

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 050437

Please Read Application And Notes, If Any, Attached

This is to certify that Stankowicz Alexander D & Co

has permission to Rot repair Replace 2 walls in kitchen & f

AT 33 Lyndon Ave

City of Portland 088 B014001

PERMIT ISSUED

APR 20 2005

CITY OF PORTLAND

provided that the person or persons, firm or corporation 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 is procured before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS 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

[Signature] 4/21/05

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 ISSUED

APR 20 2005

Location of Construction: 33 Lyndon Ave	Owner Name: Stankowicz Alexander D &	Owner Address: 33 Lyndon Ave	Permit No: 05-0437	Issue Date:	CBL: 088 B014001
Business Name:	Contractor Name: Owner	Contractor Address: Portland	CITY OF PORTLAND		
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-1		

Past Use: Single Family Home	Proposed Use: Single Family Home/ Rot repair Replace 2 walls in kitchen & floor	Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 2
Proposed Project Description:		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>		INSPECTION: Use Group <i>R</i> Type <i>5B</i> <i>IRC 2005</i>
		Signature: _____		Signature: _____

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: Idobson	Date Applied For: 04/20/2005	Zoning Approval
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<ol style="list-style-type: none"> 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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: <i>4/21/05</i>	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 Me: _____ 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: <i>4/21/05</i>
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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

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.

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.

NA Footing/Building Location Inspection: Prior to pouring concrete

NA Re-Bar Schedule Inspection: Prior to pouring concrete

NA Foundation Inspection: Prior to placing ANY backfill

NA **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

NA **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO 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.

NA **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 88-B-14

Building Permit #:

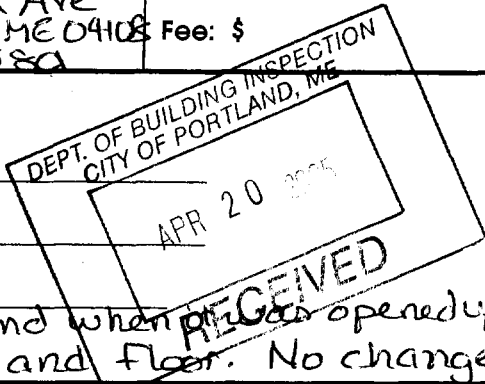
05 0437

4-22-05

22 April 05

All Purpose 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.

Ave		
Total Square Footage of Proposed Structure	Square Footage of Lot approx 8000sq ft	
Tax Assessor's Chart, Block & Lot Chart# 58 Block# B Lot# 14	Owner: Deborah P Jordan Alexander D Stankowicz	Telephone: 766-5801
Lessee/Buyer's Name (If Applicable) —	Applicant name, address & telephone: Deborah P. Jordan 33 Lyndon Ave Peaks Is, ME 04108 766-5801	Cost Of Work: \$5,000 (estimate) Fee: \$
Current use: <u>single family home</u>		
If the location is currently vacant, what was prior use: —		
Approximately how long has it been vacant: —		
Proposed use: <u>single family home</u>	Project description: We were replacing leaky window and when per ^{we} can opened up found much rot - now must replace two walls and floor. No change to footprint or house design - just new kitchen walls + floor	
Contractor's name, address & telephone:	2	
Who should we contact when the permit is ready:	Deborah P Jordan 766-5801	
Mailing address:	33 Lyndon Ave Peaks Island, ME 04108	
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 766-5801		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: Deborah P Jordan Date: 4-20-05

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 Planning Department on the 4th floor of City Hall

Deborah P. Jordan
Alexander D. Stankowicz
33 Lyndon Avenue
Peaks Island, Maine 04108
766-5801

Date: April 20,2005

Project: Replace kitchen walls and floor

New walls to be built exactly on original footprint; no encroachment on set-backs

Kitchen has deck above all except for 3' with interior second story space above

Kitchen is above crawl space.

Walls: 2" X 6" construction; 16" on center
Beadboard interior

Headers: Existing 4" X 6" headers in ceiling supported with additional 5' X 6" headers

Foundation: Existing (2) 10" cement tubes, 48" deep, used to support new floor

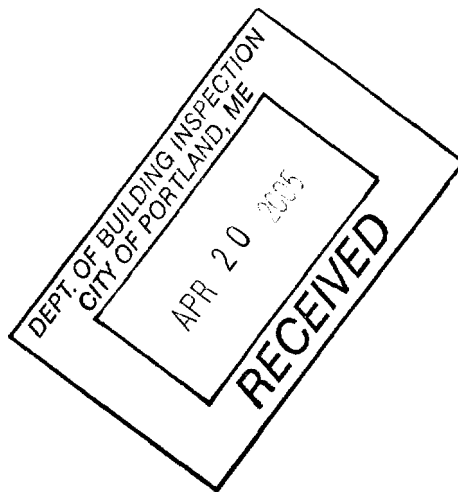
Floor: 2" X 10" pressure treated joists, 16" on center
Hung with 2" X 10" hangers
10" fiberglass insulation
3/4" plywood floor

