Form	#	Р	04

Fire Dept. ____ Health Dept. __ Appeal Board _ Other ____

Please Read

OTHER REQUIRED APPROVALS

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Application And Notes, If Any, Attached	P	ERMIN	-Permit	Number: 080745 PERMIT ISSI	IIFD	
This is to certify thatBURKHOLD has permission toRebuild 15 x	DER BRAD A			AHG 2 2 20		
AT _181 ISLAND AVE			087 Y021001			
provided that the person o of the provisions of the Sta the construction, maintena this department.	atutes of Name and		ting this pe f es of th e City ures, and of t	of Portland	d regulating	ĺ
Apply to Public Works for street and grade if nature of work requ such information.	ires bure this l	insped n must n permis n procu ding or t thered osed-in.	procure	icate of occupa d by owner befo art thereof is occ	ore this build-	

PENALTY FOR REMOVING THIS CARD

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-co	onstruction Meeting will take place upon re	ceipt of your building permit.
X	Footing/Building Location Inspection: Properties precast piers	rior to pouring concrete or setting
X	Framing/Rough Plumbing/Electrical: Pri	or to Any Insulating or drywalling
<u>X</u>	Final inspection required at completion o	f work.
your proj If any of REGAR CERIFIC	te of Occupancy is not required for certain project requires a Certificate of Occupancy. All profess the inspections do not occur, the project captiless of the NOTICE OR CIRCUMS CATE OF OCCUPANICES MUST BE ISS	annot go on to the next phase, TANCES.
3	ACE MAY BE OCCUPIED. e of Applicant/Designee	<u> </u>
—————Signature	e of Inspections Official	 Date

CBL: 087 Y021001 **Building Permit #:** 08-0745

City of Portland, N		_			1	08-0745	Olar	_	087 Y	21001
389 Congress Street, Location of Construction:	04101 1el: (·	, rax:	(207) 874-871			<u>। धि</u> भ	<u>0 %</u>	-	
	1. 1.1.1	Owner Name: BURKHOLD	ED RD	AD A		r Address: ISLAND AV	, , ,		Phone: 207-766-	2628
181 ISLAND AVE P. Business Name:	eaks Island	Contractor Name		AD A	+	actor Address:	<u> </u>		Phone	-2028
Lessee/Buyer's Name		Phone:			Permit	t Type:				Zone:
										TRA
Past Use:		Proposed Use:		<u>-</u>	Permi	it Fee: ac	Cost of Wor	k: .cO CI	EO District:	1
Two Family Residentia	ıl	Two Family R				to Fee: ec	\$ 00,00	\$0.00	1	
		15 x 30 Outbu	ilding	(a tricked	FIRE	DEPT:	Approved	INSPECT	ION:	T 70
		2 du (pr.	Demo				Denied	Use Group	" K-3	Type: 515
10	igalysi-	2 du (pv.	micro	hiche)					TRC-2	2003
Proposed Project Description	on:	<u> </u>			┨			`	R-3 IRC-2	1 1
Rebuild 15 x 30 Outbu		hed)			Signat	ture:		Signature:		8/21/09
		,			PEDE	STRIAN ACTI	VITIES DIS	TRICT (P.A	D.)	11
					Action	n: Approv	ed Ap	proved w/Co	nditions	Denied
					Signat	ture:		D	ate:	
Permit Taken By:	Date A	pplied For:	T		1 3.8		Approva			
lmd	I	5/2008				Zoning	Approv	4.1		
1. This permit applic	ation does not	preclude the	Spe	ecial Zone or Revi	ews	Zonin	g Appeal		Historic Pre	servation
Applicant(s) from Federal Rules.		-	SI	noreland 1 st is 5		Variance	:		Not in Distri	ict or Landma
2. Building permits d septic or electrical		plumbing,	│ □ w	retland holding	ıı ×ık.	Miscella	neous		Does Not Re	equire Review
3. Building permits a within six (6) mon	ths of the date	of issuance.	☐ FI	ood Zone	Conditional Use			Requires Review		
False information permit and stop all	•	a building	☐ Sı	ubdivision		Interpret	ation		Approved	
			Si	te Plan			d		Approved w	/Conditions
-			Maj [Minor MM		Denied			Denied	
PERI	VIIT ISSUE	D_{-}	1 ,	c wlcoada hav					Asn	
				120 108		Date:		Date	:	
At!	3 2 2 2000									_
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O True		and I								
Ulit	FINIL	44.9								
			(CERTIFICATI	ON					
I hereby certify that I an	n the owner of	record of the na	med pro	operty, or that the	he prop	osed work is	authorized	by the ov	ner of reco	rd and that
I have been authorized by										
jurisdiction. In addition shall have the authority										
such permit.	onto an are	00.010u oy 30	peri			on to onioio	int provi	on or m	- 20 mg(b) u f	-F
SIGNATURE OF APPLICA	NT			ADDRES	s		DATE	;	PHC	ONE ONE
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE	<u> </u>		ONE

