Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND PERMIT ISSUED Please Read MOIT2 Application And Notes, If Any, Permit Number: 071052 PERMIT Attached SEP 2 0 2007 This is to certify that THOMAS LISA R & ALIST RAYN Devine W has permission to _____ new 250 sq ft Deck in rear of CITY OF PORTLAND

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m or d

d or d

N

b

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

AT 174 LONGFELLOW ST

of buildings and structures, and of the application on file in ication insped h must and wr n permis n procu e this b dina or t therea

losed-in.

119 C003001

ne and of the ences of the City of Portland regulating

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 Marketin & Inspection Services

epting this permit shall comply with all

PENALTY FOR REMOVING THIS CARD

R NOTICE IS REQUIRED.

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8710			0/4-0/10	6 07-1052			003001	
Location of Construction:			O	Owner Address:		Phone:	Phone:	
174 LONGFELLOW ST	THOMAS LIS	THOMAS LISA R & ALISTA		174 LONGFELLOW ST		}		
Business Name: Contractor Na				Contractor Address:		Phone	_	
	Devine Wood	Devine Woodworking		P O Box 444 New Gloucester		207926	2079263331	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Additions - Dwellings			Zone:	
							R-3	
Past Use:	ast Use: Proposed Use:		Permit Fee: Co		Cost of Work:	ost of Work: CEO District:		
Single Family Home	Single Family	Single Family Home - new 250 sq ft Deck in rear of home (replacing Smallward ()		\$170.00	\$15,000.0	00 3		
	Deck in rear o			IRE DEPT:	Annoven	SPECTION:		
	Smalind				Denied Us	se Group: $R3$	Type:5	
				1		-m 2 002		
					}	TKC 20	$\mathcal{U}_{\mathcal{S}}$	
Proposed Project Description:		ا با د		į į		IRC 2003 mature: Im 9/20/0		
new 250 sq ft Deck in rear of ho	naturates)		Signature: Sig		$\frac{1}{2}$ inature: $\frac{1}{2}$ $\frac{9}{20}$			
		Į.		PEDESTRIAN ACTIVITIES DISTRICT		Γ (P.A.D.)		
				Action: Approved Approved		l w/Conditions Denied		
		Si	Signature:		Date:			
Permit Taken By: Date Applied For:				Zoning Approval				
ldobson	08/28/2007							
1. This permit application doe	s not preclude the	Special Zor	ne or Reviews	Reviews Zoning Appeal		Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		; Shoreland		Variance		Not in District or Landma		
 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 PERMIT ISSUED		Wetland		Miscellaneous		Does Not Require Revie		
		Flood Zon	e	Conditional Use		Requires Review		
				f Interpretation		Approved	Approved w/Conditions	
				Approve	Approved			
		Maj : Minor (+ MM) Ok whicord has Date: 9/19/02 1864		,		Denied		
SEP 2 0 200	ABN							
		Date: 1 141	Ot /M	Date:		Date:		
CITY OF PORTL								

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

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.

below.	
A Pre-construction Meeting will take place upor	receipt of your building permit.
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
use. N	NOTE there is a \$75.00 fee per strict at this point.
Certificate of Occupancy is not required for certain you if your project requires a Certificate of Occupa inspection If any of the inspections do not occur, the phase, REGARDLESS OF THE NOTICE OR C	ncy. All projects DO require a final e project cannot go on to the next CIRCUMSTANCES.
CERIFICATE OF OCCUPANICES MU BEFORE THE SPACE MAY BE OCCUPIED	IST BE ISSUED AND PAID FOR,
Signature of Applicant/Designee Onna Ortin Admin Signature of Inspections Official	Date 9-21-07 Date
CBL: 119 COO3 Building Permit #:	7 1052

