į				CODANT	ISSUED	i		
Į !				rawiii	(SSOFT)			
	Maine - Bullding or Use l , 04101 Tel: (207) 874-8703		0.4 5 6 6	Issue Date: MAY 0		CBL: 087 K0	17001	
Location of Countraction:	Owner Name:		Owner Address:	OYCER	CRILAND	Phone:		
273 Island Ave	Shenton Edwa	rá H &	273 Island Ave	and r	CHILAND			
Business Name:	Contractor Name	:	Contractor Addre	584		Phone	_	
	Laing, David		2 City Point Ro	ad Peaks Isiar	nd	20776630	076	
.essee/Buyer's Name	Phone:		Permit Type:				Zone:	
			Alterations - I	wellings			IK. 2	
Past Use:	Proposed Use:		Permit Fee:	Cost of Worl	k: CE	O District:	70.115	
Single Family Single Family		w/renovated	\$138.00	\$13,00	XI.00	1	3,415	
	storage/bath		FIRE DEPT:					
				_	Use Group:	:	Турс:	
				Denie4	R3		50	
					1 6	N A- 14	99	
Proposed Project Descript	tion:				5	Λ	 - 1 1 -	
Renovate existing stor	rage/bath in rear to bath/sunroop	a	Signame:		Signature:	XMB :	7756 99 5 4 04	
.			PEDESTRIAN AC	TIVITIES DIST			- 	
			Action: Apr	roved	Approved w/Conditions Denied			
-			Acusii	TORES APP	nored wicou		Danie	
			Signature:		Da	le:		
P≕unit Taken By:	Date Applied For:		Zoni	ng Appreva	<u></u>			
jmb	05/04/2004							
1. This permit applie	cation does not preclude the	Special Zone or	Reviews Z	aing Appeal	╗,	Historic Pres	er vation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	when I want	ed □ vamence		Not in Diveriet or Landsnark		
2. Building permits septic or electrics	do not include plumbing, if work.	Shoreland Welland All Phond Zone †	Constant Misc	clianeous		Diges Not Rea	quire Review	
3. Building permits are void if work is not started within six (*) months of the date of issuance.		Picot Zone 🕆	chame con	Conditional Use		C Requires Review		
False information permit and stop a	rmay tovalidate a building Il work.	Subdivision 7	☐ bosce	peradica.		Арргоход		
		Size Plan	Д Арри	u ved		Approved wi	Conditions	
		Maj [Muser [MM Demi	=1	6	Denied	Ω	
		DATE MY	04 04 Date:		Date	\$DW!	<u> </u>	
		U	` '			V		
		CERTIFIC	ATION					
have been authorized urisdiction. In addition	im the owner of record of the nath by the owner to make this appliant, if a petmit for work described to enter all areas covered by su	cation as his author in the application	orized agent and I agn is issued, I certify th	et to conform, t at the code off	to all appli licial's aut	cable laws iorized repi	of this resentative	
SIGNATURE OF APPLIC.			DRESS	DATE		УНО	NE	
		7101	· · ·				-	

RESPONSIBLE PERS

1/15/104 the footings from to be pound on backwillOK-90
10/4/04 pluming for westing macrine not to cace-electricine
News more stapes and neatened up-90



OF PORTLAND, MAIN riment of Building Inepections

Nay **DIV**A

Plumbing (13)

Stra Plan (U2)

Total Collected s

gerk is to be started until PERMIT CARD is actually posted THE IS NOT A PRINT

PRESERVE THIS RECEIPT. In case permit cannot be ses. Acceptance of tee is no guerantee that permit will emount of the tee will be refunded upon return of the \$10,00 or 10% whichever is greater.

dicent's Copy ice Copy FORM #P DE

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE TO THE TOTAL PRINCIPAL PRINCIPAL PRINCIPAL PRINCIPAL FRONTAGE TO THE TOTAL PRINCIPAL P

