	y of Portland, Mai Congress Street, 041		0			P	06-1622	Issue Dat	e:	087 W0	06001
Location of Construction: Owner Name:						Owner Address:		Phone:			
242	2 ISLAND AVE, Peaks 1	s.	TWIN PEAKS LLC			30 MILK ST					
Busi	iness Name:		Contractor Name:			Contractor Address:				Phone	
			Jon Larson		_	Por	tland				
Lessee/Buyer's Name Phone:				:		Permit Type: Alterations - Multi Family				Zone:	
Past	t Use:		Proposed Use:			Permit Fee:		Cost of Work:		CEO District:	
Res	sidential 4 unit		_	dential 4 unit Interior and		\$300.00		\$28,0	,000.00 2		
			exterior renovations - to add exteri stairway		to add exterior	THE DEI 1.		Approved	INSPECTION: Use Group:		Туре
								Denied	Ose Giv	о ц р.	Турс
Proi	posed Project Descriptio	n:									
_	erior and exterior renov		dd an exterior st	airway		Sign	ature:		Signatur	re:	
							ESTRIAN ACTI	VITIES DIS			
						Acti	on Appro	ved App	proved w	Condition	Denied
						Sign	ature:			Date:	
Permit Taken By: dmartin Date Applied For: 11/06/2006					Zoning Approval						
1.	This permit application	This permit application does not			Special Zone or Reviews		Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable sefected Rules.						☐ Variance			☐ Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous		☐ Does Not Require Revie			
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work				☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved	
			Approved					Approved w/Condition			
				Maj [Mino MM	☐ ☐ Denied				☐ Denied	
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the ve been authorized by too diction. In addition, if the lawe the authority to duch permit.	he owner to a permit fo	o make this appli r work described	med proication a	as his authorized application is iss	ne pro d agen sued,	nt and I agree t I certify that th	to conform ne code offi	to all ap	plicable laws of thorized representations.	of this sentative
SIG	NATURE OF APPLICAN			ADDRESS		S	DATE		Е РНО		
510	TORE OF THE EIGHT				, and a state of the state of t	,		DATI	-	1	

Location of Construction: 242 ISLAND AVE, Peaks Is.	Owner Name: TWIN PEAKS LLC	Owner Address: 30 MILK ST	Phone:	Phone:	
Business Name:	Contractor Name: Jon Larson	Contractor Address: Portland	Phone		
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	<u>'</u>	Zone:	

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 11/14/2006

 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 four (4) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Jeanine Bourke
 Approval Date:
 12/08/2006

 Note:
 Ok to Issue:
 ✓

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 3) Guards must be 42 inches in height with openings less than 4 inches. Graspable rails must be installed on both sides of the stair guard. Stair treads shall not be less than 11". Stair risers shall not be more than 7".
- 4) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 5) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 6) All floors and walls that separate dwelling units or dwelling units and common areas are required to meet a 1 hour fire rated assembly and sound transmission rating of 50 STC.

 Dept:
 Fire
 Status:
 Approved
 Reviewer:
 Jay Kelley
 Approval Date:
 11/14/2006

 Note:
 Ok to Issue:
 ✓

1) Renovate according to plan, maintain all life safety devices.

Comments:

11/14/2006-mes: 11/13/06 received the required site plan and other info - using 14-436 which allows a 50% expansion - using 5.8% of the 50% allowed for the new dormer/decks

11/9/2006-mes: front staff did not get a plot plan - exterior work being done - called applicant - can't finish review.

12/7/2006-jmb: Contacted Alan S. For details on interior stair layout, loft area/attic steps, sinks in 3rd floor areas, structural info for deck & roof. He will revise and meet on 12/8.

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 APPLICAN	ADDRESS	DATE	РНО