

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Permit Number: 040102

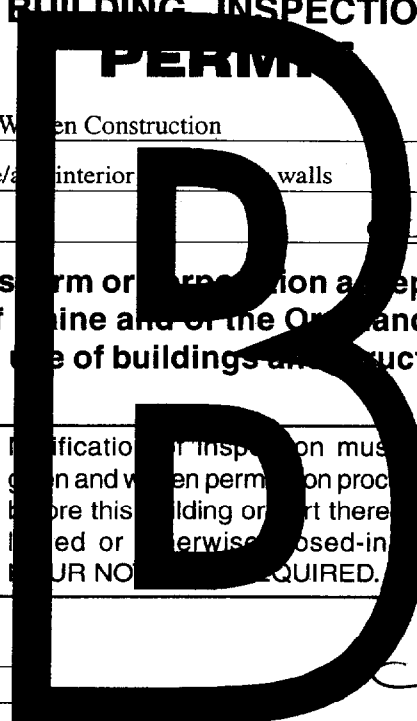
Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Family Crisis Shelter The/Women Construction

has permission to renovate kitchen and move/alter interior walls

AT 24 Surrenden St PORTLAND, OR 97201 115 C010001

provided that the person or persons in charge of the work in accepting this permit shall comply with all of the provisions of the Statutes of Oregon 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 is procured before this building or part thereof is occupied or otherwise closed-in. A CUR NO. IS 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 \_\_\_\_\_

**PERMIT ISSUED**  
FEB 05 2004  
Department Name  
**CITY OF PORTLAND**

*[Handwritten Signature]*  
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: 04-0102	<b>PERMIT ISSUED</b> Issue Date: FEB 05 2004	CBL: 115 C010001
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<b>Location of Construction:</b> 24 Surrenden St	<b>Owner Name:</b> Family Crisis Shelter The	<b>Owner Address:</b> CITY OF PORTLAND	<b>Phone:</b> 207-767-4952
<b>Business Name:</b>	<b>Contractor Name:</b> Warren Construction	<b>Contractor Address:</b> P.O. Box 362 South Freeport	<b>Phone:</b> 2078653522
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	<b>Zone:</b> R-5

<b>Past Use:</b> single family	<b>Proposed Use:</b> single family - renovate kitchen and move/add interior non-bearing walls	<b>Permit Fee:</b> \$156.00	<b>Cost of Work:</b> \$15,000.00	<b>CEO District:</b> 3
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A	<b>INSPECTION:</b> Use Group: R-3 Type: SB BOCA 1999	

**Proposed Project Description:**  
renovate kitchen and move/add interior non-bearing walls

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Permit Taken By:</b> tmm	<b>Date Applied For:</b> 02/05/2004	<b>Zoning Approval</b>	
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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**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan

Maj  Minor  MM

Date: 2/5/04

**Zoning Appeal**

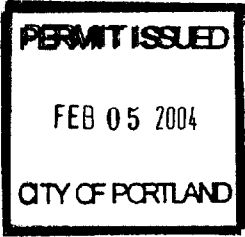
Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

Date: \_\_\_\_\_

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review  
 Approved  
 Approved w/Conditions  
 Denied

Date: 2/5/04



**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

<b>Permit No:</b> 04-0102	<b>Date Applied For:</b> 02/05/2004	<b>CBL:</b> 115 C010001
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<b>Location of Construction:</b> 24 Surrenden St	<b>Owner Name:</b> Family Crisis Shelter The	<b>Owner Address:</b>	<b>Phone:</b> 207-767-4952
<b>Business Name:</b>	<b>Contractor Name:</b> Warren Construction	<b>Contractor Address:</b> P.O. Box 362 South Freeport	<b>Phone:</b> (207) 865-3522
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	

<b>Proposed Use:</b> single family - renovate kitchen and move/add interior non-bearing walls	<b>Proposed Project Description:</b> renovate kitchen and move/add interior non-bearing walls
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 02/05/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 02/05/2004
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

\_\_\_\_\_ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before **any** site work begins on any project other than single family additions or alterations.

\_\_\_\_\_ **Footing/Building Location Inspection:** Prior to pouring concrete

\_\_\_\_\_ **Re-Bar Schedule Inspection:** Prior to pouring concrete

\_\_\_\_\_ **Foundation Inspection:** Prior to placing ANY backfill

**Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

**Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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]  
Signature of Applicant/Designee

2/5/04  
Date

[Signature]  
Signature of Inspections Official

2/5/04  
Date

CBL: 115-C-010

Building Permit #: 04-0102



# Residential 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>4 Chamberlain St Portland, ME.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#                  Block#                  Lot#	Owner: <u>Family Crisis Services.</u> <u>Lois Galguy Deckett - Director</u>	Telephone: <u>767-4952</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Warren Construction Group</u> <u>MARGOT CURTIS</u> <u>PO BOX 362</u> <u>SO FREEPORT</u>	Cost Of Work: \$ <u>15,000</u> Fee: \$ <u>156</u>
Current Specific use: <u>Women's Shelter - Kitchen</u>		
Proposed Specific use: <u>Women's Shelter - Kitchen.</u>		
Project description: <u>Renovation of existing kitchen -</u>		
Contractor's name, address & telephone: <u>Warren Construction Group, LLC.</u>		
Who should we contact when the permit is ready: <u>Margot Curtis.</u>		
Mailing address: <u>Warren Construction Group</u> <u>PO BOX 362</u> <u>South Freeport, ME 04078</u>		Phone: <u>865-3522</u>

**Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.**

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections 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 of applicant:	Date:
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

**This is not a Permit; you may not commence any work until the Permit is issued.**

# Family Crisis Services

*Working to end domestic abuse in Cumberland and Sagadahoc Counties*  
P.O. Box 704, Portland, ME 04104 • (207) 767-4952 • FAX (207) 767-8109  
E-mail: [familycrisis@familycrisis.org](mailto:familycrisis@familycrisis.org) • [www.familycrisis.org](http://www.familycrisis.org)

## **VOLUNTEER CONFIDENTIALITY CONTRACT**

**I agree to keep all information, the identity of the women and children using the Family Crisis shelter and services and the location of the shelters strictly confidential. I will not disclose the names or discuss any identifiable circumstance of any client or child; I will not disclose the location of the shelter to anyone without the expressed permission of a staff person.**

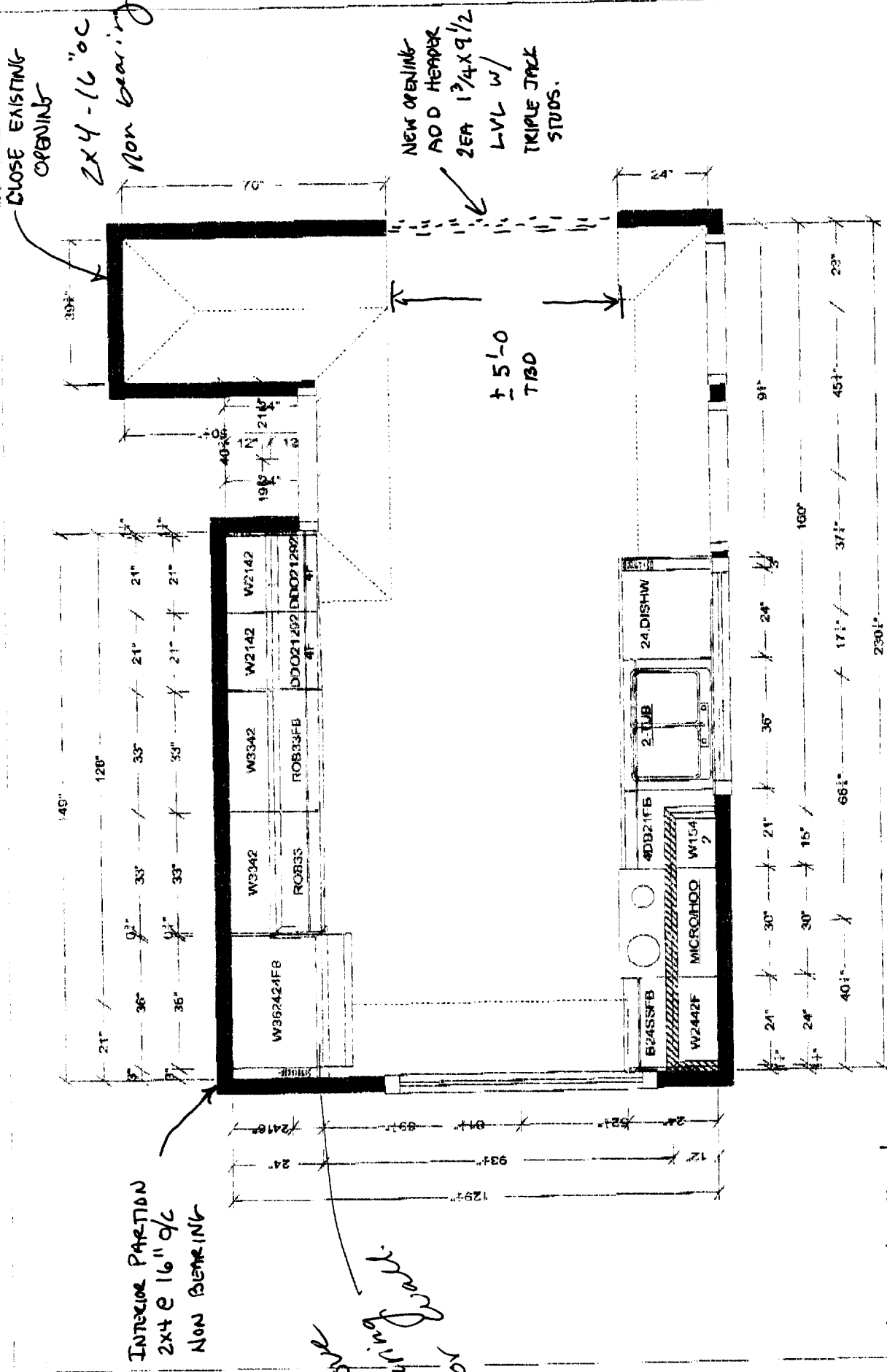
**I will only discuss a resident, caller or client's situation with trained, active volunteers and staff for the purpose of support and supervision.**

**I understand that I will be held to these standards and that violations of these standards could jeopardize the safety of shelter and the residents.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.



All dimensions, size designations given are subject to verification on job site and adjustment to fit job conditions.

Designed: 01/09/2004  
Printed: 01/09/2004

NEW KITCHEN  
4 CHAMBERLAN ST  
PORTLAND ME

2/5/04