	ARD ON PRINCIPAL FRO	
Please Read Application And Notes, If Any, Attached		Permit Number: 090019
This is to certify thatWILCOX MARK M	& LYNN JTS/Ly	i
has permission to <u>Reactivate Building p</u>	ermit #06 28 Kitch / Bath pvation	
AT 27 STERLING ST PEAKS ISLAND	C	087 EE01 5001 2009
provided that the person or perso of the provisions of the Statutes the construction, maintenance and this department.	of Maure and of the Departures	ng this permit shall comply with all s of the City of Portland regulating res, and of the application on file in A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Health Dept		1
Appeal Board Other Department Name		ionsh. Monthy expeky
	ENALTY FOR REMOVING THIS CA	Virector - Bailding & Inspection Services

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389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 09-0019 087 EE015001 Location of Construction: 27 STERLING ST PEAKS ISLAN Owner Name: WILCOX MARK M & LYNN M J Owner Address: 97 OLD OCEAN HOUSE RD Phone: Bainess Name: Lynn Wilcox Orner Address: 97 Old Ocean House Rd Cape Elizabet 2077804893 Phone: 2077804893 Phone: 207804893 Lesser/Buyer's Name Proce: Single Family Home Proposed Use: Single Family Home - Reactivate Building permit #061628 Kitchen / Bath renovation Permit Type: Singature: Bath renovation Cast of Work: Signature: Signature: Proposed Project Description: Reactivate Building permit #061628 Kitchen / Bath renovation Premit Type: Signature: Signature: Desired INSPECTION: Signature: Desired Signature: Signature: Desired Signature: Desired Signature: Signature: Date: Proposed Voyed w/Conditions Denied Denied 1 This permit application does not preclude the Applicant(s) from meeting applicable State and Pederal Rules. Special Zone or Reviews Zoning Append Within Six (c) month so the date of issuance. Fabs information may invalidate a building permit and stop all work. Plood Zone Conditional Use Requires Review I File Site Plan Approved Approved Approved w/Conditions 2 Building permits and stop all work. Site Plan Approved w/Conditions Approved w/Conditions <th>City of Portland, Maine - B</th> <th>Building or Use</th> <th>Permit Applic</th> <th>ation P</th> <th>ermit No:</th> <th>Issue Date:</th> <th></th> <th>CBL:</th> <th></th>	City of Portland, Maine - B	Building or Use	Permit Applic	ation P	ermit No:	Issue Date:		CBL:	
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	J*N 1	2 2009	Date: 19199	ten	Date:		Date:	. / W	

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



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges or, any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 27 5	terling St Peaks Island	
Total Square Footage of Proposed Structure/A		Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# SN ZE 15	Applicant * <u>must</u> be owner, Lessee or Buyer Name Lynn and Mark Wilcox Address 9701d Ocean Herso Rel City, State & Zip (apo Elize Loth MEO	799-6719
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ C of O 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: Reactive Brilder 15 exactly as described as g	If yes, please name	
Contractor's name: Macey Orme Address: PO Box 143 Peaks City, State & Zip Portland Me Who should we contact when the permit is read Mailing address: <u>PT OID Ocean How</u>	s Island T	elephone: 2074687160 elephone: <u>780-4893(~</u>) 1107 799-6719(H
Please submit all of the information	outlined on the applicable Checkli	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 <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.

				2000
Signature: Key C	11 Wiler	Date:	1/9/03	
	,			

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

Revised 09-26-08

City of Portland, Maine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	207) 8 74- 8 703, Fax: (2	207) 874-8716	6 09-0019	01/09/2009	087 EE015001
Location of Construction:	Owner Name:		Owner Address:		Phone:
27 STERLING ST PEAKS ISLAND	WILCOX MARK M &	LYNN M JT	97 OLD OCEAN H	IOUSE RD	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Lynn Wilcox		97 Old Ocean Hou	se Rd Cape Elizabet	(207) 780-4893
Lessee/Buyer's Name	Phone:		Permit Type: Amendment to Sir	ngle Family	•
Proposed Use: Single Family Home - Reactivate Buil / Bath renovation	ding permit #061628 Ki	-	d Project Description: vate Building perm	it #061628 Kitchen /	Bath renovation
Dept:ZoningStatus:ANote:1)This is NOT an approval for an ac not limited to items such as stoves		You SHALL N		al kitchen equipment	Ok to Issue: 🗹
 This property shall remain a single approval. 	· · · · · · · · · · · · · · · · · · ·				for review and
 This permit is being approved on work. 	he basis of plans submitt	ted. Any devia	tions shall require a	separate approval be	fore starting that
Dept: Building Status: A	pproved with Conditions	Reviewer	Tom Markley	Approval Da	te: 01/12/2009
Note:					Ok to Issue: 🗹
1) Separate permits are required for a approval as a part of this process.	any electrical, plumbing,	HVAC or exha	ust systems. Separa	te plans may need to	be submitted for
2) Application approval based upon and approval prior to work.	information provided by	applicant. Any	deviation from app	roved plans requires s	separate review