CITY OF PORTLAND

ECTION

MAY 0 4 2004

Plaase Read Application And Notes, II Any Attached

PERMIT

This is to certify that <u>Shorton</u>	Friend H &/Laing dd			_ -
has permission to <u>Renovat</u>	te existing storage ba	er to hasting		
AT 273 Island Ave			D87 K017001	<u> </u>
provided that the pers	on or persons, m	or action of	ting this permit shall	comply with all
of the provisions of th			es of the City of Port	•
the construction, mair this department.	ntanence and t	bulldings and sa	lures, and of the appli	ication on file in
Apply to Public Works for and grade if nature of work such information.	street lino genar k requires bere t k equires	titor inspects must ad with permit in procu his ding on it thereo or to load-in. NOTICE IS REQUIRED.		ccupancy must be or before this build- lis occupied.
OTHER REQUIRED APP	ROVALS			- -
Fire Dept.			_	4
Appeal Boast)	1 -1 1.
Other Department Name		8	TURNUL COM	Je 5/4/04

PENALTY FOR REMOVING THIS CARD

	Maine - Building or Use Per 04101 Tel: (207) 874-8703, Fa		04-0525	05/04/2004	087 K017001	
Locating of Construction:	Gwag Name:		Jupur Address:		Phone:	
273 Island Ave	Shenton Edward F	Shenton Edward H &		273 Island Ave		
Business Name:	Kine: Contractor Name:		oghactor Address:	Phone		
	Laing, David	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 City Point Road	Peaks Island	(207) 766-3076	
Lessee/Buyer's Hame	Phone:			Permit Type: Alterations - Dwellings		
Proposed Use:	_ _	Proposed	Project Description	=	=====	
Single Family w/renova	SOCI SINGELUSIO	I MEHOA!	HE CYTACITY ROYAL	Strant all feat an Add	TRAMINACOTT	
				e/hath in rear to bat		
Dept: Zoning Note:	Status: Approved	Reviewer:	Jeanine Bourke	Approval		
Dept: Zoning		Reviewer:	Jeanine Bourke	Approval	Date: 05/04/2004 Ok to [saue: ☑	
Dept: Zoning Note: 1) (1) This property shall approval.	Status: Approved	Reviewer: Any change of use sha	Jeanine Bourke	Approval	Date: 05/04/2004 Ok to Lexue: 1/2 on fur review and	
Dept: Zoning Note: 1) (This property shall approval.	Status: Approved remain a single family dwelling. A	Reviewer: Any change of use sha	Jeanine Bourke	Approval l	Date: 05/04/2004 Ok to Lexue: 1/2 on fur review and	
Dept: Zoning Note: 1) (This property shall approval. Dept: Building Note:	Status: Approved remain a single family dwelling. A	Reviewer: Any change of use sha Reviewer:	Jeanine Bourke Il require a separa Jeanine Bourke	Approval l	Date: 05/04/2004 Ok to [saue: M] on for review and Date: 05/04/2004	

All Purpose Building Permit Application

If you of the property owner ower real extrate of personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any land are accepted.

Location/Address of Construction:	273 Island A	ive Peaks Island
Total Square Footage of Proposed S	Structure Square Foo	rage of Lat 3475
Tax Assessor's Chart, Block & Lot Charts Blocks Lot	Owner: Loward	Sherton Telephone: (204) 766 5090
Lessee/Buyer's Name (if Applicable)	Applicant name, address telephone: 1 Lacut	1 144 and 1 5 6 K 4 3
Current use: Vacation (1910)		 _
if the location is currently vacant, wi) nat wae pillor use:	
Approximately how long has it been	vocant:	
Proposed use:	<i></i>	
Project description: () La	broom and surroom	work
Contractor's name, address & teleph	ione: David Laura	
Who should we contact when the particular address: 273 / star	empit is ready: 450 ¹ 9	8/6
	ing any work, with a Plan Revie	come in and pick up the permit and wer. A stop work order will be issued PHONE: 450 98/6
IF THE REQUIRED INFORMATION IS NOT DENIED AT THE DISCRETION OF THE BUIL INFORMATION IN ORDER TO APROVE TO	DING/PLANNING DEPARTMENT,	
rove been cumorized by the owner to make the intediction, in addition, if a permit for work descr	is application as teather authorized age foed in this application is issued. I certify	or of record authorizes the proposed work and that it int. I agree to conform to all applicable laws of this y that the Code Officials authorized representative is to enforce the provisions of the codes applicable.
Signoture of applicant:	Na	Date: 04/27/04
This is NOT a possit, you may	L not commons ANV	ark until the nematic issued

