

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

Location of Construction: 150 Craigie St		Owner: Halpert, Judith & Steve		Phone:		Permit No: <b>950278</b>			
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: waitman & Co. 19 Pleasant St		Address: Yarmouth, ME 04096		Phone: 846-3810		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>MAR 29 1995</b>  <b>CITY OF PORTLAND</b> </div>			
Past Use: 1-fam		Proposed Use: 1-fam w/addition		COST OF WORK: \$ 25,000.00  FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Signature:				PERMIT FEE: \$ 145.00  INSPECTION: Use Group: 13 Type: 53 BOCA93 Signature: <i>[Signature]</i>	
Proposed Project Description: Construct Addition as per plans 340 sq ft				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>  Signature: _____ Date: _____				Zone: <b>F-3</b> CBL: 120-A-013 Zoning Approval: <i>[Signature]</i> 3/28/95 <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>Mary Gresik</b>		Date Applied For: <b>28 March 1995</b>							

- This permit application doesn't 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..
- No debris removal necessary

**PERMIT ISSUED WITH LETTER**

**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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT <i>Brian Stephens</i>		ADDRESS:		DATE: <b>28 March 1995</b>		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *3/28/95*

*[Signature]*

CEO DISTRICT 5

*M.A. Wigg*

COMMENTS

4-27-95 Inspected footing forms in ready to  
Pour set-backs more than minimum OK ready  
well over 8' side yd + 25 min

7-17-95 Checked framing Met with owner  
& contractor checked headers & windows  
moving

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

March 29, 1995

RE: 150 Craigie St.

Judith & Steve Halpert  
150 Craigie St.  
Portland, ME 04102

Dear Mr. and Mrs. Halpert,

Your application to construct a 340 sq. ft. addition, 17' X 20', has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

**No Certificate of Occupancy will be issued until all requirements of this letter are met.**

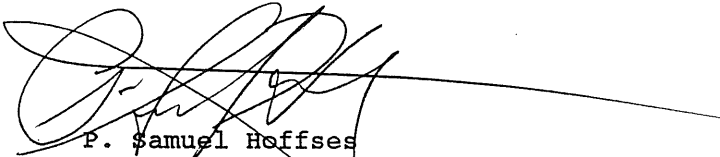
1. Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
2. Crawl spaces: Crawl space areas, other than those used as an underfloor plenum, shall be ventilated by an approved mechanical means or by openings in exterior foundation walls. Openings shall be located as close to corners as practicable and shall provide cross ventilation on at least two approximately opposite sides. The openings shall be covered with corrosion-resistant mesh not less than 1/4 inch (6 mm) nor more than 1/2 inch (13 mm) in any direction.  
1210.2.1 Opening size: Openings shall have a net area of not less than 1 square foot (0.093 m<sup>2</sup>) for each 150 square feet (13.95 m<sup>2</sup>) of foundation space. Where an approved vapor retarder is installed over the ground surface, the required net area of openings shall be reduced to 0.1 square foot (0.093 m<sup>2</sup>) for each 150 square feet (13.95 m<sup>2</sup>) and vents shall have manually operable louvers.
3. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, section 19, 919.3.2 (BOCA National Building Code/1993), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
  1. In the immediate vicinity of bedrooms
  2. In all bedrooms
  3. In each story within a dwelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted.

4. 1507.2.2 Asphalt roll roofing: Asphalt roll roofing shall conform to ASTM D224, D249, D371 or D3909 listed in Chapter 35. Asphalt roll roofing shall not be installed on roof slopes below one unit vertical in 12 units horizontal (1:12), and shall not be installed on roof slopes below three units vertical in 12 units horizontal (3:12) unless applied parallel to the eaves. Single-layer underlayment is required on all roof slopes. Asphalt roll roofing shall be secured to the roof in accordance with approved manufacturer's installation instructions.
- 1507.2.3 Asphalt shingles: Asphalt shingles shall conform to ASTM D225 or D3462 listed in Chapter 35. Asphalt shingles shall not be installed on roof slopes below two units vertical in 12 units horizontal (2:12). Double-layer underlayment shall be required on roof slopes below four units vertical in 12 units horizontal (4:12). Single-layer underlayment is required on all other roof slopes. Asphalt shingles shall be secured to the roof with not less than four fasteners per strip shingle, or not less than two fasteners per individual shingle. Shingle headlap shall not be less than 2 inches (51 mm).

