

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 01-1445	Issue Date: NOV 30 2001	CBL: 091 M009001
-----------------------	----------------------------	---------------------

Location of Construction: 845 Seashore Ave <i>P.I.</i>	Owner Name: Childs Frank L. &	Owner Address: 100 Tiffany Ln	Phone: 603-647-1738
Business Name: n/a	Contractor Name: Boucher, Jean	Contractor Address: 488 Walker Road Lyman	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Demolitions	Zone: IR-1

Past Use: Single Family <i>324-9069 229-2088</i>	Proposed Use: Demolition of existing single family	Permit Fee: \$42.00	Cost of Work: \$3,000.00	CEO District: 3
--	---	------------------------	-----------------------------	--------------------

Proposed Project Description: Demolition Dwelling <i>774-0111 + Henry Edwards 732-6152</i>	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>BOCA 1999</i>
	Signature:	Signature: <i>T. Munson</i>

Permit Taken By: gg	Date Applied For: 11/20/2001	Zoning Approval	
------------------------	---------------------------------	------------------------	--

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<p>Special Zone or Reviews</p> <p><input checked="" type="checkbox"/> Shoreland <i>has to be further</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan <i>OK</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>11/27/01</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use <i>N/A</i></p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>9</i></p> <p>Date:</p>
--	---	--	---

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

12/17/01 - Demo not started yet. P

03/19/09 Expect; w/o benefit of final Insp'l JAR.

Application ID Number: 1-1445

Delete Review Save Close

Department: Zoning Status: Approved Reviewer: Marge Schmuckal

Comments: 845 Seashore Ave., Peaks Island Approval Date: 11/27/2001

845 Seashore Ave., Peaks Island

Given On Date:

OK to Issue Permit Name: Marge Schmuckal Date: 11/27/2001 Date 2:

Conditions Section: Add New Condition From Default List Add New Condition Delete Condition

It is suggested that you wait until your permit to rebuild has been completed. This will avoid any confusion and misunderstandings.

Create Date: 11/26/2001 By: jgg Update Date: 11/27/2001 By: mes

01 1445

All Purpose Building Permit Application for Demolition

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: 845 SEASHORE AVE, PEAKS ISLAND, ME.		
Total Square Footage of Proposed Structure 862 SF	Square Footage of Lot 13,042	
Tax Assessor's Chart, Block & Lot Chart# 91 Block# M Lot# 9	Owner: FRANK + ELIZABETH CHILDS 100 TIFFANY LN. MANCHESTER, NH 03104	Telephone: 603-647-1738
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: WILL WINKELMAN @ WHITTEN ARCHITECTS P.O. BOX 404, PORTL.	Cost Of Work: \$ 3,000. Fee: \$ 4200
Current use: SINGLE FAMILY DWELLING PH 04112 774-0111		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Project description: DEMO EAST - REBUILD IMPROVED SINGLE FAMILY DWELLING DEMOLITION CALL LIST MUST BE SUBMITTED WITH THIS APPLICATION 04002		
Contractor's name, address & telephone: JEAN BOUCHER 498 WALKER RD LYMAN		
Who should we contact when the permit is ready: WILL WINKELMAN Mailing address: @ WHITTEN ARCHITECTS PO BOX 404 PORTLAND, ME 04112 Phone: 774-0111		

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: 	Date: 11/20/01
---	----------------

This is not a permit, you may not commence ANY work until the permit is issued. This is for residential demolition. Commercial demolition will require other types of permitting along with this permit, please inquire with support staff

NOV 20 2001
120/01





CITY OF PORTLAND

The Demolition Call List must be submitted with a Building Permit Application

Property location: 945 SEASHORE AVE Chart/Block/Lot 91-11-9

The call list below must be submitted with the building permit application. Please note any "commercial use" demolition will need additional approvals.

When making the submission please include a plot plan showing the location of the structure that is being removed along with a photograph. You may not remove or disconnect any type of lines (private or public) until you have received an *approved building permit*. If the building does not have one of the below utilities please put "does not apply". All Departments in bold must be notified under all circumstances.

City Approvals

<u>Department</u>	<u>Number</u>	<u>Contact</u>	<u>Date/Who you spoke with</u>
Public Works Sewer	874-8833	Todd Merkel	<u>N/A</u>
Public Works Traffic (if structure is being moved to another location)	874-8437	Gary Dobson	<u>N/A</u>
Public Works Sealed Drain Permit	874-8822	Carol Merritt	<u>N/A</u>
Historical Preservation	874-8726	Deb Andrews	<u>N/A</u>
Fire Dispatch	874-8576	Dispatcher on Duty	<u>DENNISON, DISPATCHER!</u>

Utility Approvals

Dig Safe (must receive 72 hours notice before digging can begin)	1-888-344-7233	Customer Service	<u>N/A</u>
Asbestos	1-207-287-2651	Ed Antz	<u>N/A</u>

I have contacted all the necessary companies and departments as indicated above
Signature [Handwritten Signature] Date: 10/20/01



✓ CHUMS RES. 845 SEASHORE, PEAKS IS.



DSCN1488.JPG



DSCN1489.JPG



DSCN1490.JPG



DSCN1491.JPG



DSCN1492.JPG



DSCN1493.JPG

11.18.01



DUPLICATE

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Sanitation DATE 11/20/01
RECEIVED FROM W. John W. Winkelman
ADDRESS 745 Somersville Rd PT

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	metal sign		500.00
	new sign		630.00
	Demol Fee		480.00
	Claim # 4950		
	CBF 091 M 009		
<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK	<input type="checkbox"/> OTHER	TOTAL <u>1610.00</u>

RECEIVED BY [Signature]

2

