

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080191

PERMIT ISSUED
MAR - 4 2008
CITY OF PORTLAND

This is to certify that MARKS JEFFREY A & ROYANNE T ITS/Shannon nash

has permission to Replace door, - Remove two exterior partitions.

AT 665 ISLAND AVE

City of Portland 092 F009001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 procured before this building or part thereof is altered or otherwise closed-in. 24 HOUR NOTICE 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

Thomas H. Mackley 03/4/08
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

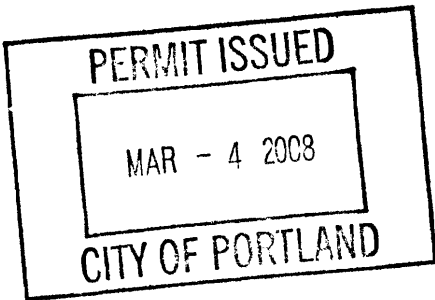
Permit No: 08-0191	Issue Date:	CBL: 092 F009001
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Location of Construction: 665 ISLAND AVE	Owner Name: MARKS JEFFREY A & ROXANN	Owner Address: 665 ISLAND AVE	Phone: 712-2281
Business Name:	Contractor Name: Shannon nash	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR2

Past Use: Single Family Home	Proposed Use: Single Family Home - Minor Renovations	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 1
Proposed Project Description: Replace door, - Remove two interior partition.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: IRC 2003	
		Signature:	Signature: <i>Jm</i>	
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: lmd	Date Applied For: 03/03/2008	Zoning Approval		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone <i>OK</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved <i>NA</i>
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm 3/4/08</i>	Date: _____	Date: <i>3/4/08</i>

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

City of Portland, Maine - Building or Use Permit

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

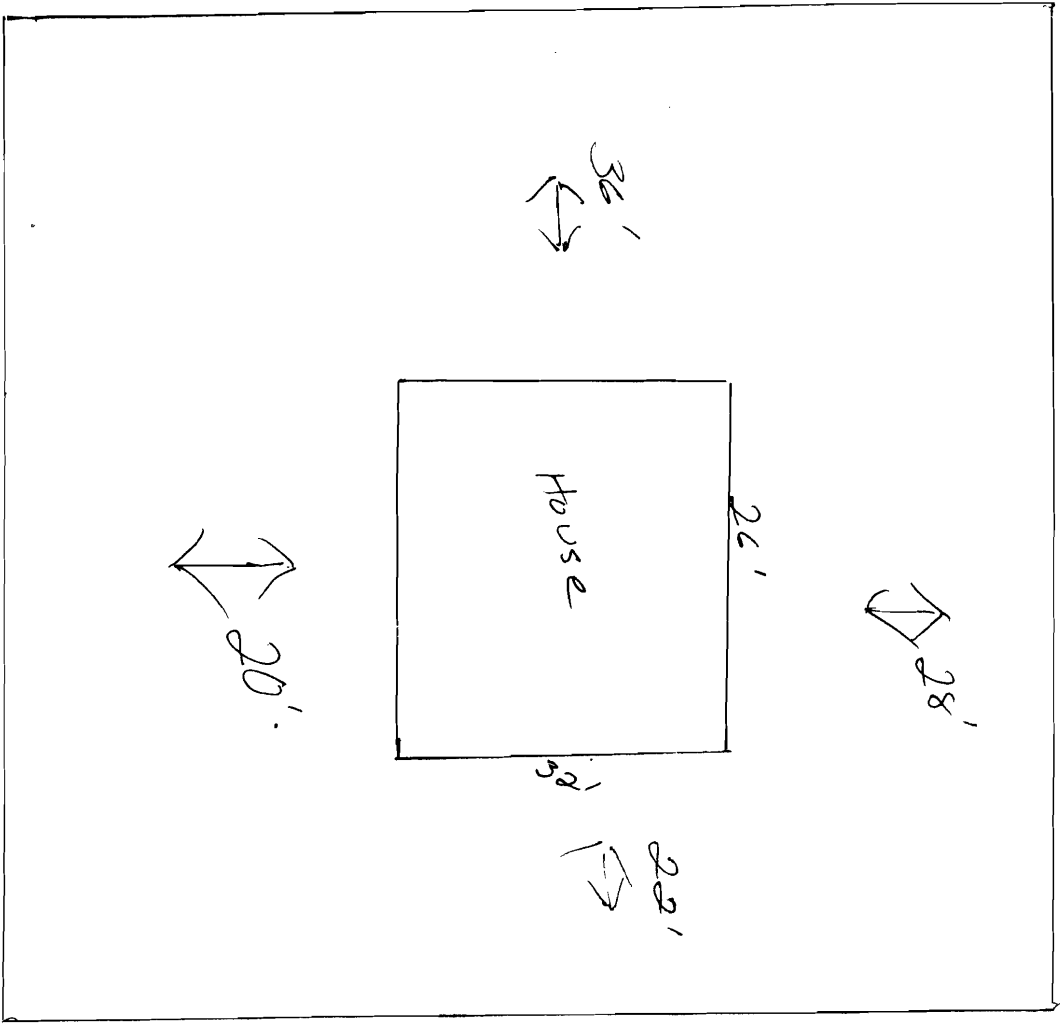
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Business Name:	Contractor Name: Shannon nash	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