City of Portland, Maine - Bui 389 Congress Street, 04101 Tel:	•		-8716	Permit No: 08-0745	Date Applied For: 06/25/2008	CBL: 087 Y021	1001
Location of Construction:	Owner Name:	(207) 074		wner Address:	<u> </u>	Phone:	===
181 ISLAND AVE, Peaks Island	BURKHOLDER BRA	AD A		81 ISLAND AVE	7	207-766-26	:28
Business Name:	Contractor Name:			ontractor Address:		Phone	
				omination radicion		none	
Lessee/Buyer's Name	Phone:		Pe	ermit Type:			
				Additions - Dwell	ings		
Proposed Use:	<u></u>	P	Proposed	Project Description:			_
Two Family Residential - Rebuild 15	x 30 attached outbuilding	l l	-	15 x 30 attached			
•					Ü		
Dept: Zoning Status: A	Approved with Condition	ns Rev i	iewer:	Ann Machado	Approval Da	ate: 08/20)/2008
Note: Existing building is nonconf	• •						✓
30' "outbuilding" is being re	•						
being added to the second flo same.	oor since the lowest exist	ting wall w	vas 6'. 1	The volume is rem	aining about the		
1) This property shall remain a two	family dwelling. Any ch	ange of use	e shall r	equire a separate	permit application fo	r review and	
approval.	, <u>-</u> ,				, , F		
2) This permit is being issued with t	the condition that all the	work will	take pla	ce within the exist	ting footprint of the b	ouilidng.	
3) This permit is being approved on work.	the basis of plans submi	itted. Any	deviation	ons shall require a	separate approval be	efore starting	that
Dept: Building Status: A	Approved with Condition	ns Revi	iewer:	Chris Hanson	Approval Da	ate: 08/21	/2008
Note:						Ok to Issue:	✓
1) State law requires notification of	hazardous materials and	abatement	t by a lic	censed profession	al		

- 2) Fastener schedule per the IRC 2003
- 3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) Frost protection must be installed per the enclosed detail as discussed w/owner/contractor.
- 6) 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.

Comments:

8/20/2008-amachado: Received cross section of exiting building.

6/25/2008-lmd: Although original payment was made 06/03/2008, plans for the project received 06/25/2008, therefore received date is 06/25/2008.

7/7/2008-amachado: Left message for Brad. Need plot plan. Need pictures of existing building from all three sides. Need to know if it is being rebuilt within the existing shell.

7/9/2008-amachado: Received pictures & plot plan 7/8/08. Shell of building is changing. Using section 14-436(b), need to have cross section of existing building to see how much floor area is being added. Spoke to Brad & he will get it to me.

