  |  |  |
| City, State & Zip <u>Cape Elizabeth Me 04107</u>  |  | Telephone: <u>749 4777</u>   |
| Who should we contact when the permit is ready: <u>Mike McInhyre</u>  |  | Telephone: " "   |
| Mailing address:  |  |  |

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 [www.portlandmaine.gov](http://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.

Signature: [Signature] Date: Aug 23 2011

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

THIS IS NOT A BOUNDARY SURVEY

This copy righted document expires 05-15-11. Reproduction and/or dissemination after this date is unauthorized.

MORTGAGE INSPECTION OF: DEED BOOK 20674 PAGE 237 COUNTY Cumberland  
PLAN BOOK 9 PAGE 57 LOT p/c 127

ADDRESS: 45 Winding Way, Peaks Island, Portland, Maine Job Number: 717-24-R

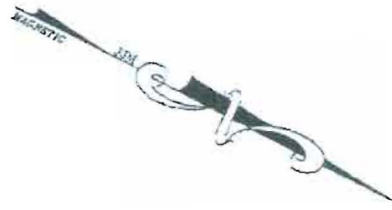
Buyers: Sam & Patricia Wainright

Inspection Date: 02-15-11

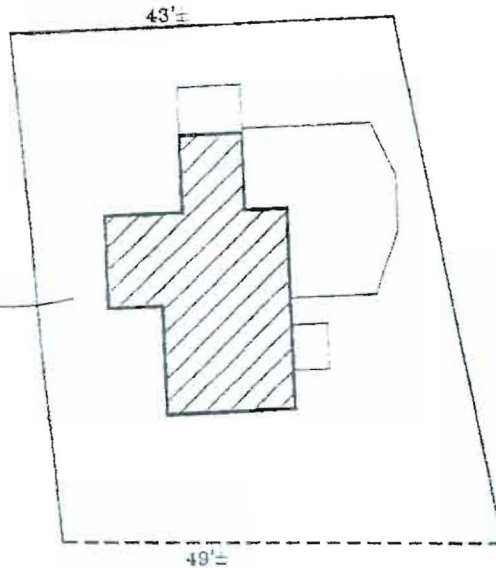
Scale: 1"=20'

Sellers: Phillip R. & Cheryl Larou

File No: Wainright, Patricia



2 story house  
on a concrete  
block foundation



Winding Way



I HEREBY CERTIFY TO: Portland Title, Reliant Mortgage Company  
LLC., and its title insurer.

Monuments found did not conflict with the deed description.  
The dwelling setbacks do not violate town zoning requirements.

As delineated on the Federal Emergency Management Agency Community  
Panel 230961-0015 B:

The structure does not fall within the special flood hazard zone.

The land does not fall within the special flood hazard zone.

A wetlands study has not been performed.

APPARENT EASEMENTS AND RIGHTS OF  
WAY ARE SHOWN. OTHER ENCUMBRANCES,  
RECORDED OR NOT, MAY EXIST. THIS  
SKETCH WILL NOT REVEAL ABUTTING  
DEED CONFLICTS, IF ANY.

copyright © 1994

**Livingston - Hughes**  
Professional Land Surveyors & Foresters  
88 Guinea Road  
Kennebunkport - Maine 04046  
207-937-9761 phone 207-967-4831 fax



45 Winding Way  
85-P-05

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

1. Close-In: (Electrical, Plumbing, Framing)
2. 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.

SAM + PATTY Wainwright  
45 WINDING WAY  
PEAKS ISLAND

NEW/REPLACED WINDOWS

1. 28x24 AWNING (NEW)
2. 36x28 AWNING (REPLACE)
3. 24x17 AWNING (REPLACED)
4. 21x26 SKYLIGHT NEW
5. 36x36 AWNING REPLACE
6. 28x36 DH NEW
7. 28x36 DH REPLACE

1<sup>ST</sup> FL 400 SQ FT + OR -  
2<sup>ND</sup> FL 350 SQ FT + OR -

KEY

NC = NO CHANGE

