

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read
Application And
Notes, If Any,
Attached

Permit Number: 070213

PERMIT ISSUED
APR - 5 2007

This is to certify that MASON BARBARA MACTON LIFE INT ETALS ITS/D Cr

has permission to Change style and pitch of roof to addition in this place

AT 0 ISLAND AVE CLIFF ISLAND

109A B006001

provided that the person or persons firm or in 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 procured before this building or part thereof is occupied or service closed-in. 4 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 M. Mally 4/3/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

Collateral
? USB Tracker

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0213	Issue Date:	CBL: 109A B006001
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Location of Construction: 0 ISLAND AVE CLIFF ISLAND	Owner Name: MASON BARBARA MACLEAN L	Owner Address: 42 FOUR SEASONS DR	Phone:
Business Name:	Contractor Name: David Crowley	Contractor Address: P.O. Box 11 Cliff Island	Phone (207) 7662651
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-1

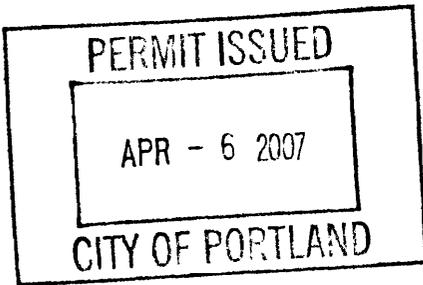
Past Use: Single Family Home	Proposed Use: Single Family Home - Change style and pitch of roof no additional living space	Permit Fee: \$260.00	Cost of Work: \$24,000.00	CEO District: 1
Proposed Project Description: Change style and pitch of roof no additional living space		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003 Signature: Jm 4/3/07	
		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: 02/28/2007	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 <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: 3/30/07	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 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:
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Handwritten notes: "within 15' of NW", "30% rule", "using 27.91% of volume increase"



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

11/4/08 Inspected rafters through access panel
in ceiling in hallway.

No collar ties apparent - need every
4'. Also rafters lapped &

Through bolted at Ridge.

Called David Crowley, contractor, he used

This method from wood frame constr. mmo. as
alternative when existing ext. walls may not run

parallel. He used 3/4" T&G Advantec sheathing.

Run Plate at ext. walls using timberlocks to
fasten thru to exist. PL joists. & then timberlatched

The Rafters to the plate. Asked him to add
collar ties 4' to tie Rafters. He agreed.

close out JMB