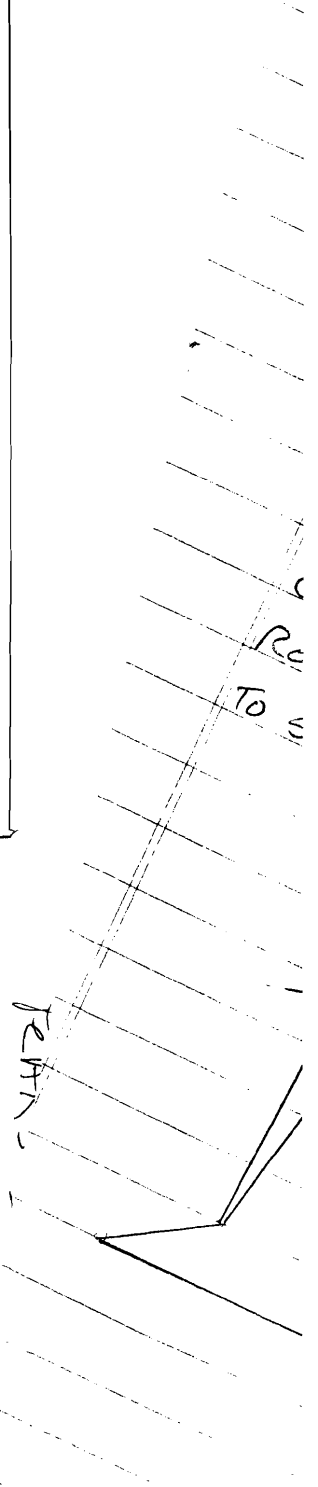
Proposed Use: Single Family Home - Minor Renovations	Proposed Project Description: Replace door, - Remove two interior partition.
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Dept: Zoning	Status: Approved	Reviewer: Tom Markley	Approval Date: 03/04/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
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 single family dwelling. Any change of use shall require a separate permit application for review and approval.			
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date: 03/03/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) 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.			
2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.			

ISLAND AVE



04/08



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-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

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.

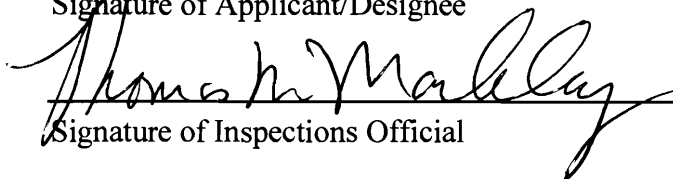
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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



