

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 06040806

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that KILBOURN JOY A /Horizon Builders, Inc. has permission to interior renovations of kitchen and bath, replace existing beam with longer beam and proper connections AT 43 WILLOW ST 087 KK003001

provided that the person or persons in firm or person 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 when permission procured before this building or part thereof is occupied or service closed-in. 4 OUR NOTES ARE 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

Handwritten signature and date 3/31/06 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0409	Issue Date: APR -	CBL: 087 KK003001
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Location of Construction: 43 WILLOW ST	Owner Name: KILBOURN JOY A	Owner Address: 44 SAGAMORE RD	Phone:
Business Name:	Contractor Name: Horizon Builders, Inc.	Contractor Address: PO Box 802 Portland	Phone: 2078799787
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:

Past Use: Single Family	Proposed Use: Single Family interior renovations of kitchen and bath, replace existing beam with longer beam and proper connections	Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 2
Proposed Project Description: nterior renovations of kitchen and bath, replace existing beam with longer beam and proper connections		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: N/A	INSPECTION: Use Group: R3 Type: SB Signature: IRC 2003	
		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: dmartin	Date Applied For: 03/27/2006	Zoning Approval		
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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..

Special Zone or Reviews <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: 3/31/06	Zoning Appeal <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: _____	Historic Preservation <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: 3/31/06
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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: 06-0409	Date Applied For: 03/27/2006	CBL: 087 KK003001
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Location of Construction: 43 WILLOW ST	Owner Name: KILBOURN JOY A	Owner Address: 44 SAGAMORE RD	Phone:
Business Name:	Contractor Name: Horizon Builders, Inc.	Contractor Address: PO Box 802 Portland	Phone (207) 879-9787
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Single Family interior renovations of kitchen and bath, replace existing beam with longer beam and proper connections	nterior renovations of kitchen and bath, replace existing beam with longer beam and proper connections
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Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 03/31/2006
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 03/31/2006
Note: **Ok to Issue:**



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>43 WILLOW ST. PEAKS ISLAND A.E.</u>		
Total Square Footage of Proposed Structure <u>N/A</u>		Square Footage of Lot <u>N/A (INTERIOR WORK ONLY)</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>087 KK 003</u>	Owner: <u>JOE & JOY KILLBOURN</u>	Telephone: <u>914-961-5859</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>HORIZON BUILDERS, INC. PO BOX 802 PORTLAND, ME. 879-9787 (252-3551) CELL</u>	Cost Of Work: \$ <u>5,000</u> Fee: \$ <u>66</u> C of O Fee: \$ _____
Current Specific use: <u>RESIDENTIAL Single Family</u> Proposed Specific use: <u>SAME</u>		
Project description: <u>KITCHEN ELECTRICAL UPDATE FIT-UP KITCHEN, BATH PLUMBING FIXTURES REMOVE INADQUATE BEAM AT REAR SECOND FLOOR LEVEL AND REPLACE WITH LONGER BEAM AND PROPER CONNECTIONS.</u>		
Contractor's name, address & telephone: <u>SEE APPLICANT NAME ABOVE</u>		
Who should we contact when the permit is ready: <u>BILL CHILDS</u> Mailing address: <u>SEE APPLICANT</u> Phone: <u>252-3551</u>		

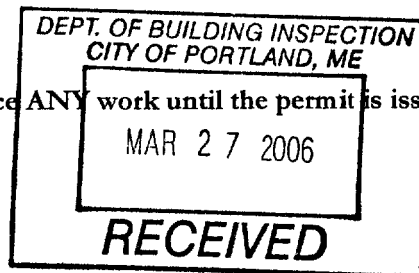
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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 visit us on-line at www.portlandmaine.gov, stop by the Building Inspections 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.