This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Pianning Department on the 4th floor of City Hall

Javid \$138 04-0525 IR-2

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

Card Busher Parcel III \$ 1d &

Location

067 KO37003

Land Use

ZEAZONAL

Owner Midrass

SHENTON EDWARD H & ELEANOR & PALAIS 015

273 ISLAND AVE

BELFO 38 CHANZI EXAMP

Book/Fege Lebal 7612/11 47-6-17

47-K-17 ISLAND AVE PEAKS ISLAND BA75 SF

Valuation Information

Lard 043,790 901161na +321660 70444 476-650

Property Information

Year Built

Otyle Old Style Story Beight 3.5 67. Pt.

Total Acres

D - Da

odroms 3 Full Saths

Half Boths

Total Room

APtle None Pier/siab

Outbuildings

(Abe

Coantity

Year Suilt

61 sa

arnde

Condition

Sales Information

Det e

Tree

Delas

Maryle/PEQA

Picture and Sketch

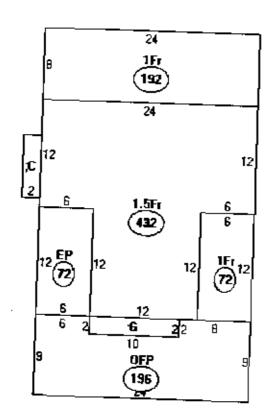
Pict nre

<u> Sketab</u>

Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office in 874-8490 or e-mailed.

A STATE OF THE STA



Descriptor/Area

- A:1,5Fr 432 aqft
- 6:EP 72 sqft
- ©:FBAY 14 sqft
- D:1Fr 192 **sqf**t
- E: 1Fr 72 saft
- F: DFP 196 saft
- G: 5Fr/FBAY 20 sqlt