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: 181 I		
Total Square Footage of Proposed Structure/A		1164 S) PH
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r* Telephone:
Chart# Block# Lot#	Name BRAD BURKHOLDER	
087 Y 021	Address (8) ISLAND AUE	
\	City, State & Zip PEAKS_TSLAND	ME
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of (unsure)
	Name	Work: \$ 50-70 K
	Address	C of O Fee: \$
	City, State & Zip	Total Fee: \$
Current legal use (i.e. single family)	Family	
I If vacant what was the previous use?	/	
Proposed Specific use: For NEW (((on)))	action-muster Bedroom 15	hop space
Is property part of a subdivision?	If yes, please name	
Project description: Tear dawn 4		attached to house
Contractor's name: BRAD BURKH	ULDER	
Address: 181 FILAND AV	<u> </u>	(w)766-5631
City, State & Zip PEAUS ISLAM) MR 04/08	Telephone: <u>766 2628</u>
Who should we contact when the permit is read	ly: BRAD	Telephone: Same
Mailing address: SAME		
Please submit all of the information	outlined on the applicable Check	list. Failute to

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

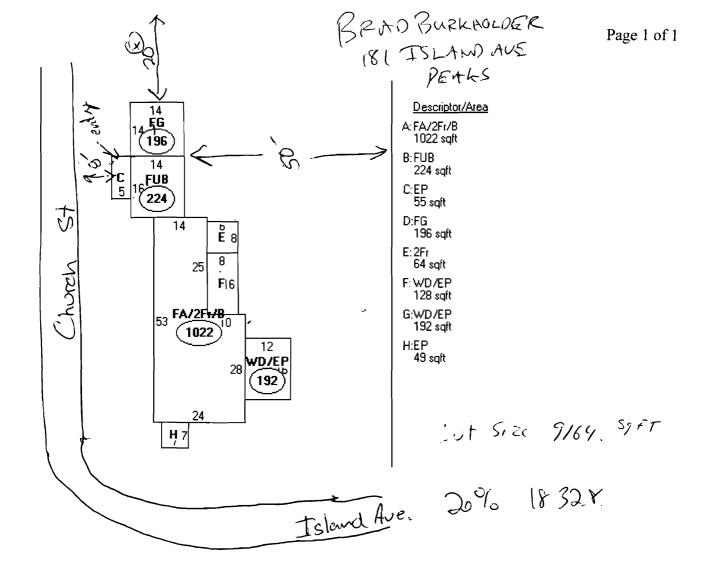
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, 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: Sala Date	te: 6.3-08
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This is not a permit; you may not commence ANY work until the permit is issue

	Stad- 874-8709
Bu	rkhilds
	- needs photo of existing
	- all three sides
	- Plot Plan
	- is it being built in existing stell
	M. Tear down + rebuild New



Tear Soun to rebuild New!