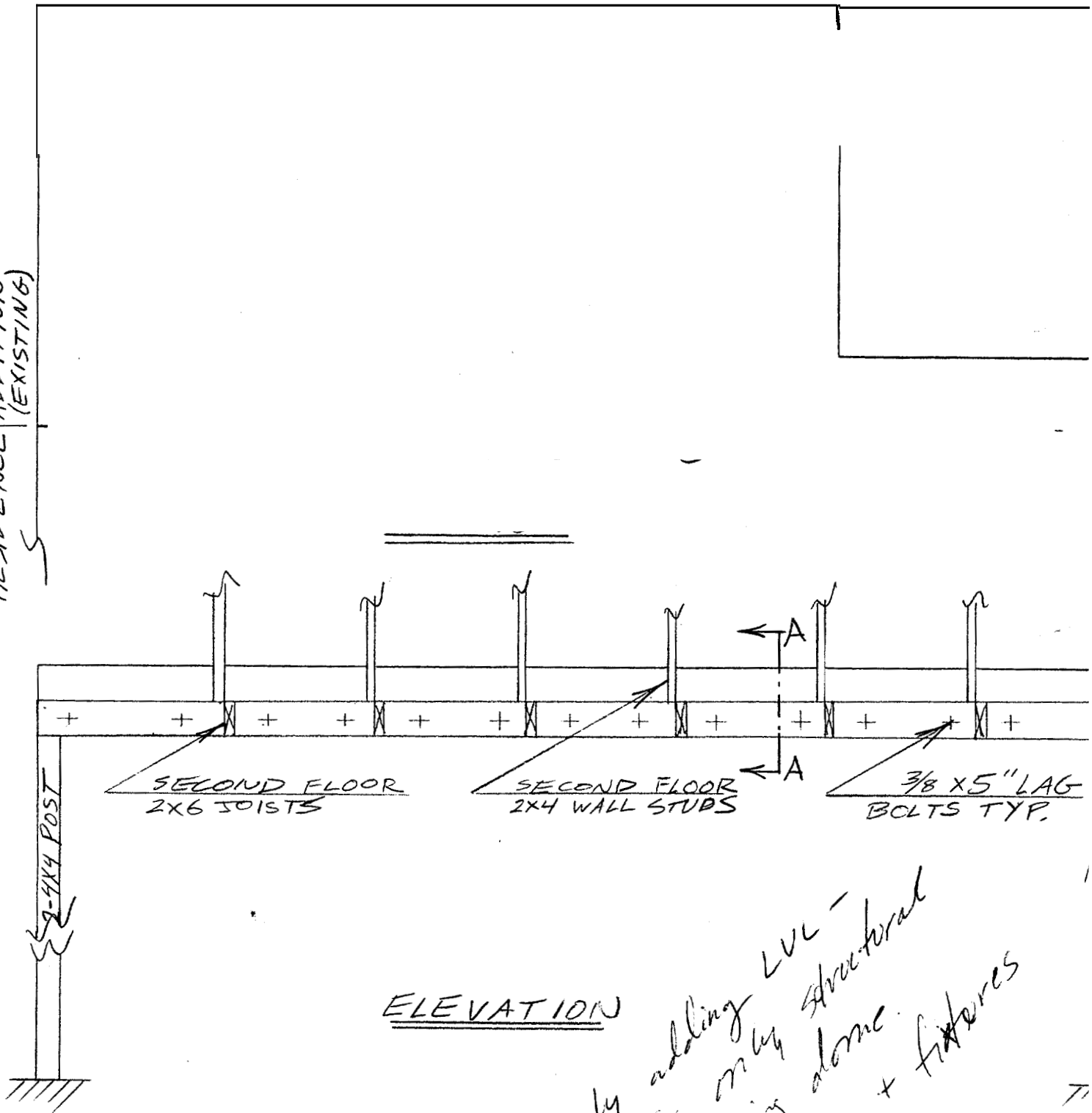
Signature of applicant: <u>[Signature]</u>	Date: <u>3-24-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



✓ #2801

2 STORY RESIDENCE
1 STORY ADDITION (EXISTING)



SECOND FLOOR
2X6 JOISTS

SECOND FLOOR
2X4 WALL STUDS

3/8 X 5" LAG
BOLTS TYP.

ELEVATION

only adding LVL -
this is only structural
work being done.
New cabinets + fixtures
only.