Ceiling: Not altered.
Original supported by 2' X 4" beams, 2' on center

Skirt: 2' X 4' frame pressure treated
1/2" pressure treated plywood

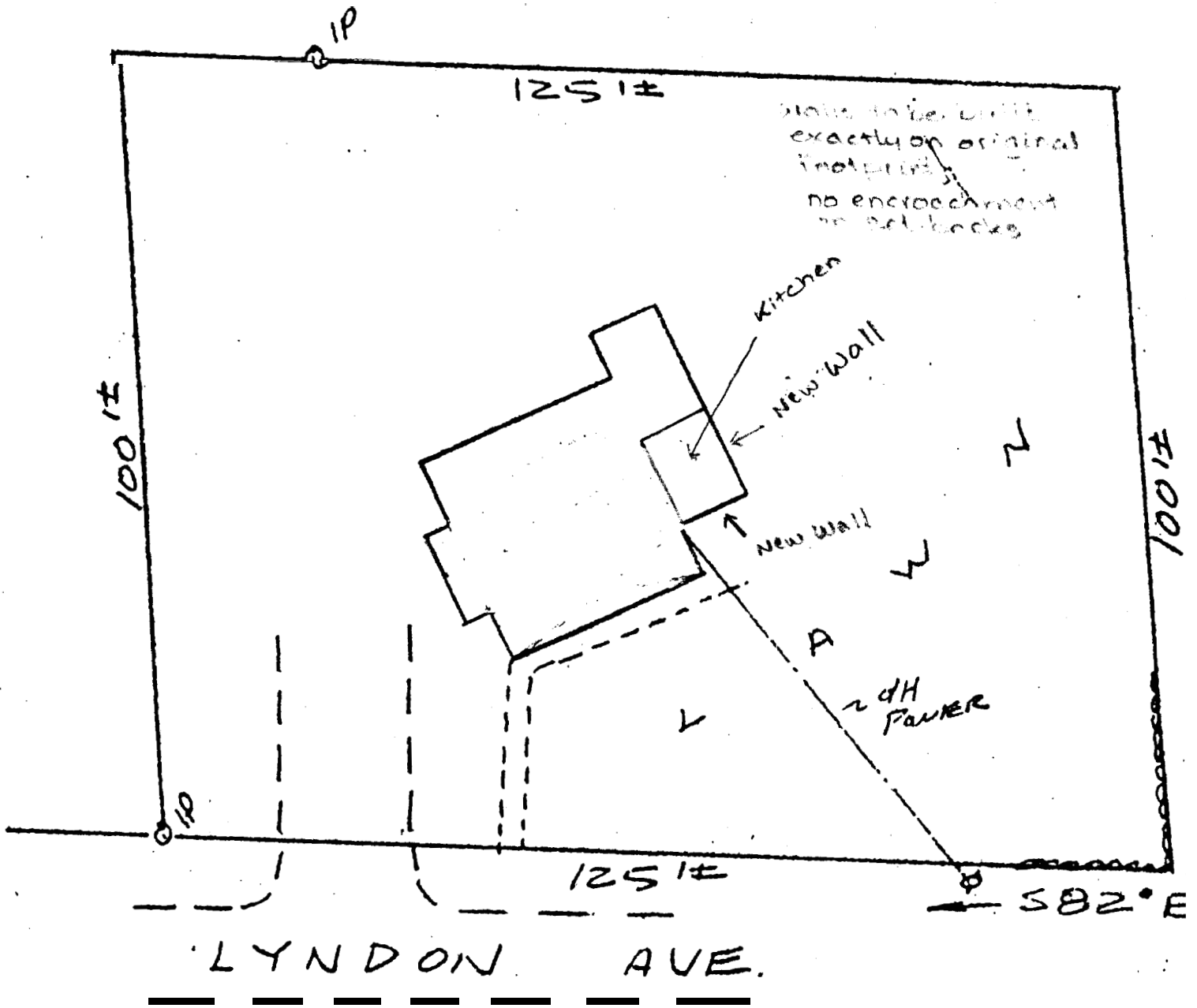
Windows: Marvin casement windows (2)
rough openings: 97" X 31 5/8", 41" X 31 5/8"

