

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 090671

Please Read Application And Notes, If Any, Attached

This is to certify that WILLIAMSON LAURIE A & THOMAS WILLIAMSON JR

has permission to Framing for New Ceiling and Insulation

AT 97 FESSENDEN ST CB 117 B006001

provided that the person or persons, firm or corporation 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 written permission procured before this building or part thereof is lathed or otherwise finished-in. 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. JUN 26 2009

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Chtr. J. M. 6/26/09
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Handwritten note:
Kunoch 11.00
Gerald - II
751.4382

City of Portland, Maine - Building or Use Permit Application

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

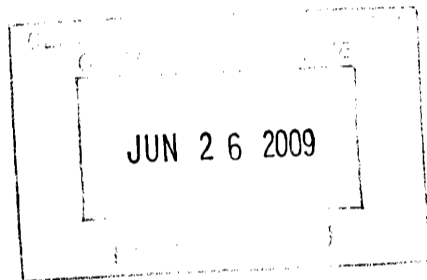
Permit No: 09-0671	Issue Date: <i>6/26/09</i>	CBL: 117 B006001
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Location of Construction: 97 FESSENDEN ST	Owner Name: WILLIAMSON LAURIE A & THO	Owner Address: 97 FESSENDEN ST	Phone: 207-879-7011
Business Name:	Contractor Name: Gerald Muto	Contractor Address: 30 Stovers Point Road Harpswell	Phone: 2078335043
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - Framing for New Ceiling and Insulation	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 2
Proposed Project Description: Framing for New Ceiling and Insulation		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC-2003</i>	
		Signature: <i>[Signature]</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: 06/26/2009	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 <i>OK</i> <input type="checkbox"/> Site Plan <i>OK</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>6/26/09</i>	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 type="checkbox"/> Not in District or Landmark <input checked="" 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: <i>6/26/09 ce</i>
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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

City of Portland, Maine - Building or Use Permit
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 09-0671	Date Applied For: 06/26/2009	CBL: 117 B006001
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Location of Construction: 97 FESSENDEN ST	Owner Name: WILLIAMSON LAURIE A & THO	Owner Address: 97 FESSENDEN ST	Phone: 207-879-7011
Business Name:	Contractor Name: Gerald Muto	Contractor Address: 30 Stovers Point Road Harpswell	Phone: (207) 833-5043
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - Framing for New Ceiling and Insulation	Proposed Project Description: Framing for New Ceiling and Insulation
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Dept: Zoning **Status:** Approved **Reviewer:** Chris Hanson **Approval Date:** 06/26/2009
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 06/26/2009
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust 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.



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: 97 FESSENDEN STREET PORTLAND		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 117 B 006	Applicant *must be owner, Lessee or Buyer Name TW & Laurie Williamson Address 97 Fessenden St City, State & Zip PORTLAND ME 04103	Telephone: 879-7011
Lessee/DBA (If Applicable) JUN 26 2009	Owner (if different from Applicant) CONTRACTOR Name GERALD MUTO, INC Address 115 Raymond Road City, State & Zip Brunswick ME 04011 751-4382	Cost Of Work: \$ 2000 C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Single Family</u> Number of Residential Units _____ If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: _____		
Contractor's name: <u>GERALD MUTO, INC.</u> Address: <u>115 Raymond Road</u> City, State & Zip: <u>Brunswick ME 04011</u> Telephone: <u>751-4382</u> Who should we contact when the permit is ready: <u>CONTRACTOR</u> Telephone: <u>751-4382</u> Mailing address: _____		