Signature of Applicant/Designee

Date



Signature of Inspections Official

 3/4/08

Date

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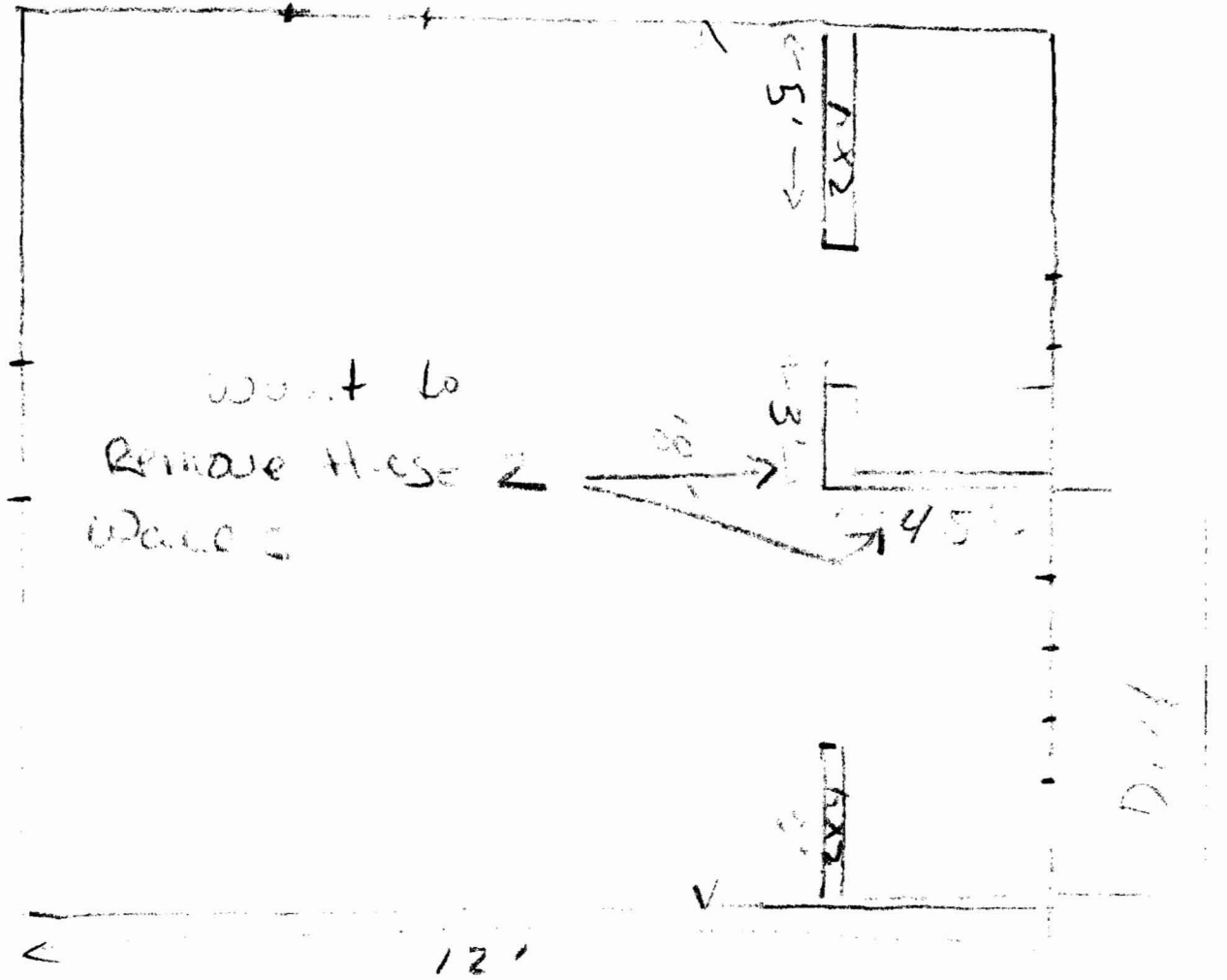
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