Carpenter: **Michael Langella**
632-8229
766-3067



N/F TROTT

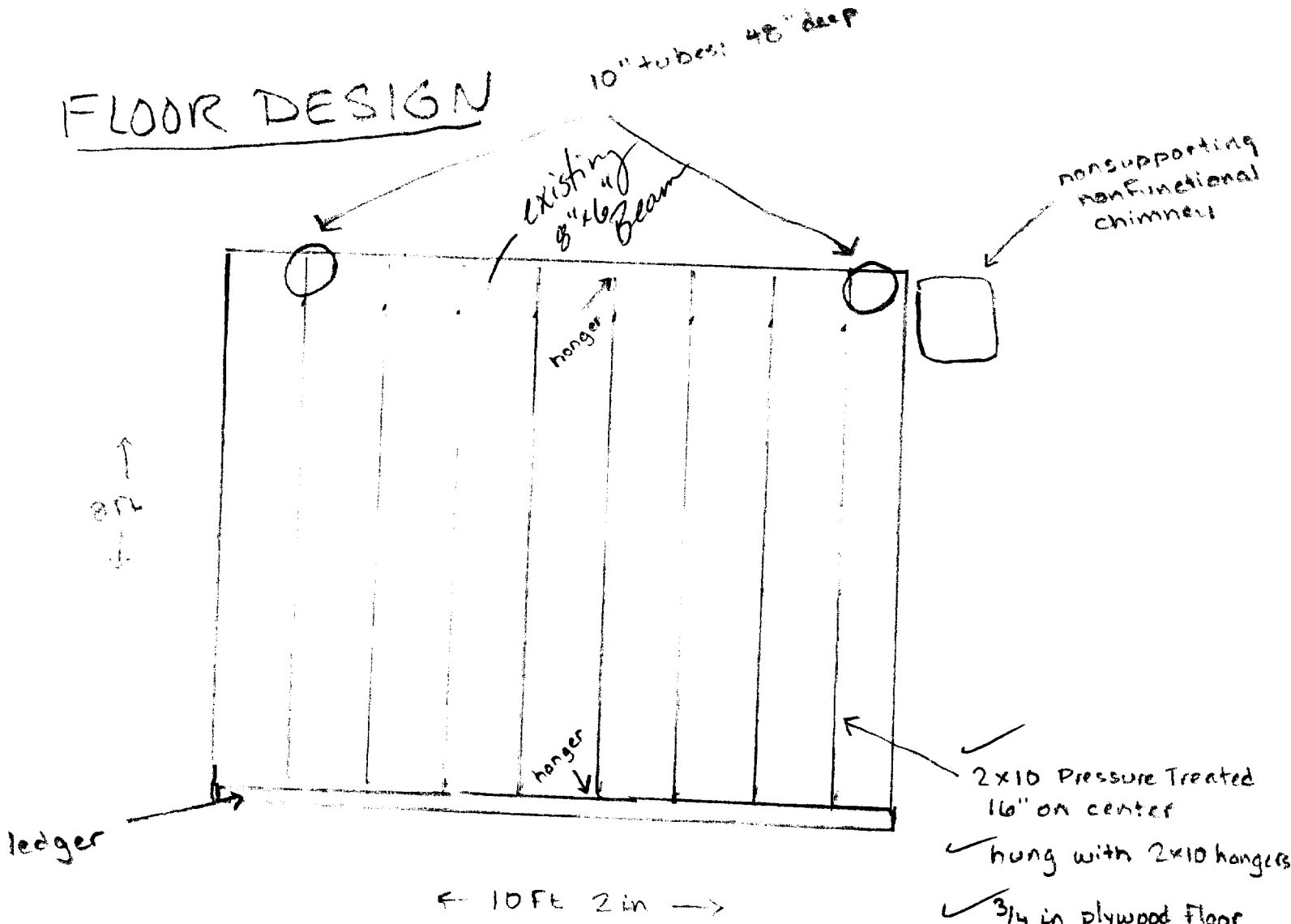
CHAND



Deborah P. Jordan
 Alexander D. Stankowicz
 33 Lyndon Ave
 Peaks Island, ME 04108
 766-5801