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 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.

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

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DISPLAY THIS CAR	
Please Read Application And Notes, If Any, Attached	PERMIN Permit Number: 061628
This is to certify thatWILCOX MARK M & LYI	M JTS/Macey Orme PERMIT ISSUED
has permission to Kitchen / Bath renovation	
AT _27.STERLING ST	L 087 EE015001 NOV - 9 2006
provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.	rm or manual dion sovepting this permit shell comply with all line and of the compances of the City of Porta (0 Regaliting e of buildings and conctures, and of the opplication on file in ification of inspection in some
Apply to Public Works for street line and grade if nature of work requires such information.	A certificate of occupancy must be pre this ilding or that there ed or inclusion processed in 4 JR NOMEE IS REQUIRED.
OTHER REQUIRED APPROVALS	
Fire Dept	1/1/19/106
Health Dept Appeal Board	CAL III0.1
Other Department Name	
	LTY FOR REMOVING THIS CARD

Form # P 04

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Sity of Portland, Maine - Building or Use Permit Application Issue Date: CBL: 087 EE015001 89 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Address: Phone: 087 EE015001 acation of Construction: P. I WILCOX MARK M & LYNN M J Owner Address: Phone: Phone: Phone: 27 STERLING ST P. I WILCOX MARK M & LYNN M J Owner Address: Phone: Phone: usiness Name: Contractor Name: Macey Orme Po Box 143 Peaks Island 2074087100 essee/Buyer's Name Phone: Permit Ype: Alterations - Dwellings Zener,
27. STERLING ST P. I WILCOX MARK M & LYNN M J 97. OLD OCEAN HOUSE RD usiness Name: Contractor Name: Macey Orme P O Box 143 Peaks Island 2074087100 essee/Buyer's Name Phone: Permit Type: Alterations - Dwellings Zone; -Z ast Use: Single Family Single Family Kitchen / Bath renovation Permit Fee: Cost of Work: CEO District: Single Family Single Family Kitchen / Bath renovation FIRE DEPT: Approved INSPECTION: Use Group: //2:3 Type: #E Depried Use Group: //2:3 Type: #E roposed Project Description: Signature: PEDESTRIAN ACTIVITIESTICT: A.DD. Approved INSPECTION: signature: Approved Invert Depried Depried Depried roposed Project Description: Signature: Approved Invert Depried Depried roposed Project Description: Signature: Conting Approval Depried Decempered Decempered Intrin 11/06/2006 Special Zonov Reviews Zoning Approval Date: Decempered Not in District or Landmark Applicant(s) from meeting applicable State and P
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Macey Orme P O Box 143 Peaks Island 2074087100 essee/Buyer's Name Phone: Permit Type: Alterations - Dwellings Zone: IR-2 ast Use: Single Family Proposed Use: Single Family Kitchen / Bath renovation Permit Fee: Single Family Kitchen / Bath renovation Cost of Work: \$320.00 CEO District: \$30,000.00 Z FIRE DEPT: Approved Use: Signature: INSPECTION: Use Group: /2 - 3 Type: #B Use Group: /2 - 3 Type: #B Use Group: /2 - 3 roposed Project Description: Kitchen / Bath renovation Signature: PEDESTRIAN ACTIVITIEND DISTRICT (A.D.D) Auto: Conting Approval Date: Date remit Taken By: dmartin Date Applied For: 11/09 2006 Special Zoo Freews Zoning Approval 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Special Zoo Freews Zoning Appeal Historic Preservation 2. Building permits do not include plumbing, septic or electrical work. Wetland Miscellaneous Does Not Require Review
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Federal Rules. Image: Constraint of the sector of the
2. Building permits do not include plumbing, Septic or electrical work.
septic or electrical work.
Building permits are void if work is not started Flood Zone Conditional Use
within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation
Palse information may invalidate a building Subdivision Interpretation Approved Approved
Site Plan Approved // Approved
Mai Minor MM
Ma Mino Mino Denied
at with order of
Date: Date: Date: Date:

