

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number 071515  
DEC 21 2007

CITY OF PORTLAND

This is to certify that GOLDMAN MICHAEL I & MEGAN B. GOLDMAN, INC.

has permission to Kitchen Renovations -

AT 159 EDWARDS ST

120 E002001

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 when permission is procured before this building or part thereof is altered or closed-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. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

12/21/07 [Signature]  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-1515	Issue Date: 12/21/07	CBL: 120 E002001
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Location of Construction: 159 EDWARDS ST	Owner Name: GOLDMAN MICHAEL I & MEGA	Owner Address: 159 EDWARDS ST	Phone:
Business Name:	Contractor Name: Bob St Onge	Contractor Address: 2424 N. Belfast Ave. Augusta	Phone: 2076263631
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-7

Past Use: Single Family Home	Proposed Use: Single Family Home - Kitchen Renovations -	Permit Fee: \$140.00	Cost of Work: \$12,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-7 Type: S13 IKC 2003	

Proposed Project Description: Kitchen Renovations -	Signature:	Signature: 12/21/07 [Signature]
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: Idobson	Date Applied For: 12/21/2007	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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"/> Date:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input 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:
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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

<b>Permit No:</b> 07-1515	<b>Date Applied For:</b> 12/21/2007	<b>CBL:</b> 120 E002001
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<b>Location of Construction:</b> 159 EDWARDS ST	<b>Owner Name:</b> GOLDMAN MICHAEL I & MEGA	<b>Owner Address:</b> 159 EDWARDS ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Bob St Onge	<b>Contractor Address:</b> 2424 N. Belfast Ave. Augusta	<b>Phone</b> (207) 626-3631
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	

<b>Proposed Use:</b> Single Family Home - Kitchen Renovations -	<b>Proposed Project Description:</b> Kitchen Renovations -
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 12/21/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Chris Hanson	<b>Approval Date:</b> 12/21/2007
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) 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. 2) The design load spec sheets for any engineered beam(s) must be submitted to this office. 3) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			



# 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: <u>159 Edwards St Portland 04102</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>120 E      2</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>Michael Goldman</u> Address <u>same as above</u> City, State & Zip	Telephone: <u>775-4081</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address <u>same</u> City, State & Zip	Cost Of Work: \$ <u>12,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>40</u>
Current legal use (i.e. single family) <u>Single family</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Kitchen renovation - wall removal</u>		
Contractor's name: <u>Bob St. Onge</u> Address: <u>2424 North Belfast A</u> City, State & Zip <u>Augusta, ME 04330</u> Telephone: <u>557-3631</u> Who should we contact when the permit is ready: <u>Applicant</u> Telephone: _____ 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.**

