Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read **Application And** Notes, If Any, Attached

CTION PERMIT

Permit Number: 040858

This is to certify thatGriffin Paul J /Keith His has permission toremove wall between d AT AT Provided that the person or person the provisions of the Statutes the construction, maintenance a this department.	ons, im or entire the entire terms of the enti	o D003001 g this permit shall comply with all of the City of Portland regulatinges, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	N fication inspect in must go hand with permit in procuble re this lading or at thereof laged or a cosed-in. H IR 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. Health Dept. Appeal Board_____ Other _____ Department Name

Director- Building & Inspection Services

PENALTY FOR REMOVINGTHIS CARD

City of Portland, Maine	e - Building or Use	Permit Application	on P	ermit No:	Issue Date	: :	CBL:	
389 Congress Street, 04101	1 Tel: (207) 874-8703	3, Fax: (207) 874-87	16	04-0858			120 D0	03001
Location of Construction:	Owner Name:		Own	Owner Address:			Phone:	
109Edwards St	Griffin Paul J	Griffin Paul J		109Edwards St			828-1654	
Business Name:	usiness Name: Contractor Name:		Contractor Address:				Phone	
	Keith Hillock	Keith Hillock		9 New Hampshire St Sanford			2073242051	
Lessee/Buyer's Name	essee/Buyer's Name 'hone:							Zone:
			Al	terations - Dw	ellings			4
Past Use:	Proposed Use:	Proposed Use:		mit Fee:	·k: CE	O District:		
Single family home Single fam		y home w/renovations		\$39.00	\$1,3	00.00	3	
			FIR	REDEPT:	Approved	INSPECTION		
					Denied	Use Group		Type:
						1 85		ラ グ
m	L		4			` ¥	tocal 1999	_
(Proposed Project Description:	unama Probiitallam imatall a	amian baam	١,,				-Mh 1	16/101
remove wall between dining r	room & kincinem-mistan c	arrier beam		nature DESTRIAN ACTI	VITIES DIS	Signature:	D' CHILL	HOLO4
			1 20	ESTRIAN ACTI	VIIIES DIS	IRICI (I.A.		· ·
			Acti	ion: Approv	ved Ap	proved w/Con	ditions [Denied
			Sign	nature:		Da	te:	
Permit Taken By:	Date Applied For:			Zoning	Approva	al		
jodinea	06/24/2004							
		Special Zone or Revi			ng Appeal		Historic Prese	ervation
		Shoreland	no.	☐ Variance	•		Not in District	t or Landmar.
		□ Wetland TO	. N	Miscella	neous		Does Not Req	uire Review
		Shoreland Wetland TO Flood Zone Subdivision	, fem	Condition	onal Use		Requires Revi	iew
		Subdivision		Interpret	ation		Approved	
		Site Plan		Approve	d		Approved w/C	Conditions
		Maj		Denied			Denied	
		Date: 7/6/04 SA	16	Date:) Date:	MB	
		' / 0						
		CEDTIEICATI	ON					
I haraby cartify that I am the	when of record of the	CERTIFICATI		magad wante !-	outhorize 1	by the error	or of maga-	l and that
I hereby certify that I am the ov I have been authorized by the c jurisdiction. In addition, if a po- shall have the authority to enter such permit.	owner to make this appliermit for work described	cation as his authorize I in the application is i	d ager ssued,	nt and I agree t, I certify that t	o conform he code off	to all applic icial's autho	cable laws o orized repre	of this sentative

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE

7/28/04- Checked Framuns/electrical for Gatchen Neno- no 158400 seen-OK to clas-in.

Jan K

City of Portland, Maine - Building or Use Permit				o:	Date Applied For:	CBL:		
389 Congress Street, 04101 Te	l: (207) 874-8703, Fax: ((207) 874-87	.6 04	-0858	06/24/2004	120 D003001		
Location of Construction:	Owner Name:		Owner Addi	ress:		Phone:		
109 Edwards St	Griffin Paul J	Griffin Paul J		rds St	() 828-1654			
Business Name:	Contractor Name:	Contractor Name:		Address:	Phone			
	Keith Hillock	Keith Hillock		9 New Hampshire St Sanford		(207) 324-2051		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:				
			Alteration	ns - Dwe	llings			
Proposed Use:	Proposed Use: Proposed Project Description:							
Single family home w/renovations remov			ve wall bety	ve wall between dining room & kitchen-install carrier beam				
			_					
Dept: Zoning Status:	Approved	Reviewe	r: Jeanine	Bourke	Approval D	ate: 07/06/2004		
Note:						Ok to Issue:		
1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and								
approval.								
Dept: Building Status:	Approved with Condition	ns Reviewe	r: Jeanine	Bourke	Approval D	ate: 07/06/2004		
Note:	ripproved with condition	is Reviewe	· Journal	Bourno	pp.:0.42	Ok to Issue:		
1) The design load spec sheet for any engineered beam(s) must be submitted to this office.								
2) Separate permits are required to	for any electrical, plumbing	g, or heating.						