It is in 9,164 th

front - N/h

row - 25' reg. - 20' siven

side - 20' reg - 8' siven

lot corrye = 20% = 1832.8

existing 1935 for

trot meet. Setback Use section 14-43 ((6)) - I hor weast expansion 50% of 1930

= 1544 th increase allowed

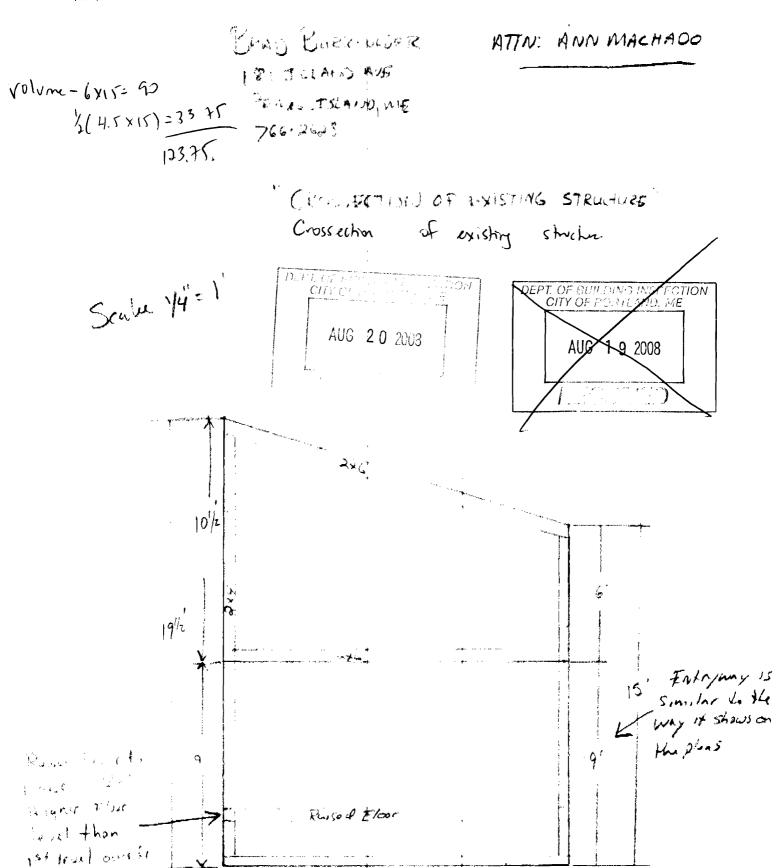
- no increase in flow area. 50

man shill curban 50% increase in

9/21/2007

-) F

P (1800)



volume = 5.67×15-85.05 =11×1,33=14.63 = 1/25 x 415 = 5.94 1 (2.5 × 11.) = 2£ 14.02 \$(3× 135)~ 2 121.68

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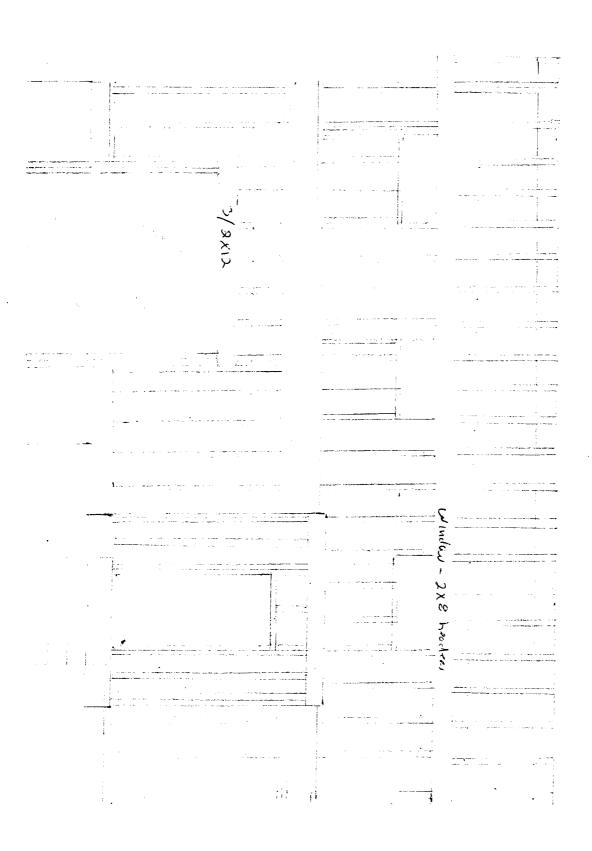
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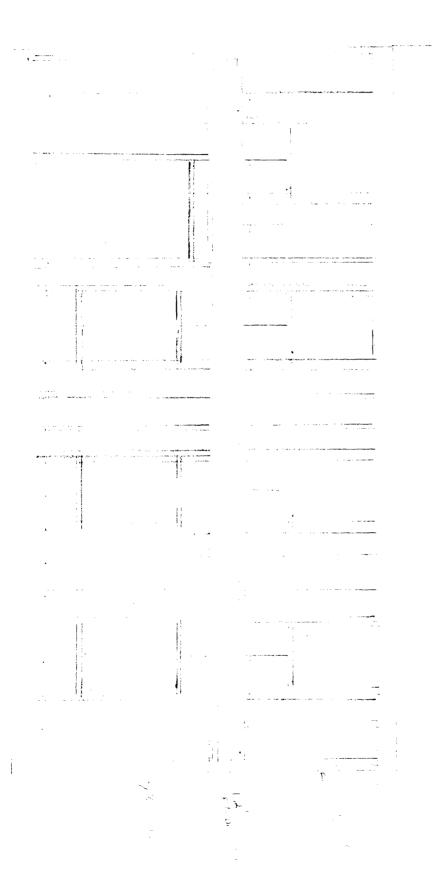
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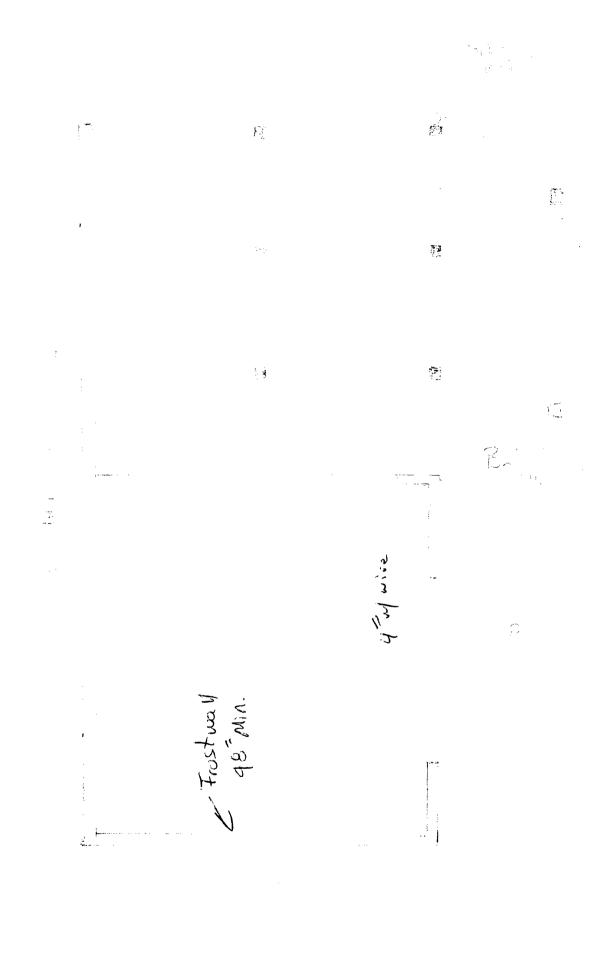
BRAD BURKHOLDER PEAKS ISLAND AVE