CERTIFICATION

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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

- -----

City of Portland, Maine -	Building or Use Permit	;	Permit No:	Date Applied For:	CBL:
89 Congress Street, 04101	Геl: (207) 874-8703, Fax: (207) 874-	8716 06-1628	11/03/2006	087 EE015001
location of Construction:	Owner Name:		Owner Address:		Phone:
27 STERLING ST, PI	WILCOX MARK M &	Ł LYNN M	1 J 97 OLD OCEAN	HOUSE RD	
Business Name:	Contractor Name:		Contractor Address:		Phone
	Macey Orme		P O Box 143 Peal	ks Island	(207) 408-7100
.essee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dwo	ellings	
roposed Use:		P	roposed Project Description	:	
Single Family Kitchen / Bath re	novation	1	Kitchen / Bath renovatio	n	
Dept: Zoning State	us: Approved with Condition	s Revi	ewer: Marge Schmuck	al Approval I	
Note:					Ok to Issue: 🗹
 This is NOT an approval for not limited to items such as 	r an additional dwelling unit. stoves, microwaves, refrigerat				ent including, but
 This property shall remain a approval. 	single family dwelling. Any c	hange of ι	se shall require a separa	ate permit applicatio	n for review and
 This permit is being approve work. 	ed on the basis of plans submit	tted. Any	deviations shall require	a separate approval	before starting that
Dept: Building State	us: Approved with Condition	s Revi	ewer: Tammy Munson	Approval l	Date: 11/09/2006
Note:					Ok to Issue: 🔽
 Separate permits are require Separate plans may need to 			•		

Comments:

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11/6/2006-mes: No extra floor space created - Just changing the roof line from a shed roof to a pitch roof - 14-436 does not come into play -not near shoreland

1/9/2009-amachado: Section 105.5 of the 2003 IBC code states, "Every permit issued shall become valid unless the work on the site authorized by such permit is commenced within 180 days after its isuance...". The permit was issued on 11/9/06 and no work was started.

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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 rtchy property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Proposed Structure Existin V	Sterling St. Peaks Island Square Footage of Lot 3,307 SF	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 87 EE 15	Owner: Mark + Lynn Wilcox	Telephone: 749.1280
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Mark M. Wilcox 97 Old Ocean House Rd. Cape Elizabeth, NE 04107	Cost Of Work: \$ 30,000 Fee: \$ 320 C of O Fee: \$
Proposed Specific use: Same		
Proposed Specific use: <u>Same</u> Project description: <u>Kitchen/Be</u>	Maccy Orme P.O. Box 143 Peak	es ls. 04108 408.710
	Nacey Orme P.O.Box 143 Peak ready: Mark Wilcox Phone: 749.1280	es Is. 04108 408.710 766.239 When Rendy
Proposed Specific use: <u>Same</u> Project description: <u>Kitchen/Ba</u> Contractor's name, address & telephone: Who should we contact when the permit is r Mailing address: Above	Macey Orme P.O.Box 143 Peak ready: <u>Mark Wilcox</u> Phone: <u>749.1180</u> CALL Dutlined in the Commercial Application	when Rendy

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 here to enforce the provisions of the codes applicable to this permit.

Signature of applicant 06 Date: EPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME This is not a permit; you may not commence ANY work until the permit is issued. NOV - 3 2006 1#244 RECEIVED



Residential Additions/Alterations Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

The Maine Home Construction Contracts Act requires that any home construction or repair work for more than \$3000. in materials or labor must be based on a written contract unless the parties agree to exempt themselves. A sample contract is available on the City's website at www.portlandmaine.gov, in the Inspection Office, Room 315 of Portland City Hall or call (207)874-8703 to have one mailed to you.

