City of Portland, Maine - I 389 Congress Street, 04101 T	O			Pe	rmit No: 06-1807	Issue Dat	e:	CBL: 117 A02	20001
Location of Construction: 265 DEERING AVE Owner Name: BOLES ELIAS					Owner Address: 123 WOLFES NECK RD		Phone:		
Business Name: Contractor Homework		Name:		Contractor Address: 1039 Riverside St Portland				Phone 2076507435	
essee/Buyer's Name Phone:				Permit Type: Alterations - Multi Family			Zone		
Past Use: Residential 3 unit Residential 3 unit Residential 3 unit fire damaged a		unit reconstruction of			Cost of Wo \$180,0 Approved	00.00	CEO District: 2 CTION: roup:	Туре	
Proposed Project Description: Reconstruction of fire damaged & 06-1744)	apartments (connecte	d to per	mits 06-1619	Actio	STRIAN ACTI	VITIES DIST		P.A.D.)	Denied
Permit Taken By: dmartin	Date Applied For:			Signature: Zoning Approval			l	Dute.	
This permit application doe Applicant(s) from meeting a Federal Rules.	es not preclude the	Special Zone or Reviews		Zoning Appeal Variance			Historic Preservation Not in District or Landa		
2. Building permits do not include septic or electrical work.	lude plumbing,	☐ Wetland		Miscellaneous			Does Not Require Revie		
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		☐ Flood Zon		Conditional Us			Requires Review		
		Subdivision		☐ Interpretatio			Approved		
		☐ Si	te Plan		Approv	ed		Approved w	/Condition
		Maj [Mino MM		Denied			Denied	
		Date:			Date:		D	Pate:	
I hereby certify that I am the own I have been authorized by the own jurisdiction. In addition, if a perishall have the authority to enter to such permit.	vner to make this appli mit for work described	med procession and the second	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	to conform to code office	to all ap	oplicable laws of the state of	of this sentative
SIGNATURE OF APPLICAN			ADDRES	S		DATE	E	P	НО

Location of Construction: 265 DEERING AVE	Owner Name: BOLES ELIAS J	Owner Address: 123 WOLFES NECK RD	Phone:	Phone:	
Business Name:	Contractor Name: Homeworks Builders	Contractor Address: 1039 Riverside St Portland	Phone 2076507435		
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family		Zone:	
Dept: Zoning State Note:	tus: Approved with Conditions	Reviewer: Ann Machado Appro	val Date: 12/2 Ok to Issue	20/2006 : 🔽	
1) This permit is being approvuork.	ved on the basis of plans submitt	d. Any deviations shall require a separate app	roval before startin	g that	
2) This property shall remain a approval.	a three family dwelling. Any char	ge of use shall require a separate permit applica	ntion for review and		

Dept: Building Note:

Status: Approved with Conditions

Reviewer:

Chris Hanson

Approval Date:

Ok to Issue:

- 1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work.
- 3) 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.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) Seperate sprinkler permit required
- 6) There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each
- 7) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 8) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 9) All floors and walls that separate dwelling units or dwelling units and common areas are required to meet a 1 hour fire rated assembly and sound transmission rating of 45 STC.
- 10) The attic scuttle opening must be 22" x 30".
- 11) Fastener schedule per the IRC 2003

Dept: Fire

Note:

Status: Approved with Conditions

Reviewer: Cptn Greg Cass

Approval Date:

12/21/2006

~

Ok to Issue:

1) Smoke detectors required in common areas and basement.

2) All construction shall comply with NFPA 101

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 APPLICAN

ADDRESS

DATE

РНО

Location of Construction: 265 DEERING AVE	Owner Name: BOLES ELIAS J	Owner Address: Phone: 123 WOLFES NECK RD		
Business Name:	Contractor Name: Homeworks Builders	Contractor Address: Phone 1039 Riverside St Portland 207650743		35
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family		Zone:

3) Seperate sprinkler design required.

Comments:

1/17/2007-csh: Called Aaron wilson @878-1751 with structural ?'s and issues. He will e-mail updated plans to address issues CSH 1/17/07

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	