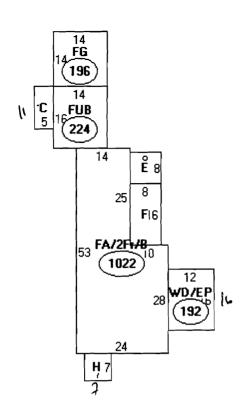


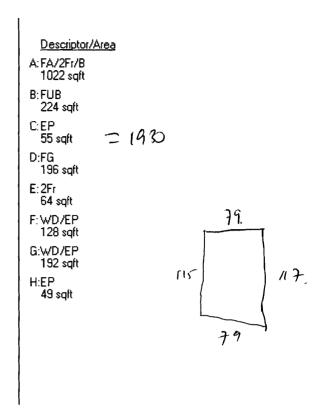
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IR-2.

lotsin 9,164

fort 25'
rev. 25'
Six 20'
lot covery 20% = 18328.



Card Number

 rd Number
 1 of 1

 Parcel ID
 087 y021001

 Location
 181 ISLAND AVE

 Land Use
 TWO FAMILY

Owner Address

BURKHOLDER BRAD A 181 ISLAND AVE PEAKS ISLAND ME 04108

Book/Page Legal NCFY06/ 87-Y-21 ISLAND AVE PEAKS ISLAND 9164 SF

Current Assessed Valuation

Land \$231,000

Building \$171,500

Total \$402,500

Property Information

Year Built 1900 **Style** Old Style Story Height

Sq. Ft. 2581

Total Acres

Bedrooms 4 Full Baths

Half Baths

Total Rooms

Attic Full Finsh Basement Full

Outbuildings

Type

Quantity

Year Built

Size

Grade

Condition

Sales Information

Date

Туре

Price

Book/Page

Picture and Sketch

Picture

Sketch

Tax Map

Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or emailed.

New Search!