General Building Permit Application

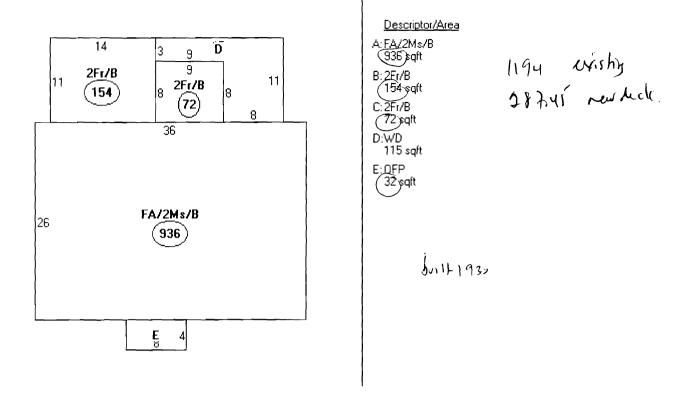
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 174	Longfelow st. rotta-	~)
Total Square Footage of Proposed Structure	Square Footage of Lot	
2505%	14,000	
Tax Assessor's Chart, Block & Lot		Telephone:
Chart# Block# Lot#	Owner: Raymond	Terepriorie.
119 (3	, ,	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of
	Alstre Laymond	Work: \$ 3/5, (50)
	Alske Laymond	1200/00
	Portland Maine	Fee: \$
	Toman value	C of O Fee: \$
Current legal use (i.e. single family)	1(SF1-1	
If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description:	started Hades	
Is property part of a subdivision?	If yes, please name	
Project description: 250 ScF+	Deck rear of Home -	
	·	
Contractor's name, address & telephone: Who should we contact when the permit is rea Mailing address: P.O. Bot 444 New 6100003		
Who should we contact when the permit is rea	dy: Vinant Tummac	Devine Woodworking
Mailing address:	Phone: 616-3331	\mathcal{L}
70 601 499 -	Drst 125ch a 577-1944	
1000 6100 cisq co	,	
Dease submit all of the information out	lined in the Commercial Application	Charliet
Failure to do so will result in the autom		CHECKHSI.
	-	
In order to be sure the City fully understands the fu	Il scope of the project, the Planning and Develop	ment Department may
request additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspe	ections office, room 315 City Hall or call 874-870.	3. ·
	,	4
I hereby certify that I am the Owner of record of the name	and 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 app	plicable laws of this jurisdiction
In addition, if a permit for work described in this applicate authority to enter all areas covered by this permit at any re	ion is issued, I certify that the Code Official's authorize asonable hour to enforce the provisions of the codes a	ed representative shall have the
Signature of applicant:	Date: 8	20/07/
	Date: 0/6	x0/01/
This is well as a little of the second of the	ANTE	it is jequed.
i his is not a permit; you may	not commence ANY work until the permi	it is resident.
		<u> </u>
		\ /

C14 CD 41 J 3/f	. D. 11.11		Permit No:	Date Applied For:	CBL:
City of Portland, Maine - Building or Use Permit			07.1052	08/28/2007	1
89 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				119 C003001	
Location of Construction:	Owner Name:		Owner Address:		Phone:
174 LONGFELLOW ST	THOMAS LISA R & A	ALISTAIR R	174 LONGFELLO	W ST	}
Business Name:	Contractor Name:			Contractor Address:	
	Devine Woodworking			Gloucester	(207) 926-3331
Lessee/Buyer's Name	Phone:	one: Pe		Permit Type:	
			Additions - Dwelli	ings	
Proposed Use:		Proposed	d Project Description:		
Single Family Home - ne smaller deck)	w 250 sq ft Deck in rear of home (re	placing new 25	i0 sq ft Deck in read	r of home (replacing	smaller deck)
Dept: Zoning Note:	Status: Approved with Condition	s Reviewer:	Ann Machado	Approval Da	te: 09/19/2007 Ok to Issue: ✓
	the review process, the property must st be established. Due to the proximit.				
This permit is being a work.	approved on the basis of plans submit	tted. Any deviat	ions shall require a	separate approval be	fore starting that
Dept: Building	Status: Approved with Condition	s Reviewer:	Tom Markley	Approval Da	ite: 09/20/2007
Note:				(Ok to Issue: 🗹
 Permit approved base noted on plans. 	ed on the plans submitted and reviewe	ed w/owner/conti	ractor, with additio	nal information as ag	reed on and as

Comments:

8/30/2007-amachado: Spoke to Vincent Plummer from Devine Woodworking. Told him that proposed did not meet side setback of 8'. He told me that he would get back to me.





J. J. 3.1.5