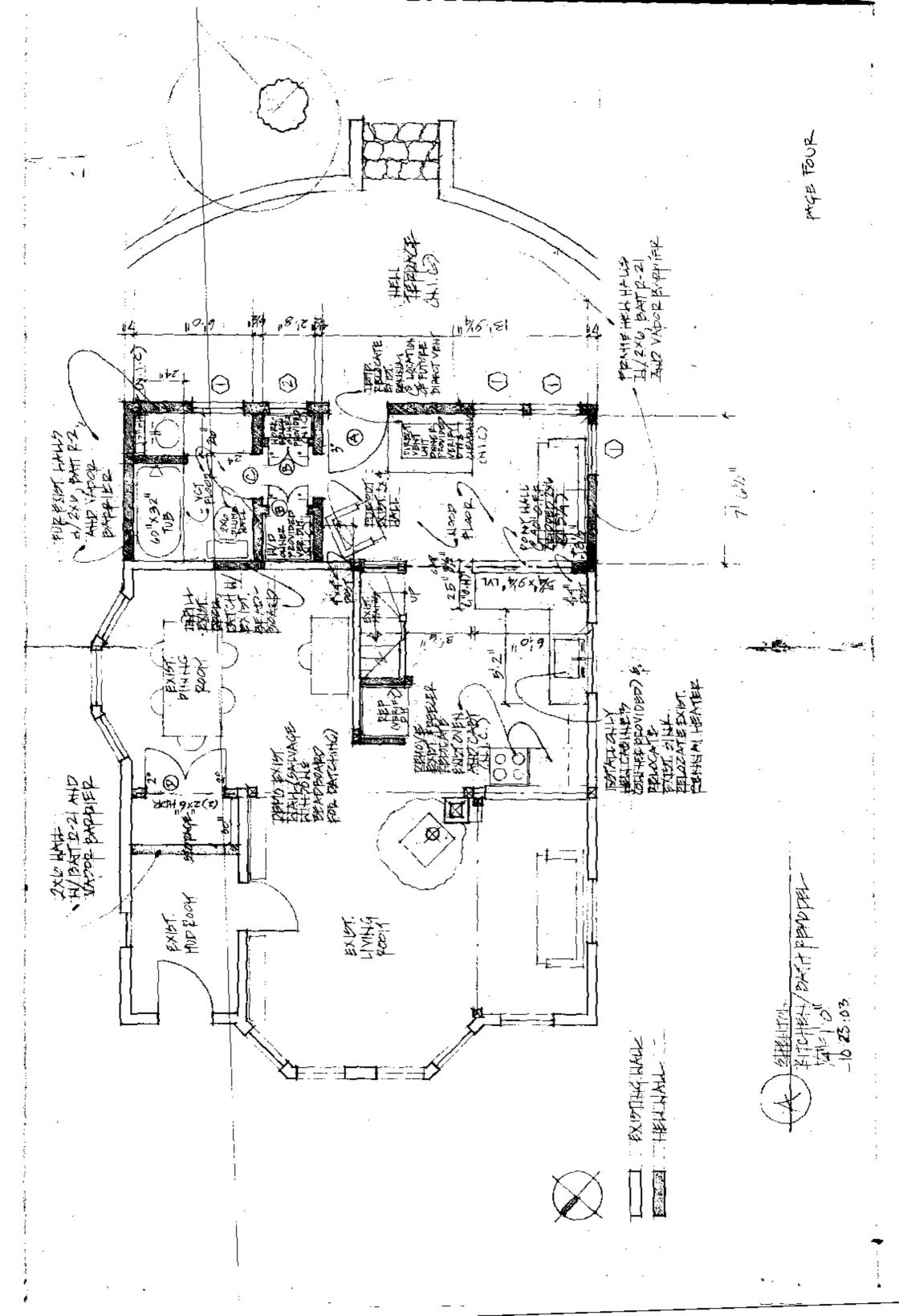
BUILDING PERMIT INSPECTION PROCEDURES

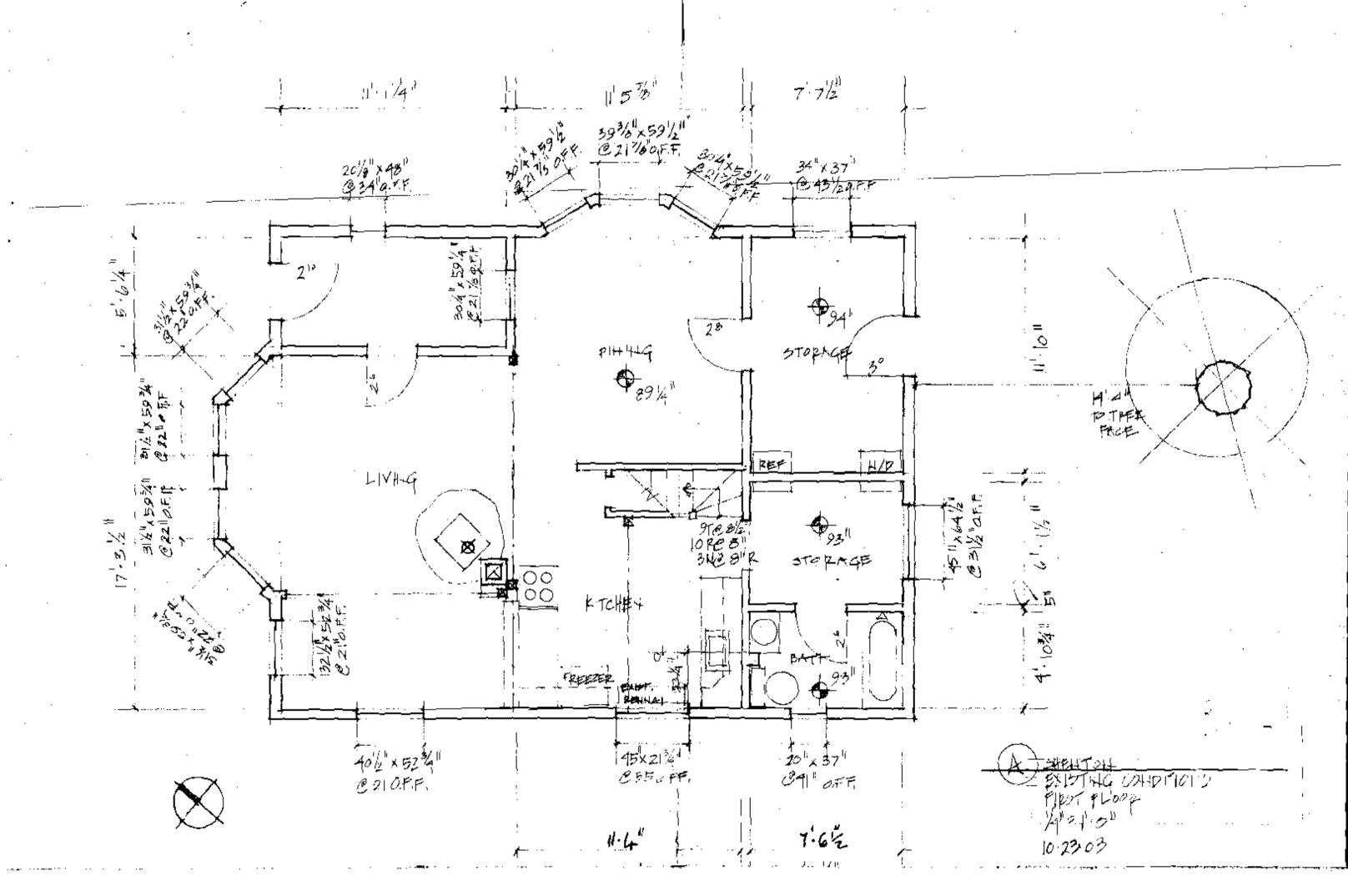
Please call/874-8703 or 874-8693 to schedule your