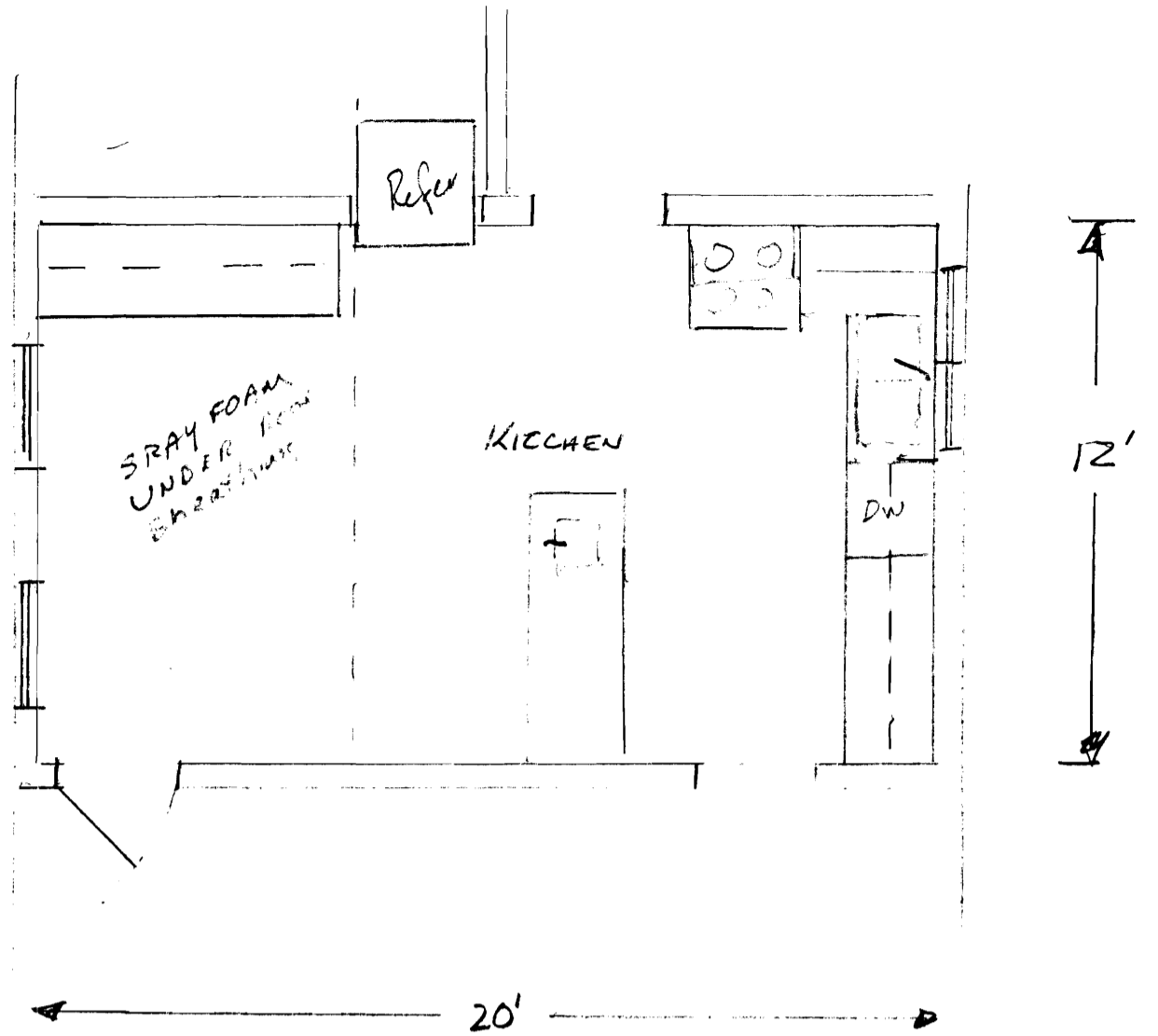
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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: *Gerald Muto* Date: June 24, 2009

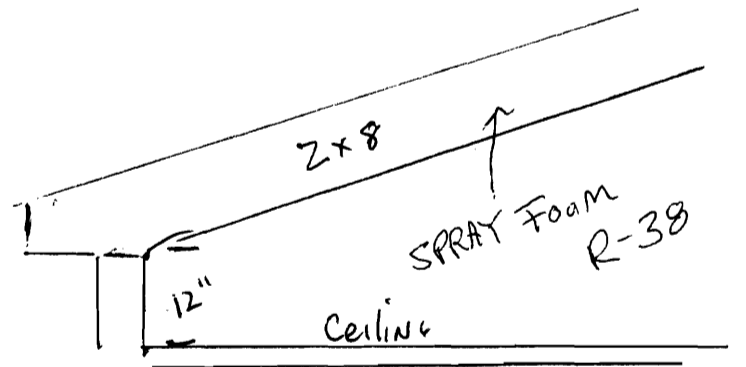
This is not a permit; you may not commence ANY work until the permit is issue



<p><u>OWNER</u> TWE LAURIE WILLIAMSON 37 Fessenden St PORTLAND ME 04103 879-7011</p>
<p><u>CONTRACTOR:</u> GERALD MUTO INC. 115 RAYMOND ROAD BRUNSWICK, ME 04011 751-4352</p>

SCOPE OF WORKS

- Remove cabinets/Appliances
- Remove SR from Ceiling
- FRAMING AS needed for new ceiling (SR)
- New Ceiling Lights & Undercabinet Lights
- New PENINSULA Sink
- New HARDWOOD FLOOR
- New CABINETS & Counter top



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.

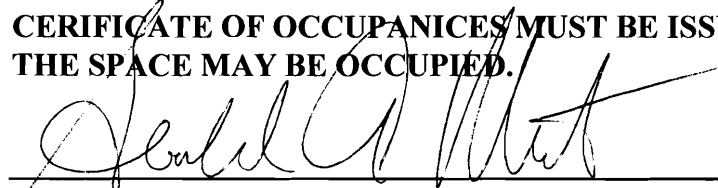
 X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

 X Final inspection required at completion of work.

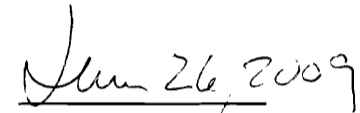
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

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

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee



Date

Signature of Inspections Official

Date