

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
FEB 03 2003
Permit Number: 0601403
CITY OF PORTLAND

This is to certify that FLETCHER IRENE E & W DALL M FLETCHER JR JR MITL

has permission to Change roof line add Pitched of

AT 425 FOREST AVE 111 A010001

provided that the person or persons in firm or corporation accepting 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 started or resumed-in-progress. **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. Craig Cross 2-21-03

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Alfred August 2/22/03
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: 06-0140	Issue Date: FEB 23 2006	CBL: 111 A010001
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Location of Construction: 425 FOREST AVE	Owner Name: FLETCHER IRENE E & WENDA	Owner Address: 48 REVERE ST	Phone:
Business Name:	Contractor Name: Jeff Lacourse	Contractor Address: 7 Kings Court North Waterboro	Phone: 2076518422
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: B2b

Past Use: Commercial - pizza restaurant/take-out see permit #05-1323	Proposed Use: Commercial/ Change roof line add Pitched roof	Permit Fee: \$210.00	Cost of Work: \$20,500.00	CEO District: 1
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>M</i> Type: <i>3B</i> <i>2/22/06</i>
Signature: <i>Greg Cass</i>	Signature: <i>Ally P...</i>

Proposed Project Description:
Change roof line add Pitched roof

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 01/27/2006
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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 type="checkbox"/> Shoreland</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</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>2/20/06</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</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</p> <p>Date: _____</p>
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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

5/11/06 Trusses installed. Owner told
to provide access to this new
crawl space. AR

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0140	Date Applied For: 01/27/2006	CBL: 111 A010001
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Location of Construction: 425 FOREST AVE	Owner Name: FLETCHER IRENE E & WENDAL	Owner Address: 48 REVERE ST	Phone:
Business Name:	Contractor Name: Jeff Lacourse	Contractor Address: 7 Kings Court North Waterboro	Phone: (207) 651-8422
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	

Proposed Use: Commercial/ Change roof line add Pitched roof	Proposed Project Description: Change roof line add Pitched roof
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 02/08/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date: 02/22/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Modifications to Plumbing vents, Kitchen Exhaust, Electrical Service Drop or other features must be submitted for approval and properly permitted prior to implementation.			
Dept: Fire	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: 02/21/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) No combustable loading allowed in the concealed space			

All Purpose Building Permit Application

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: 425 FOREST AVE / PTLD ME 04103

Total Square Footage of Proposed Structure <u>ROOF/TRUSS (2071 SF)</u>		Square Footage of Lot <u>9839 SF</u>	ACCT # <u>15870</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>111 - A - 010 - 001</u>		Owner: <u>WENDALL FLETCHER</u>	Telephone: <u>207-7722128</u> <u>7744674</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>		Applicant name, address & telephone: <u>48 REVERE ST</u> <u>PTLD ME 04103</u> <u>WENDALL FLETCHER</u>	Cost Of Work: <u>\$20,500.00</u> Fee: \$
Current use: <u>VACANT / HAVE BUILDING PERMIT FOR RENOVATIONS</u>			
If the location is currently vacant, what was prior use: <u>FOOD TAKE OUT</u>			
Approximately how long has it been vacant: <u>10 MONTHS</u>			
Proposed use: <u>SAME USE</u> (SEE ENGINEERED TRUSS DESIGN)			
Project description: <u>ADD A PITCHED ROOF TO EXISTING FLAT ROOF</u> <u>FOR APPEARANCES AND MAINTENANCE (DOES NOT ADD LIVING SPACE)</u>			
Contractor's name, address & telephone: <u>JEFF LACOURSE 7 KINGS COURT</u> <u>207-247-2295 / CELL 207-651-8422</u> <u>N. WATERBORO ME 04061</u>			
Who should we contact when the permit is ready: <u>WENDALL FLETCHER / OWNER</u>			
Mailing address: <u>48 REVERE ST - PTLD, ME. 04103</u>			
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. <u>PHONE: 207-7722128</u> <u>207-7744674</u>			

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: Wendall Fletcher Date: JAN. 27, 2006

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

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	425 FOREST AVE
Subdivision Lot #	
PROPERTY OWNERS NAME	
WENDAN FLECHER + ABBOTT MOSHIER	
Last:	First:
Applicant Name:	SOUTHERN MAINE PLUMBING + HEATING INC
Mailing Address of Owner/Applicant (If Different)	160 PRESUMPSOT ST. PORTLAND, ME 04103

PORTLAND	PERMIT # 9686	TOWN COPY
Date Permit Issued: 10/31/05	\$ 1130	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 1608	

111 A10

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 10/21/05
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>CAMP</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02289</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	0,1	Sink
		Drinking Fountain	0,1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	0,1	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE (\$6.00)		Other: _____	0,1	Water Heater
		Fixtures (Subtotal) Column 2	0,4	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
JH# 12617 30 10 + / 40				Fixture Fee
				Transfer Fee
30				Hook-Up & Relocation Fee
				Permit Fee (Total)