One (1) complete set of construction drawings must include:

- Cross sections w/framing details
- Floor plans and elevations existing & proposed
- Detail removal of all partitions & any new structural beams
- Detail any new walls or permanent partitions
- Stair details including dimensions of: rise/run, head room, guards/handrails, baluster spacing
 - **W**indow and door schedules
- \square Foundation plans w/required drainage and damp proofing (if applicable)
- Detail egress requirements and fire separation/sound transmission ratings (if applicable)
- Insulation R-factors of walls, ceilings & floors & U-factors of windows per the IEEC 2003
- Deck construction including: pier layout, framing, fastenings, guards, stair dimensions
- Reduced plans or electronic files in pdf format are required if originals are larger than $11^{\circ} \times 17^{\circ}$
- $\mathbf{r}^{\mathbf{r}}$ Proof of ownership is required if it is inconsistent with the assessors records

Separate permits are required for internal & external plumbing, HVAC, and electrical installations.

If there are any additions to the footprint or volume of the structure, any new or rebuilt structures or, accessory detached structures a plot plan is required. A plot must include:

- The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Structures include decks, porches; bow windows, cantilever sections and roof overhangs, sheds, pools, garages and any other accessory structures must be shown with dimensions if not to scale.
- re 🗅
 - Location and dimensions of parking areas and driveways
- $\mathbf{y}^{\mathbf{p}}$ \Box A change of use may require a site plan exemption application to be filed.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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 visit us on-line at <u>www.portlandmaine.gov</u>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost This is not a Permit; you may not commence any work until the Permit is issued.

			10		<u>Descriptor/Area</u> A: 2Fr 260 sqft B: 1Fr 32 sqft
4 1Fr 32 8 128		13 EP 104 8	12 FUB (96)	8	C:EP 104 sqft D:FUB 96 sqft
20 13 2Fr 260 20 F 20	13	Ë 3			E: OFP 30 sqft F: OFP 120 sqft G:FA/1Fr 128 sqft

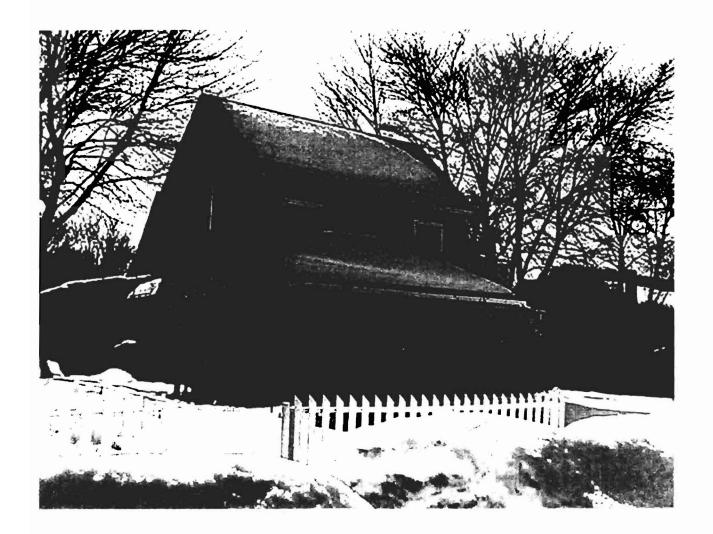
This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Curre		mation				
	Card Number	1 of 1				
Parcel ID		087 EE015001				
Location		27 STERLING ST				
	Land Use	SEASONA	L			
Owner Address		WILCOX MARK M & LYNN M JTS 97 OLD OCEAN HOUSE RD CAPE ELIZABETH ME 04107				
s P		STERLIN	87-EE-15 STERLING ST PEAKS ISLAND 2375 SF			
	Current Asse	essed Valuation				
	Land \$118,500	Building \$43,300	Total \$161,800			
Property Info	rmation					
Year Built 1880	Style Cottage	Story Height 2	Sq. Ft. 731	Total Acres 0.055		
Bedrooms 2	Full Baths 1	Half Baths	Total Rooms 4	Attic None	Basement Pier/slab	
Outbuildings ^{Type}	Quantity	Year Built	Size	Grade	Condition	
Sales In Date	formation	rpe	Price	Book/Pag	re	
Picture and Sketch						
	Pictu	are Sketch	Тах Мар			
Any information		here to view Tax R ments should be dim mailed.	rected to the Treas	sury office at 87	74-8490 or e-	

http://www.portlandassessors.com/searchdetail.asp?Acct=087 EE015001&Card=1

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BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 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.

A Footing/Building Location Inspec	tion: Prior to pouring concrete
A Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	ical: Prior to any insulating or drywalling
Gall Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection 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, BEFØRE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designee Date Signature of Inspections Official Date EE 015 CBL: Building Permit #: _ Óla-162E

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