City of Portland, Ma	ine - Building or Us	e Permit Applicatio	n Permit No: Issue Da	te: CBL:		
389 Congress Street, 04	U			087 00019001		
Location of Construction:	Owner Name:		Owner Address:	Phone:		
154 ISLAND AVE	GONZALE	Z RAFAEL M & MICH	4601 BRANDY WINE ST	NW		
Business Name: Contractor Name		me:	Contractor Address:	Phone		
Thompson		& Johnson Woodworkers	115 Island Ave Peaks Islan	d 2077665219		
Lessee/Buyer's Name Phone:			Permit Type:	Zone:		
			Alterations - Dwellings	IB		
Past Use:	Proposed Use:		Permit Fee: Cost of W	ork: CEO District:		
Single Family Home		ly Home - Change	\$60.00 \$3,	800.00		
		isting bathroom to to	FIRE DEPT: Approved	INSPECTION:		
	new 34" x 6	0" larger shower stall) Defied	Use Group: 12.3 Type: $5B$		
			1/14	-TPC 2013		
				they years		
Proposed Project Description:	2.4	(A)) (A)	Gal Gal			
Change layout of existing	bathroom to to new 34" y	60" larger shower stall	Signature	Signature /		
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
			Action: Approved Approved w/Conditions Denied			
			Signature:	Date:		
Permit Taken By:	Date Applied For:		Zoning Approval			
ldobson	03/12/2010		Loung reproved			
I. This permit application does not preclude the		Special Zone or Revi	ews Zoning Appeal	Historie-Preservation		
	eting applicable State and	d Shoreland	Variance	Not in District or Landmark		
 Building permits do r septic or electrical wo 		Wetland	Miscellaneous	Does Not Require Review		
•	void if work is not started		Conditional Use	Requires Review		
within six (6) months	of the date of issuance.					
False information ma permit and stop all we	y invalidate a building ork		Interpretation	Approved		
		Site Plan	Approved	Approved w/Conditions		
PERIMIT	ISSUED	Maj 🗌 Minor 🗍 MN		Denied		
1 659	6 .2010	Date: 3 17 10	Date	Date: 3/17/10		
	PORTLAND	l				

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

4-15-10 choded new shower unit New trop and water supply all tied into exsisting sever and exsisting vent of Closes work complete NLA

Form # P 04	DISPLAY	THIS	CARD	ON I	PRINCIP	PAL	FRONT	ſAGE	OF WORK	
Please Read	7	C	HTY	OF	POP		LAN	D		
Application And Notes, if Any, Attached			BU	1.21	g insp E RM		ION	Реп	mit Number: 100238	
This is to certify	thatGONZ	ALEZ RAF	AELM&N	IC HAEL	K BELL TH	RUSTE	ES/Tho			_
has permission	oChange	layout of e	xisting bath	oom to to	Dew 34" x 6	50"-larg	er shower st	tall		-
ATISLAN	ND AVE			19 14 19 10 19 10			CBL -087	-000190	001	
	•			COMPANY OF THE OWNER		and the second second	the second se		ermit shall comply with a	
									City of Portland regulating for the application on file	
this depart		lenance	anu use	o bui	idings ai	iu su	uciules,	, and o	or the application on the	
and grade if such informa	blic Works for s nature of work ationERMIT IS REQUIRED APPRO MAR APPO CITY OF PO Department Name	requires SUED	give befo lath HOL	n and writ re this bi ad or ot JR NOTIO	af inspection tten permiss uilding or par herwise ch CE IS REQU	sion pro- ant ther osed-in UIRED	cured eof is n. 24	procuing o	ertificate of occupancy must be ured by owner before this build or part thereof is occupied.	
				SOS						
			1 H							
				П С						
			100	357						

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



General Building Permit Application

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

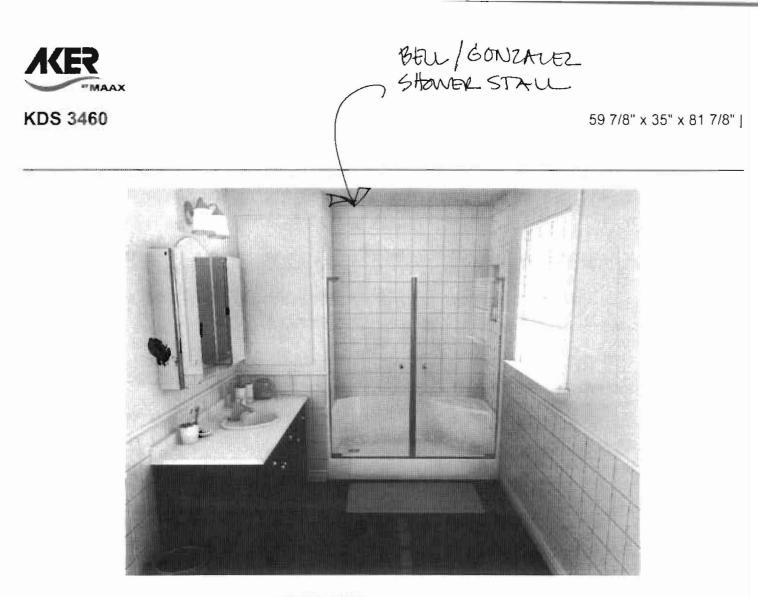
Location/Address of Construction: 154	ISLAND AVENUE						
Total Square Footage of Proposed Structure/A.							
NA							
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer* Telephone:						
Chart# Block# Lot#	Name RAFAEL GONZALEL MICHAELBELL						
87 00 19	Address 4601 BRANDY WINEST NW						
	City, State & Zip WASHINGTON DC						
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of					
	Name	Work: \$_3,800					
	Address	C of O Fee: \$					
	City, State & Zip	Total Fee: \$					
Current legal use (i.e. single family)							
If vacant, what was the previous use?N							
Proposed Specific use:SF (NO C.HANGE)							
Is property part of a subdivision? If yes, please name							
BATTHEOOM REMODEL: REPLACE EXIST SHE							
Project description: BATTHROOM REMODEL: REPLACE EXIST. SHOWER STALL WITH NEW 34"X 60" SHOWER STALL.							
Contractor's name: THOMPSUND fortusing WOOD WORKS							
Address: 115 ISLAND AVE							
City, State & Zip PEAKS SUND, ME 04108 Telephone: 207.766.5919							
Who should we contact when the permit is ready: <u>PACITER</u> CONVY Telephone: <u>11</u>							
Mailing address: SAME AS ADO							
Please submit all of the information outlined on the applicable Checklist. Failure to							
do so will result in the automatic denial of your permit. RECEIVED							
n order to be sure the City fully understands the full scope of the project, the Planning and Development Department							