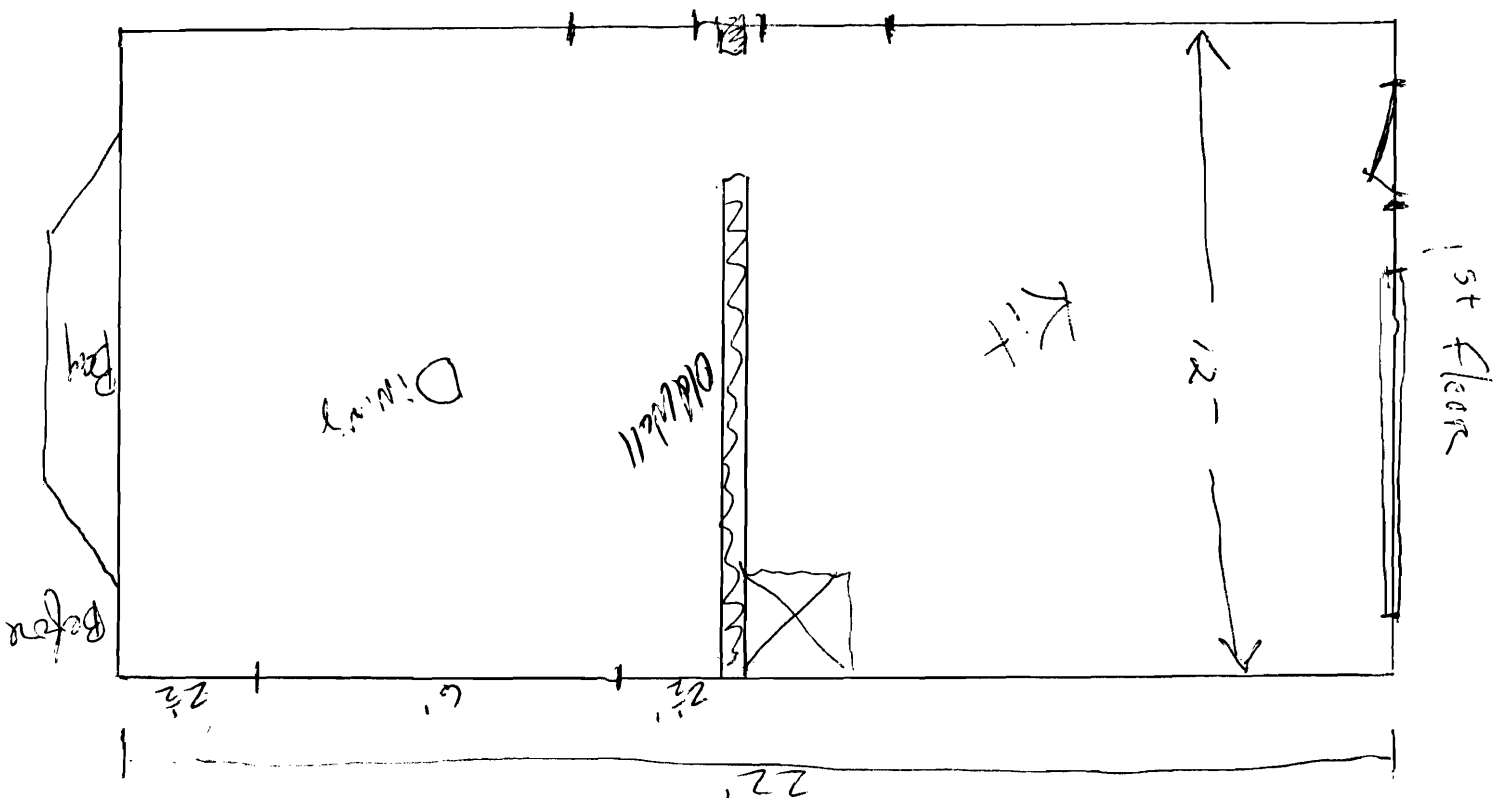
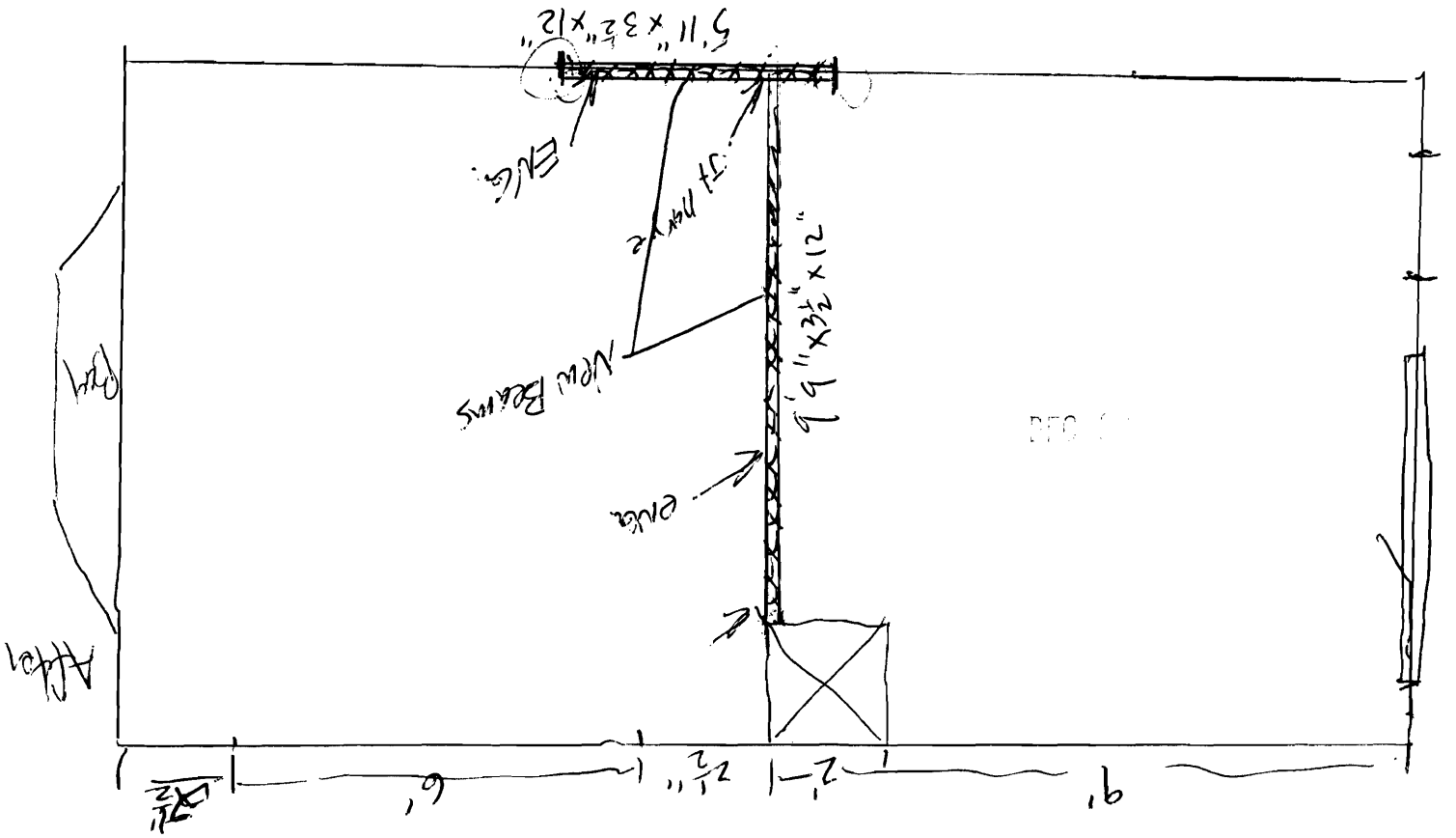
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

