

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

PERMIT ISSUED
 FEB 15 2011
 CITY OF PORTLAND

Job No: 2011-01-296-ADDR	Date Applied: 1/18/2011	CBL: 088 - - K - 030 - 001 - - - - -	
Location of Construction: 159 CENTRAL , Peaks Island	Owner Name: MICHAEL & SYLVESTER	Owner Address: 159 CENTRAL AVE PEAKS ISLAND, ME - MAINE 04108	Phone:
Business Name:	Contractor Name: Thompson Johnson Woodworks, Thompson Johnson Woodworks	Contractor Address: 115 ISLAND AVE PEAKS ISLANDMAINE04108	Phone: 766-5625
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: IR-1
Past Use: Single Family	Proposed Use: Single Family	Cost of Work: 65000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature:	Inspection: Use Group: R3 Type: SB FEB 15 2011 Signature: <i>[Signature]</i>
Proposed Project Description: 159 Central Ave Peaks Island - add 18' x 10.5' deck & 18' x 17.5' addition		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
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"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: 1/20/11 OK w/ conditions <i>AM</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 Date:	Historic Preservation <input type="checkbox"/> Not in Dist 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:

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
------------------------	---------	------	-------



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.

(159 Central Ave)

Location/Address of Construction: 1 CENTRAL AVE EXTENSION PEAKS ISLAND		
Total Square Footage of Proposed Structure/Area 571 SF		Square Footage of Lot 22,130 SF
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 88 K 30431	Applicant *must be owner, Lessee or Buyer* Name MIKE & VANESSA SYLVESTER Address 1 CENTRAL AVE. EXTENSION City, State & Zip PEAKS ISLAND, ME. 04108	Telephone: 207-766-5758
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ 65,000 C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u> SF </u> If vacant, what was the previous use? _____ Proposed Specific use: <u> SF </u> Is property part of a subdivision? _____ If yes, please name _____ Project description: FAMILY ROOM AND DECK ADDITION (PHASE ONE) SECOND FLOOR REMODE (PHASE TWO)		
Contractor's name: <u> UNKNOWN AT THIS TIME </u> Address: _____ City, State & Zip _____ Telephone: _____		
Who should we contact when the permit is ready: <u> RACHEL CONUM </u> Telephone: <u> 207-766- </u> Mailing address: <u> 26 STERLING ST. PEAKS ISLAND, ME 04108 </u> <u> 5625 </u>		

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: <u> Rachel Conum </u>	Date: <u> 1.17.11 </u>
---	---------------------------------

This is not a permit; you may not commence ANY work until the permit is issued



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life - www.portlandmaine.gov

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

Director of Planning and Urban Development
Penny St. Louis Littell

Job ID: 2011-01-296-ADDR

Located At: 159 CENTRAL

CBL088 - - K - 030 - 001 - - - -

Conditions of Approval:

Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
3. This permit is being issued with the condition that the shed shown on the site plan has not been permitted. The owner has thirty days to bring the property into compliance by either permitting the shed or removing it.

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Hardwired photoelectric interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
3. A Carbon Monoxide (CO) detector shall be installed in each area within or giving access to bedrooms. That detection must be powered by the electrical service in the building and battery.
4. Fastener schedule per the IRC 2009.
5. There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each level.
6. **R311.5.1 Attachment.** Exterior landings, decks, balconies, stairs and similar facilities shall be positively anchored to the primary structure to resist both vertical and lateral forces or shall be designed to be self-supporting. Attachment shall not be accomplished by use of toenails or nails subject to withdrawal.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

1. Footings/ Setbacks (Building Location)
2. Foundation
3. Close-In: (Electrical, Plumbing, Framing)
4. Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

Applicant: Mike & ~~Sylvester~~ ^{Vanessa} Sylvester.

Date: 1/20/11

Address: 159 Central Ave

C-B-L: 88-K-30331

CHECK-LIST AGAINST ZONING ORDINANCE

Date - house built 1880.