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,



P. Samuel Hoffses  
Chief of Inspection Services

/el

Applicant: Brian Stephens/Waltman & Co

Date: 3/28/95

Address: 150 Craigie St

Assessors No.: 120-A-13

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - R-3

Interior or corner lot -

Use - Addition 17' x 20' - 1 story

Sewage Disposal - city

Rear Yards - 25' req. - 43' shown

Side Yards - 8' req. - 17' shown

Front Yards - N/A

Projections -

Height - 1 story

Lot Area - shown 7,231

Building Area - MAX. 25% coverage /  $\approx 1715\#$   
or 1807.75

Area per Family -

Width of Lot -

Lot Frontage -

Off-street Parking -

Loading Bays -

Site Plan - N/A

Shoreland Zoning - N/A

Flood Plains - N/A

RPPLST6 CAMA Real Property System - Residential Display 3/28/95  
 RPP092 Parcel Id: 120- - A-013-001 01/01 Acct: H0475095 15:14

Property Address 150 CRAIGIE ST  
 Owner Name1 HALPERT STEPHEN K AND JUDITH (1, f, 1)  
 Name2 V DR SURV  
 Address 150 CRAIGIE ST  
 City/State/Zip PORTLAND ME 04102

Entrance Code Land Use 11 # of Units 1

Route 83 Zone R3 Nbhd 111 1 District 6 Traffic 1

Utilities 2 3 4 Desc 120-A-13 Total Sq Ft  
 CRAIGIE ST 150 Living Area 1,500  
 7231SF

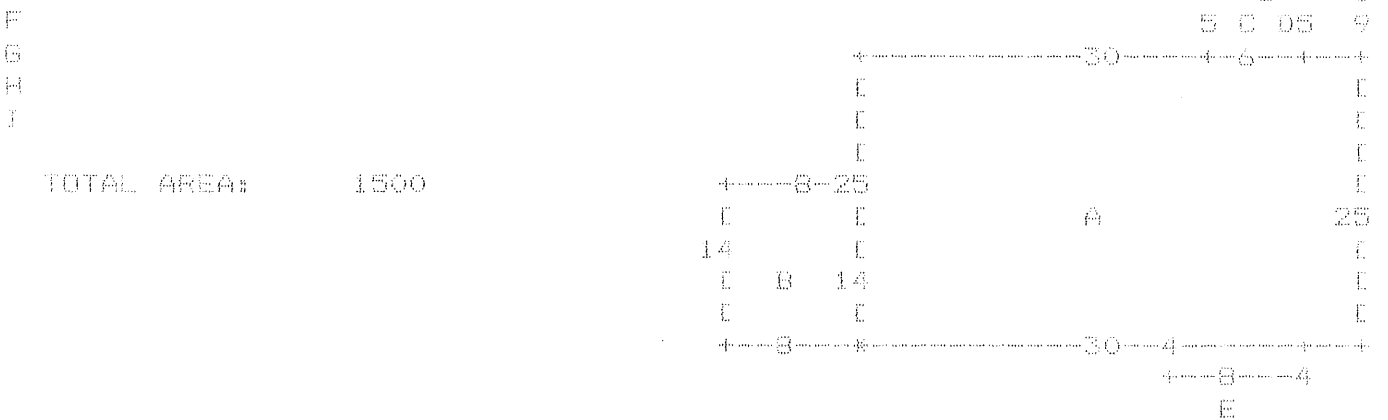
House Style 5 Year Built 1923 Total Rms 07 Total Bedrms 04

Baths Full 1 Half 0 Kitchen Remodeled 2 Bath Remodeled 2 Basement 4

Attic 2 Phy Cond 3 CDU GD Heating Type 2 4 5 Wood/Coal Burn 0  
 Next Screen I\_

RPPLST7 CAMA Real Property System - Residential Display 3/28/95  
 RPP095 Parcel Id: 120- - A-013-001 01/01 Acct: H0475095 15:15

LWR	1ST	2ND	3RD	AREA
A	MAIN STR			0750
B	11			0112
C	12			0030
D	11			0051
E	11			0032



Return I\_

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

## PROPERTY ADDRESS

Town Or Plantation: PORTLAND  
Street Subdivision Lot #: 159 CRAIGIE ST.

## PROPERTY OWNERS NAME

Last: WELSH First: DOUGLAS  
Applicant Name: MARJEN CONST CO. TERRY A. MARTELL  
Mailing Address of Owner/Applicant (If Different): 456 BRACKETT ROAD SANDONVILLE NH 03872

PORTLAND 5718 TOWN COPY  
Date Permit Issued: 9-3-96 \$ 20.00 FEE  If Double Fee Charged  
Local Plumbing Inspector Signature: [Signature] L.P.I. # 01241

## 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 Inspector to deny a Permit.

Signature of Owner/Applicant: Terry A. Martell Date: 4-9-96

## 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: Marland Wing Date Approved: 9-3-96

## PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	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>02306</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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.	1	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste	1	Water Closet (Toilet)
\$ Hook-Up & Relocation Fee		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<b>OR</b> TRANSFER FEE [\$6.00]		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	4	<b>Fixtures (Subtotal) Column 1</b>
			1	<b>Fixtures (Subtotal) Column 2</b>
			5	<b>Total Fixtures</b>
				<b>Fixture Fee</b>
				<b>Transfer Fee</b>
				<b>Hook-Up &amp; Relocation Fee</b>
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$ 20.00