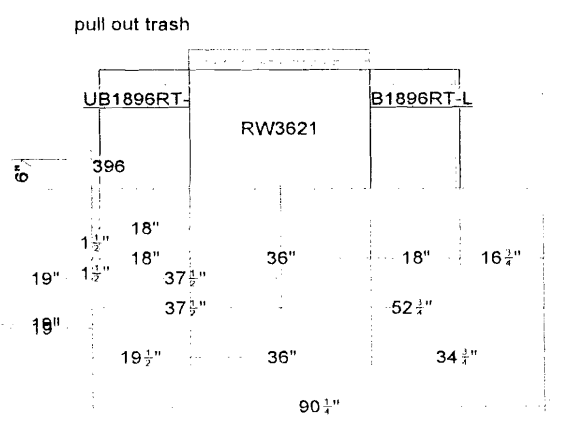
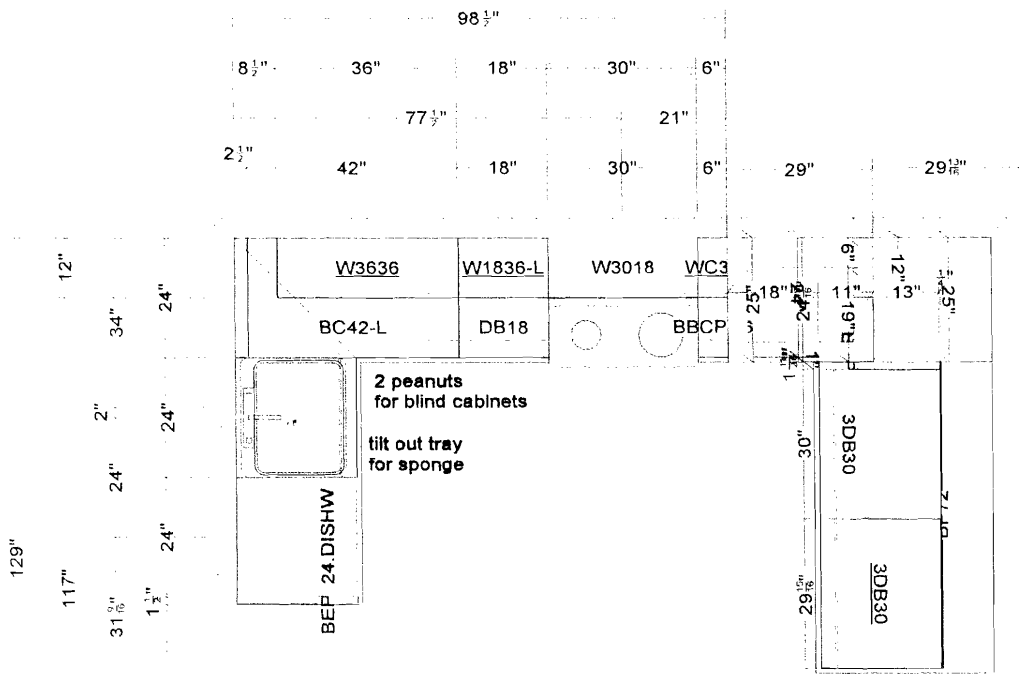
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: [Signature] Date: 12/21/07

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







*Handwritten signature*  
11/9/07

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



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

Designed: 8/30/2007  
Printed: 11/9/2007