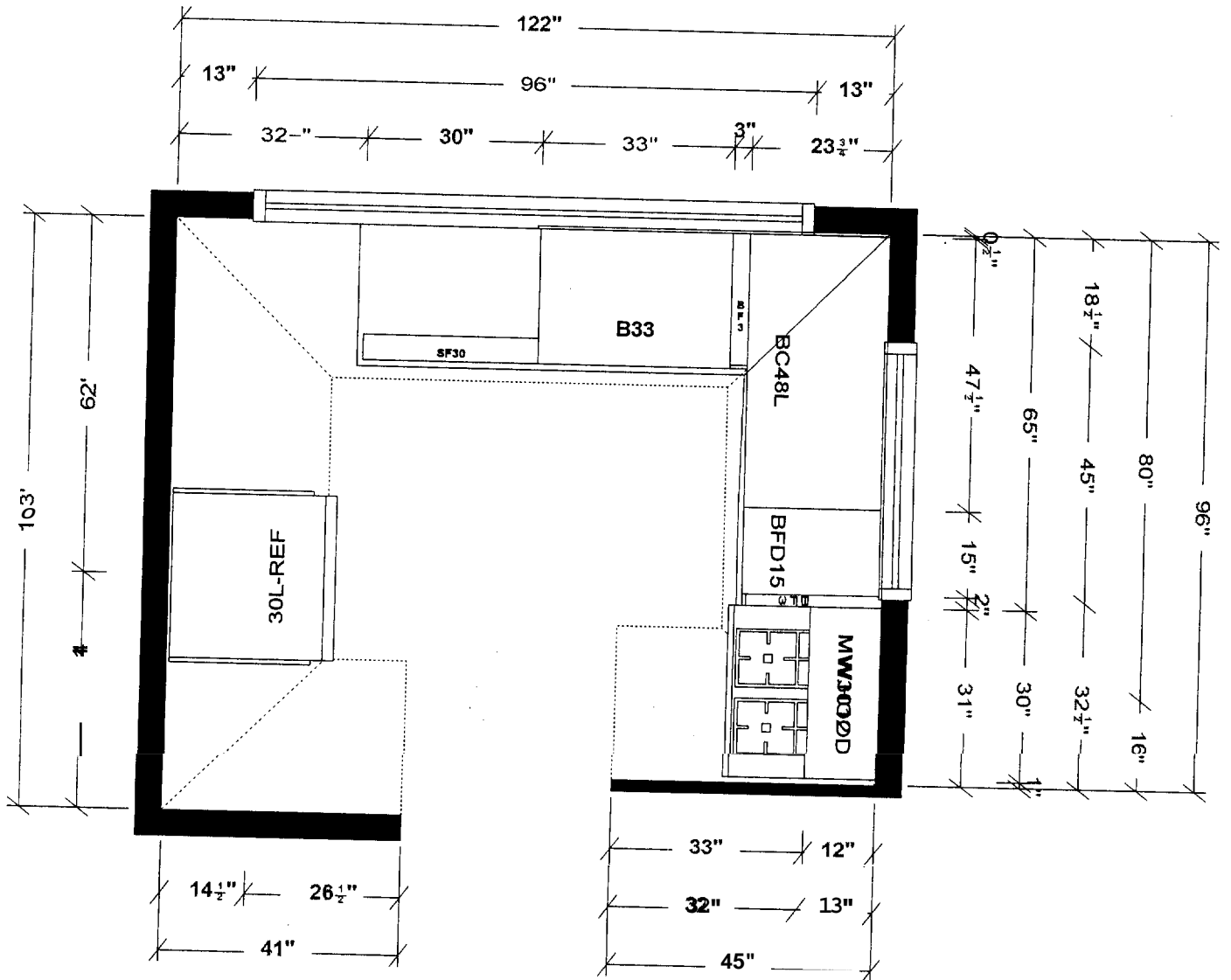
Deborah P. Jordan
Alexander D. Stankowicz
33 Lyndon Ave
Peaks Island, ME 04108
766-5801

FLOOR DESIGN



- ✓ Walls - 2x6 16" on center
- ✓ Headers - existing 4x6 headers in ceiling supported with additional 5x6 headers
- ✓ Foundation - existing (2) 10" tubes 48" deep

KITCHEN DESIGN



Deborah P. Jordan
 Alexander D. Stankowicz
 33 Lyndon Ave
 Peaks Island, ME 04108
 766-5801

All dimensions, size designations given are subject to verification on job site and adjustment to fit job conditions.