Zone Location - IR-1

Interior or corner lot - corner lot.

Proposed Use/Work - add deck (10.5 x 18) & single story addition (18' x 17.5')

Sewage Disposal -

Lot Street Frontage -

Front Yard - 30' min - N/A

Rear Yard - 30' min. - 35' scaled (K)

Side Yard - 20' min. - 30' scaled

Projections -

Width of Lot -

Height - 35'

Lot Area - existing 22,130

Lot Coverage/Impervious Surface - 20% = 4426 sq ft

existing house 912

Area per Family -

proposed deck 276

" addition 315

Off-street Parking -

1453 sq ft OK

Loading Bays -

Site Plan -

Shoreland Zoning/ Stream Protection - N/A

Flood Plains - N/A

Job Summary Report
Job ID: 2011-01-296-ADDR

Report generated on Jan 20, 2011 9:36:48 AM

Job Type:	Addition Residential SF	Job Description:	159 Central Ave Peaks Island	Job Year:	2011
Building Job Status Code:	In Review	Pin Value:	482	Tenant Name:	
Job Application Date:		Public Building Flag:	N	Tenant Number:	
Estimated Value:	65,000	Square Footage:			
Related Parties:		MICHAEL SYLVESTER		<i>Property Owner</i>	
		Thompson & Johnson Woodworks - Thompson Johnson		<i>GENERAL CONTRACTOR</i>	
		Woodworks Thompson Johnson Woodworks			

Job Charges

Fee Code Description	Charge Amount	Permit Charge Adjustment	Net Charge Amount	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Net Payment Amount	Outstanding Balance
----------------------	---------------	--------------------------	-------------------	--------------	----------------	----------------	---------------------------	--------------------	---------------------

Location ID: 14246

Location Details

Alternate Id	Parcel Number	Census Tract	GIS X	GIS Y	GIS Z	GIS Reference	Longitude	Latitude	
G20010	088 K 030 001		M				-70.190986	43.659212	
		Location Type	Subdivision Code	Subdivision Sub Code	Related Persons	Address(es)			
		1				159 CENTRAL AVENUE NORTH			
Location Use Code	Variance Code	Use Zone Code	Fire Zone Code	Inside Outside Code	District Code	General Location Code	Inspection Area Code	Jurisdiction Code	
SINGLE FAMILY		NOT-APPLICABLE	IR-1	(no shroeland)			DISTRICT 1	PEAKS ISLAND	

Structure Details

Structure: Single Family Home

Occupancy Type Code:

Structure Type Code	Structure Status Type	Square Footage	Estimated Value	Address			
Single Family	0			159 CENTRAL AVENUE NORTH			
Longitude	Latitude	GIS X	GIS Y	GIS Z	GIS Reference	User Defined Property	Value

Permit #: BLDG-844

Permit Data

Location Id	Structure Description	Permit Status	Permit Description	Issue Date	Reissue Date	Expiration Date
14246	Single Family Home	Initialized	family room & Deck Addition 2nd fir Remodel			

Job Summary Report
Job ID: 2011-01-296-ADDR

Report generated on Jan 20, 2011 9:36:48 AM

Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code Description	Charge Amount	Permit Charge Adjustment	Permit Charge Adj Remark	Payment Date	Receipt Number	Payment Amount	Payment Adjustment Amount	Payment Adj Comment
Job Valuation Fees	\$670.00							

Job Summary Report
Job ID: 2011-02-370-ALTR

Report generated on Feb 1, 2011 3:41:15 PM

Inspection Details								
Inspection Id	Inspection Type	Inspection Result Status	Inspection Status Date	Scheduled Start Timestamp	Result Status Date	Final Inspection Flag		
Fees Details								
Fee Code	Charge	Permit Charge	Permit Charge Adj	Payment	Receipt	Payment	Payment Adjustment	Payment Adj
Description	Amount	Adjustment	Remark	Date	Number	Amount	Amount	Comment
Job Valuation Fees	\$50.00							