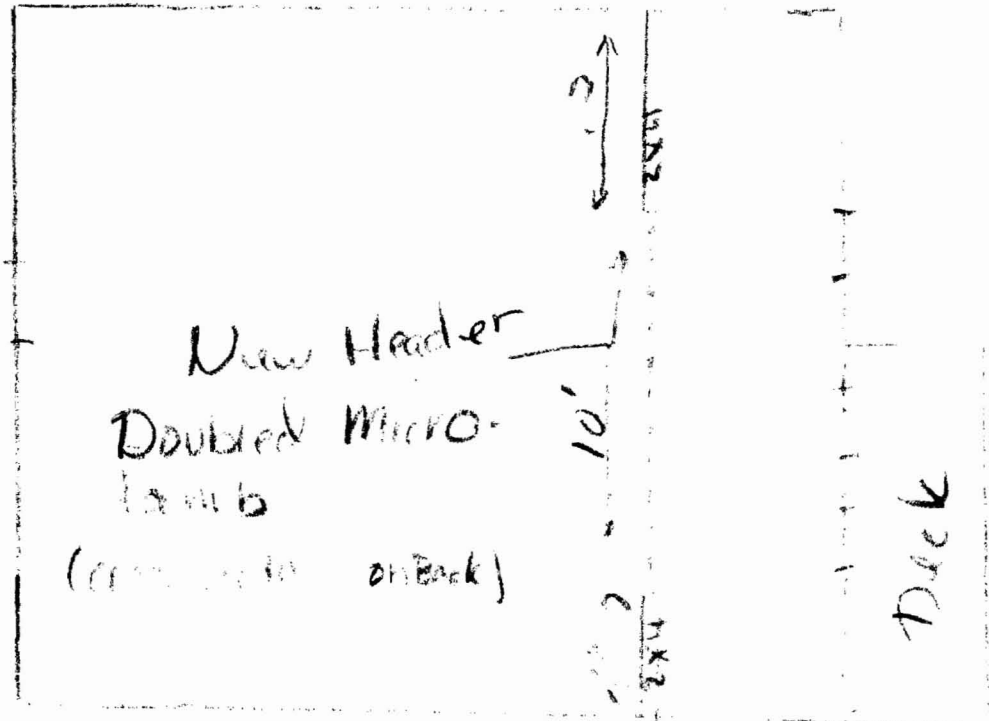
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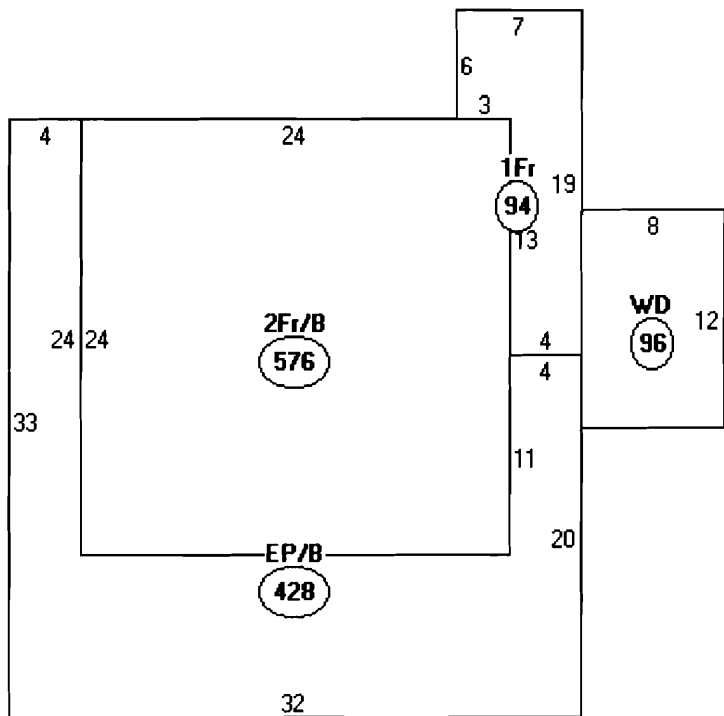
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East side kitchen