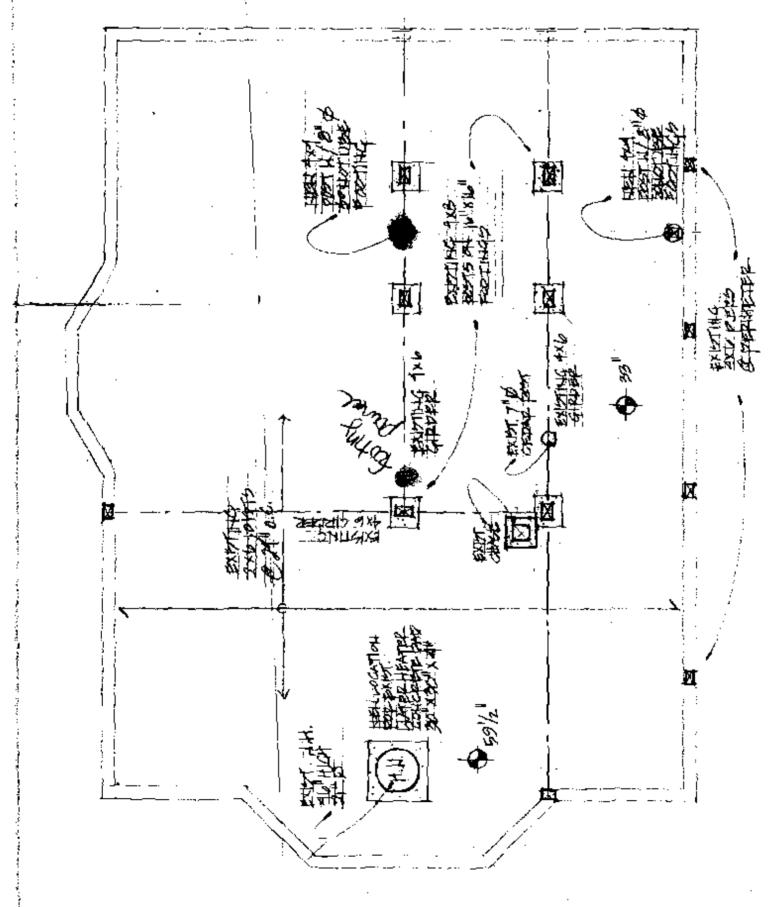
inspections as agreed upon
Permits expire in 6 months, if the project is not started or ceases for 6 months.

