

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
 Application And  
 Notes, If Any,  
 Attached

BU **INSPECTION**

**PERMIT**

Permit Number: 090313

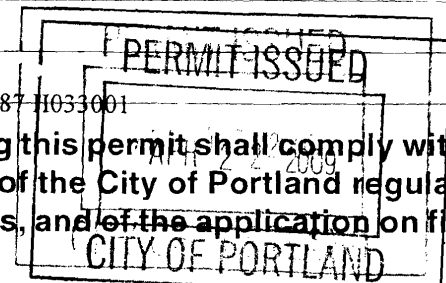
This is to certify that CASEY JOSHUA P & NICOLE D EVA Thompson & Sons

has permission to First floor bathroom remodel

AT 73 UPPER A ST PEAKS ISLAND

087 11033001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.



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

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other is used-in. 2 HO NOTICE IS REQUIRED.

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

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

4/21/09

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

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

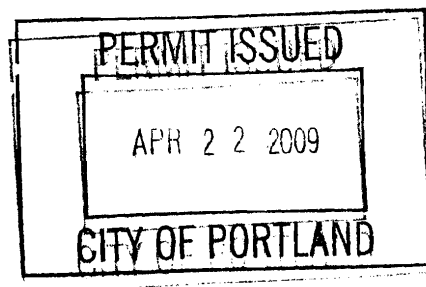
Permit No: 09-0313	Issue Date:	CBL: 087 II033001
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Location of Construction: 73 UPPER A ST PEAKS ISLAND	Owner Name: CASEY JOSHUA P & NICOLE D	Owner Address: 73 UPPER A ST	Phone:
Business Name:	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone 2077665 <sup>9</sup> 219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-1

Past Use: Single Family Home	Proposed Use: Single Family Home - First floor bathroom remodel	Permit Fee: \$100.00	Cost of Work: \$8,000.00	CEO District: 1
Proposed Project Description: First floor bathroom remodel		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: SB <i>IRC 2003</i>	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Ldobson	Date Applied For: 04/13/2009	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 4/21/09	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 4/21/09
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**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

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

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

Permit No: 09-0313	Date Applied For: 04/13/2009	CBL: 087 II033001
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Location of Construction: 73 UPPER A ST PEAKS ISLAND	Owner Name: CASEY JOSHUA P & NICOLE D	Owner Address: 73 UPPER A ST	Phone:
Business Name:	Contractor Name: Thompson & Johnson Woodworker	Contractor Address: 115 Island Ave Peaks Island	Phone (207) 766-5219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - First floor bathroom remodel	Proposed Project Description: First floor bathroom remodel
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 04/21/2009

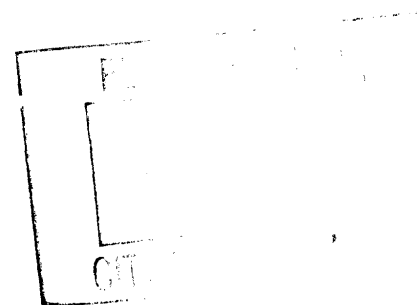
**Note:** **Ok to Issue:**

- 1) 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.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 04/21/2009

**Note:** **Ok to Issue:**

- 1) As discussed, the window located over the propped tub location must be changed to safety glazing.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.



## 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.


Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

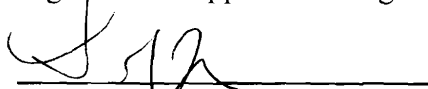
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

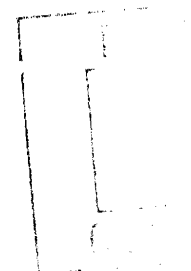
**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

  
\_\_\_\_\_  
Signature of Applicant/Designee

4.22.09  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

7.22.09  
Date





# 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: <u>73 UPPER APT I</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot <u>18900 SF</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must be owner, Lessee or Buyer</b> * Name Address City, State & Zip	Telephone: <u>207.408.1180</u>
<u>87</u> <u>II</u> <u>33</u>	<u>NICOLE EVANS</u> <u>JOSEPH CASEY</u> <u>73 UPPER A. ST.</u> <u>PEAKS ISLAND, ME</u>	
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>8,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>100.00</u>
Current legal use (i.e. single family) <u>SF</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SF</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>FIRST FLOOR BATH REMODEL</u> <span style="float: right;">APR 13 2009</span>		
Contractor's name: <u>THOMPSON JOHNSON WOODWORKS</u>		<u>XXCWD</u>
Address: <u>115 ISLAND AVE.</u>		
City, State & Zip: <u>PEAKS ISLAND, ME. 04108</u>		
Who should we contact when the permit is ready: <u>RAEHEL CONLY</u>		
Mailing address: <u>SAME AS ABOVE</u>		Telephone: <u>766.5919</u> Telephone: <u>766.5919</u>

**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: Nicole Evans / Joseph Casey Date: 04/14/09

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

CLAD OPERATING UNITS

Rough Opening	24"	28"	30"	36"	40"	48"
17"	 BCA2417	 BCA2817	 BCA3017	 BCA3617	 BCA4017	 BCA4817
20"	 BCA2420	 BCA2820	 BCA3020	 BCA3620	 BCA4020	 BCA4820
24"	 BCA2424	 BCA2824	 BCA3024	 BCA3624	 BCA4024	 BCA4824
30"	 BCA2430	 BCA2830	 BCA3030	 BCA3630	 BCA4030	 BCA4830

JELD-WEN  
BUILDERS SERIES

AWNING

ELEVATION SYMBOL LEGEND

## INDICATES DESIGN PRESSURE (DP) RATING WITH STANDARD GLAZING

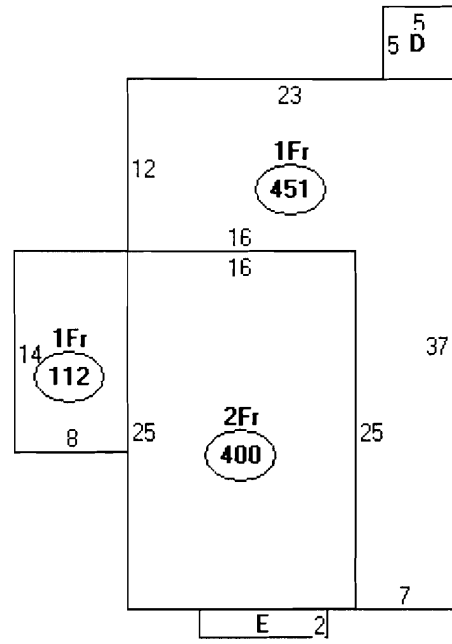
No 87  
PEAKS ISLAND



CITY OF PORTLAND  
RECORDS  
SCALE 1" = 100'  
RECORDED 10-25-1906







Descriptor/Area

- A: 2Fr  
400 sqft
- B: 1Fr  
112 sqft
- C: 1Fr  
451 sqft
- D: WD  
25 sqft
- E: FBAY  
18 sqft