East side kitchen proposal

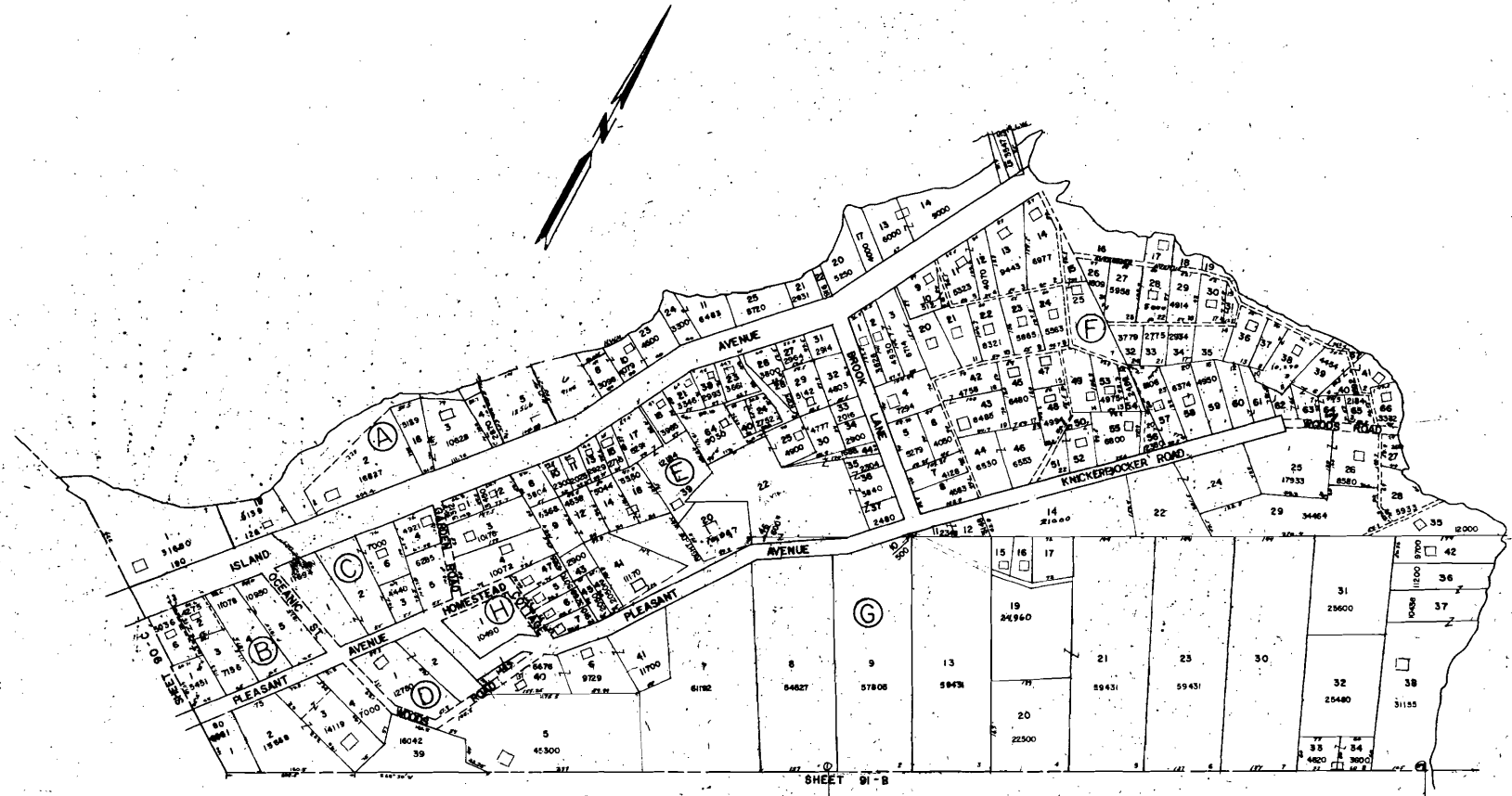




Descriptor/Area
A: 2Fr/B
576 sqft
B: 1Fr
94 sqft
C: WD
96 sqft
D: EP/B
428 sqft

~~1194~~
No new space added
OK

Nº 92
PEAKS ISLAND



SHEET 91 - B

NOTE FROM RECORDED PLAN: "A ROAD IS RESERVED 20FT. WIDE RUNNING EAST AND WEST ACROSS THESE LOTS LOCATED ON MOST CONVENIENT ROUTE"