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.

Signature:	Peulle - MM	Date:	3.10.10	
	This is not a permit; you r	nay not commence Al	NY work until the permit is issue	

NEW AKER SHOWER. + 34" #KD5 3460 TO REPLACE EXISTING PAD OT WALL Δ 60 11 50 THAT NEW SHOWER ALIGNS EXIST. -WITH EXISTING FINISHED FLOOR EXISTINU BEDROOM EXISTINU HALL 00 0 W ENDTINU KITCHEN PROPOSED: BELL/GONZALEZ FIRST FLOOR BATTH 1/4"=1.0"



Codes/Standards Applicable

- ANSI Z124 1 2
- CSA B45 Series

KEY BENEFITS

Unique installation pin system One person installation Perfect for remodeling and renovation projects

STANDARD FEATURE(S)

Balsa wood "Anti-flex" floor construction Textured floor pattern 3-3/8" Diameter Center Drain Shower with Wall Surround Left, right or no seat Inward angled seat

Ample storage space for shampoo, conditioner, bath gel, or any array of bath/shower products including standard or oversized bottles

PLUMBER FEATURE(S)

Aker eliminates the need for rear access with an exclusive hassle free front installation PIN system (patent pending).

Save time and money on the job site with Aker's no wet-set "Anti-Flex" base system, providing superior strength and durability. Floor noise is a thing of the past

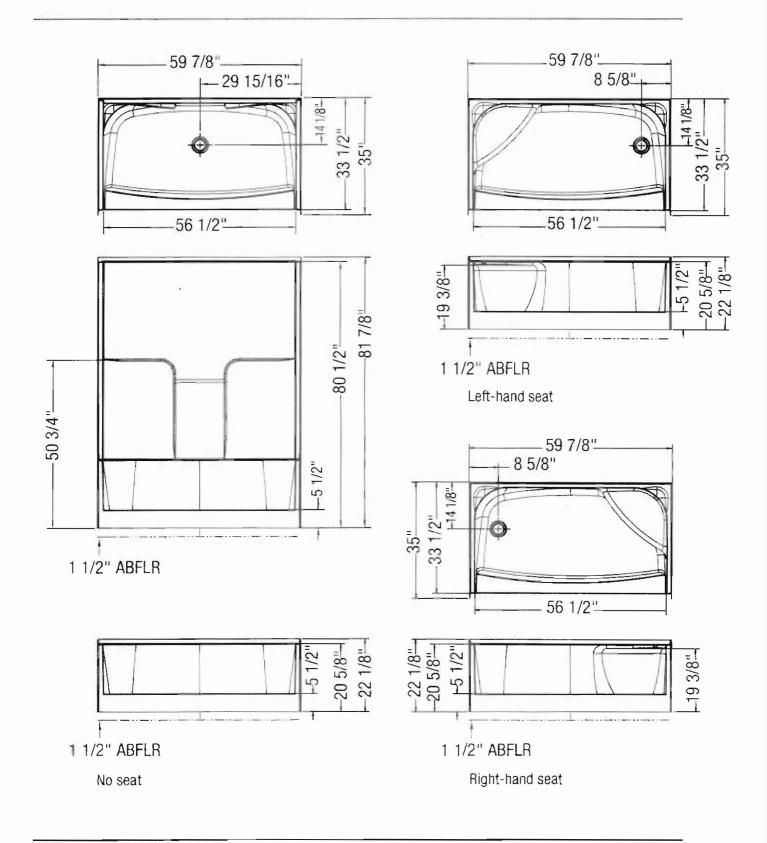
Our straight front apron design eliminates curved and angled tiled cuts, saving both time and materials.

3.10.10 (3)

Solid wall construction, built the "Aker Way"

(4)

3.10.10



United Alabama Connecticut Delawate District of Columbia Florida Georgia Illiniois Indiana Iowa Katsas Xeniucky Maine Maryland Messachusetts Michigan Minnesola Mississippi States Virginia West Virg

THOMPSON JOHNSON WOODWORKS

EXISTING CONDITIONS: BELL/GONZALEZ FIRST FLOOR BATT