All Purpose Building Permit Application

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

			-
	109 E	DwarDS st.	•
Total Square Footage of Proposed Structu	ure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Paul	Griffin	Telephone: 828-1654
Lessee/Buyer's Name (If Applicable)	Applicant r telephone: 9 Wewhan Sunford,	name, address & Keith Hillock Pshire 5t Ne 04073 3242051	Cost Of Work: \$ 1,300 Fee: \$ 35 00
Current use: SF/-		•	
If the location is currently vacant, what was	s prior use: _		
Approximately how long has it been vacar	nt:		~ "55 Sylve.
Approximately how long has it been vacar Proposed use: Project description: Contractor's name, address & telephone: Who should we contact when the permit is Mailing address: Same,	Between Ins	Dining room and tall Carrier Beam.	Kitchen and
Contractor's name, address & telephone:	Ke th	Hillor New	hamps heeget
Who should we contact when the <i>permit</i> is	ready: K	eith Hillor K	- 1000 1 2323435 -
Mailing address: Same,			
Ne will contact you by phone when the pe eview the requirements before starting any and a \$100.00 fee If any work starts before the	work, with a	. You must come in and pe a Pian Reviewer. A stop wo	ick up the permitand
THE REQUIRED INFORMATION IS NOT INCLUDENIED AT THE DISCRETION OF THE BUILDING/F FORMATION IN ORDER TO APROVE THIS PER	LANNING D		L BE AUTOMATICALLY RE ADDITIONAL
			22
		(e	22 -04



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1 120 DO03001 Parcel ID LO9 EDWARDS ST Location SINGLE FAMILY Land Use

Owner Address GRIFFIN PAUL J 109 EDWARDS ST PORTLAND ME 04102

19940/108 Book/Page 120-D-3-4 Legal

EDWARDS ST 107-109

7058 SF

Valuation Information

Building Total **≑31,61**0 **\$54,700 #86**,310

Property Information

Year Built Story Height Sq. Ft. Style Total Acres 941 0.765 1949 Cape

Half Baths Total Rooms Attic Basement Bedrooms Full Baths 5 Full Finsh Full 2 ı.

Outbuildings

Year Built Size Grade Condition Туре Quantity

Sales Information

Book/Page Туре Price Date 08/01/2003 LAND + BLDING **\$145,000** 19940-108

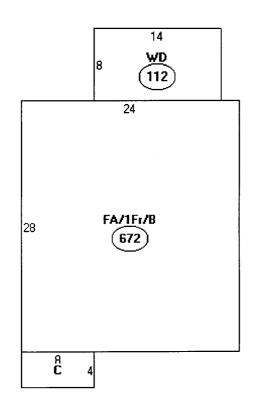
Picture and Sketch

Sketch <u>Picture</u>

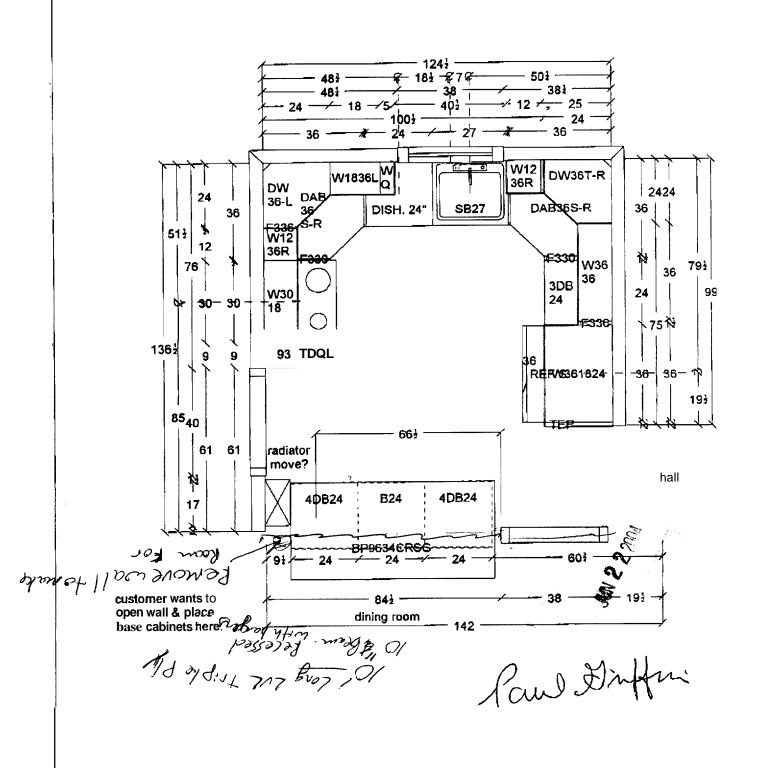
Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or emailed.

New Search!



Descriptor/Area A:FA/1Fr/B 672 sqft B:WD 112 sqft CEP 32 sqft



411 dimensions & size designations given are subject to verification on ob-site and adjustment to lit p b conditions.

HOME DEPOT

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

Scale: 3/8 " u 1'

Design 12/21/03 Date 05/07/04

Designer Katie