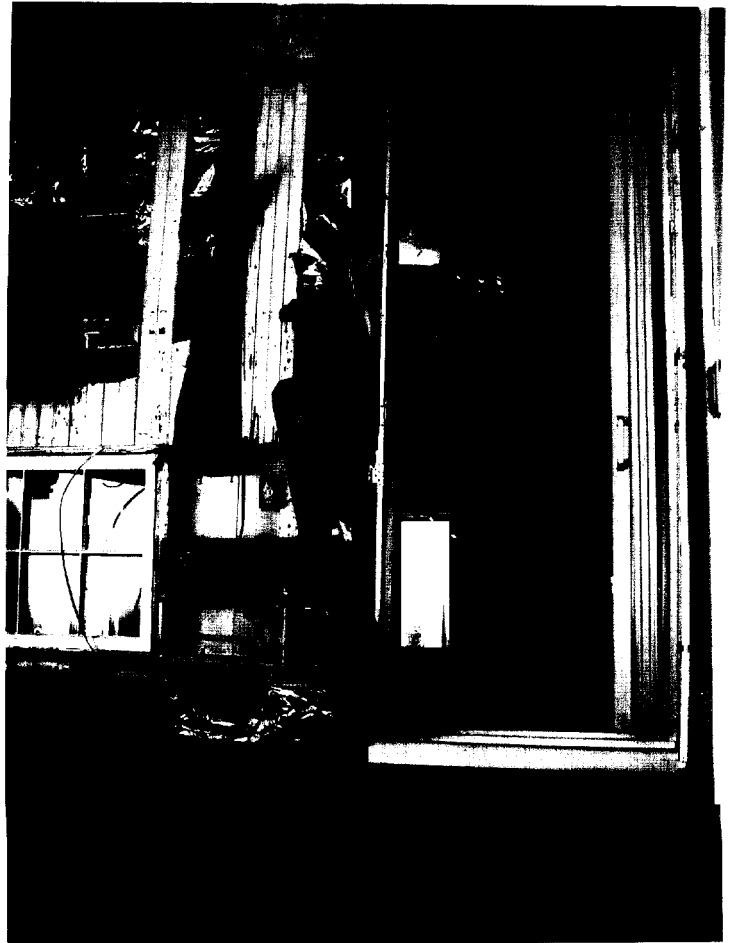
This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 4/10/05
 Printed: 4/10/05



Deborah P. Jordan
Alexander D. Stankowicz
33 LYNDON AVE
PEAKS ISLAND, ME
04108
766-5801

EXISTING
CEILING



EXISTING WALL
(TO HAVE BEADBOARD)





CITY OF PORTLAND, MAINE
Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) _____ Plumbing (15) _____ Electrical (12) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

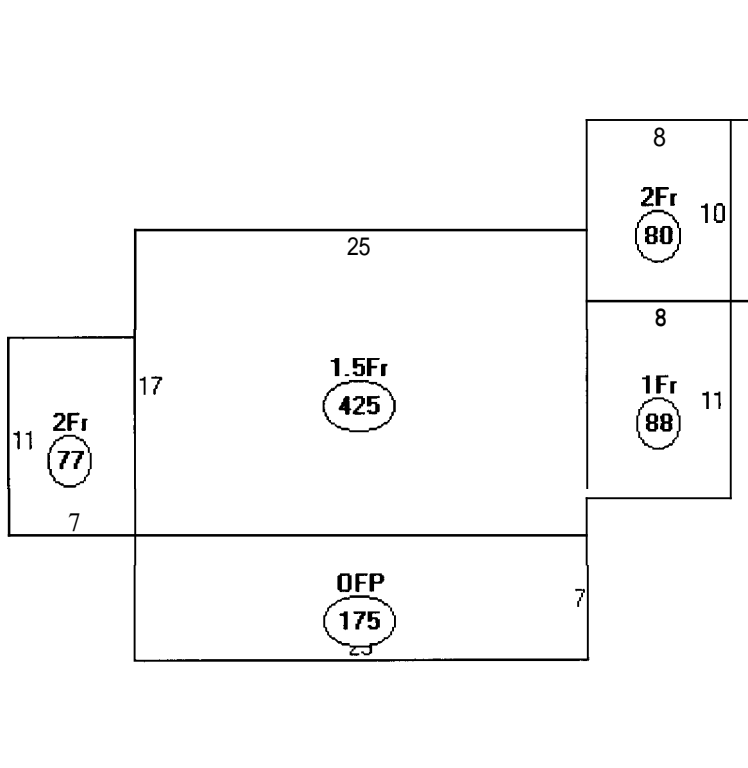
THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy



Descriptor/Area

- A: 1.5Fr
425 sqft
- E: 2Fr
77 sqft
- C: 2Fr
80 sqft
- D: 1Fr
88 sqft
- E: DFP
175 sqft