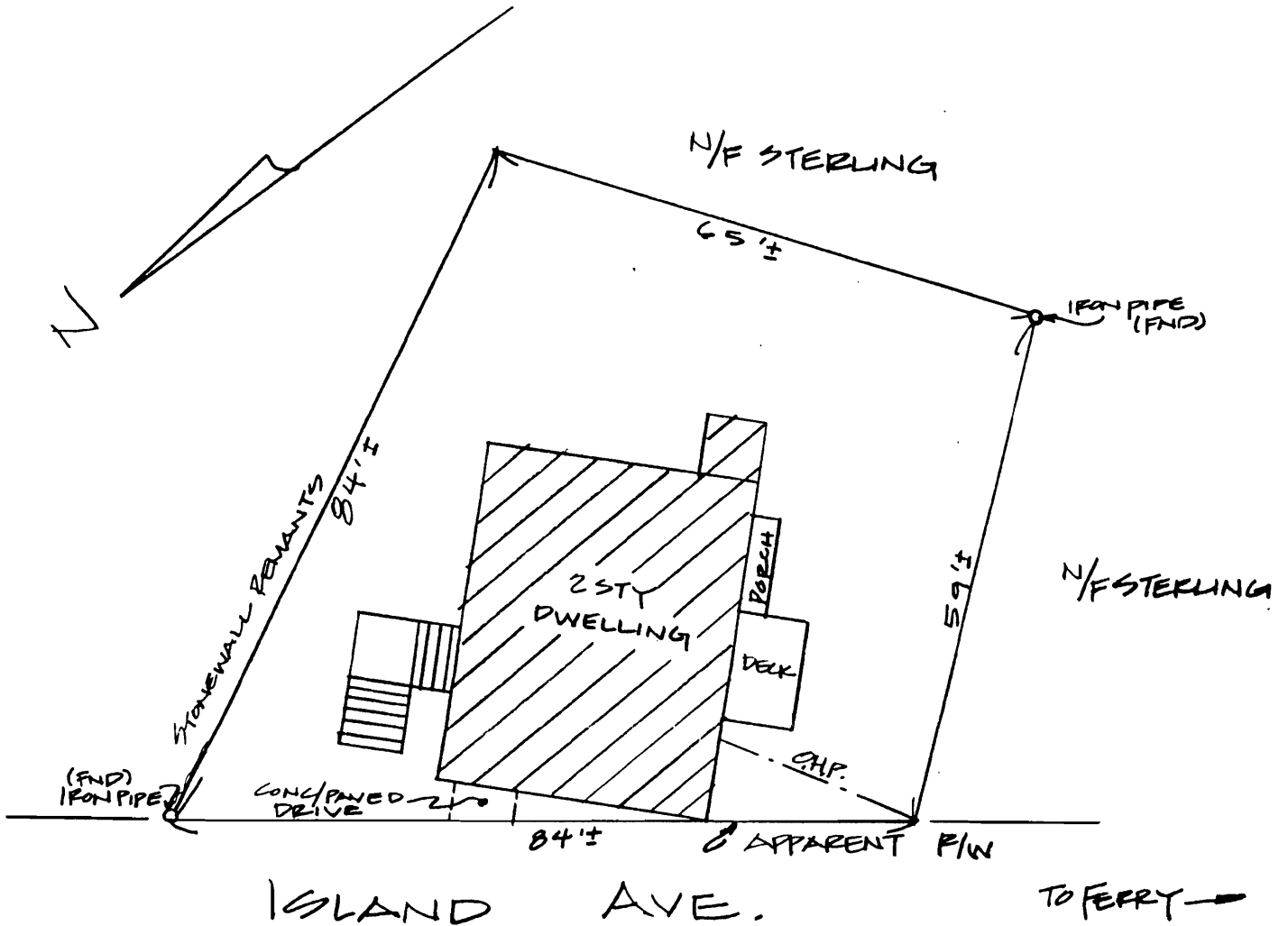


FOR MORTGAGE LENDER USE ONLY

GENERAL NOTES: (1) DISTANCES SHOWN ARE TAKEN FROM PROVIDED TITLE REFERENCES SHOWN BELOW. (2) THIS INSPECTION EXAMINES DWELLING AND ACCESSORY STRUCTURE COMPLIANCE WITH RESPECT TO MUNICIPAL ZONING SETBACK REQUIREMENTS ONLY. (3) A STANDARD BOUNDARY SURVEY SHOULD BE PERFORMED TO RENDER A PROFESSIONAL OPINION AS TO ACTUAL PROPERTY LINE LOCATIONS. (4) THIS INSPECTION DEPICTS ALL VISIBLE STRUCTURAL ENCROACHMENTS WITH RESPECT TO APPARENT PROPERTY LINES AND RECOGNIZES ONLY THOSE EASEMENTS & RIGHTS OF WAYS STATED OR SHOWN IN BELOW PROVIDED TITLE REFERENCES AND DOES NOT REVEAL ANY CONFLICTS WITH ADJUTING DEEDS. (5) FLOOD HAZARD DETERMINATION IS MADE BY SCALING DISTANCES ON BELOW REFERENCED FEMA MAP. (6) THIS INSPECTION IS TO BE USED ONLY BY BELOW LISTED LENDER, TITLE COMPANY &/OR ATTORNEY AND ITS TITLE INSURER.

ADDRESS: 665 ISLAND AVE.
PEAKS ISLAND, ME

INSPECTION DATE: 4/3/97
SCALE: 1"=20'



APPLICANT: JEFFREY & ROZANNE MARKS REQUESTING PARTY: ATLANTIC TITLE CO.
OWNER: WALTON DAVIDSON & SUZANNAH GALE ATTORNEY: _____
LENDER: COASTAL SAVINGS BANK FILE No. 973373

TITLE REFERENCES:
DEED BOOK: 1174 PAGE: 279
PLAN BOOK: _____ PAGE: _____ LOT: _____
MUNICIPALITY: (UNINCORPORATED)

97-305

NADEAU & LODGE, INC.
PROFESSIONAL LAND SURVEYORS
ALL STEVENS AVENUE 222 CLARES WOODS ROAD