	notify the inspections office for the following lotice must be called in 48-72 hours in advance
By initializing at each inspection time, yo Inspection procedure and additional fees Work Order Release" will be incurred if below.	<u>.</u>
	be scheduled with your inspection team upon lopment Review Coordinator at 875-8632 must ite work begins on any project other than
Footing/Building Location Inspe	ction Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
NA Foundation Inspection:	Prior to placing ANY backfill
Framlug/Rough Plumbing/Electr	rical: Prior to any insulating or drywalling
Final Certificate of theropascy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
· · · · · · · · · · · · · · · · · · ·	r certain projects. Your inspector can advise Occupancy. All projects DO require a final
If any of the impections do not or phase, REGARDLESS OF THE NOTIC	erur, the project cannot go on to the next ROB CIRCUMSTANCES
114-	WEG SERVICE DAY TOUGHTS A SEA TO A PA TO THAT
BEFORE THE SPACE MAY BE OCCU	PLED
ignature of Applicacy (Posignee	Date
Jame Bayle	<u> 3 /4 /04</u>
ignature of Inspections Official	Date/ /

Building Permit #: 04-0525







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(Total)

PLUMBING APPLICATION PROPERTY ADDRESS 2003-8188 Town or Plantation Street 73 ISLAND AVE PORTLAND Subdivision Lot # PROPERTY OWNERS NAME Issued Applicant Name: Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement Caution: Inspection Required I certify that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in knowledge and understand that any falsification is reason for the Local compliance with the Maine Plumbing Rules. Plumbing Inspectors to deny a Permit. theteloa south ac Signature of Owner/Applicant Local Plumbing Inspector Signature Date PERMIT INFORMATION This Application is for Type of Structure To Be Served: SINGLE FAMILY DWELLING 1. D NEW PLUMBING 1. MASTER PLUMBER 2. OIL BURNERMAN 2. MODULAR OR MOBILE HOME 2. RELOCATED PLUMBING 3. MFG'D. HOUSING DEALER/MECHANIC 3. MULTIPLE FAMILY DWELLING 4. PUBLIC UTILITY EMPLOYEE 4. OTHER - SPECIFY 5. PROPERTY OWNER Hook-Up & Piping Relocation Column 2 Type of Fixture Maximum of 1 Hook-Up Number Hosebibb / Sillcock HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by Floor Drain the local Sanitary District. Urinal **Drinking Fountain** HOOK-UP: to an existing subsurface wastewater disposal system. Indirect Waste PIPING RELOCATION: of sanitary lines, drains, and piping without Water Treatment Softener, Filter, etc. new fixtures Grease / Oil Separator Dental Cuspidor Bidet \mathbf{OR} Other: TRANSFER FEE Fixtures (Subtotal) [\$6.00] Column 2 Column 2 SEE PERMIT FEE SCHEDULE **Total Fixtures** FOR CALCULATING FEE Fixture Fee Transfer Fee Hook-Up & Relocation Fee Permit Fee Page 1 of 1

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HHE-211 Rev. 6:94