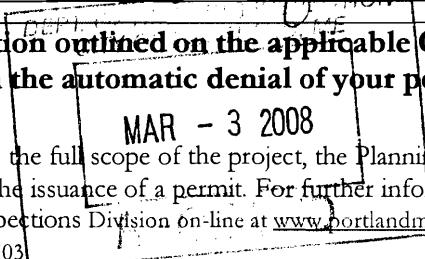


General Building Permit Application

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: <u>665 Island ave Peaks Island Me</u>			
Total Square Footage of Proposed Structure/Area <u>832</u>		Square Footage of Lot <u>5500 approx</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer * Name <u>Roxanne T Marks</u>		Telephone: <u>207-712-2281</u>
<u>92</u> <u>F</u> <u>9</u>	Address <u>1909 GREENWOOD RD SW</u> City, State & Zip <u>ROANOKE, VA 24015</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>5000.00</u> C of O Fee: \$ <u>70.00</u> Total Fee: \$ <u>5070.00</u>	
Current legal use (i.e. single family) <u>single family home</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Replace front door w/ larger model, remove two interior partitions, replace with header.</u>			
Contractor's name: <u>Shannon Nash</u>			
Address: <u>191 BISBETOWN RD</u>		Telephone: <u>583-2253</u>	
City, State & Zip: <u>Watford Me 04088</u>		Telephone: <u>207-583-2253</u>	
Who should we contact when the permit is ready: <u>Both Roxanne & Shannon</u> Telephone: _____			
Mailing address: <u>191 BISBETOWN RD Watford Me 04088</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: Roxanne Marks Date: 3/1/08

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

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