Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

this department.

PERMIT

Permit Number: 101270

PERMIT ISSUED

This is to certify that \_\_\_\_ Center For Grieving Children /# \_\_\_ Crooke LC \_\_\_ LC has permission to \_\_\_\_ Assemble playhouse, " Kids Crooke LC" at House LC" \_\_\_ AT \_\_\_ S55 Forest Ave \_\_\_\_ Cooke \_\_\_ Crooke \_\_\_ C

OCT 1 4 2010

or common according this permit shall comply with all and of the Common ces of the City of Portland egulating buildings and structures, and of the application on file in

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

provided that the person or persons, file

of the provisions of the Statutes of Ma the construction, maintenance and use

Noti ition of spectio hust be nd writte ermissid rocured give his bui befo g or pa ereof is or oth lath ed-in. 24 NOTICE IS REQUIRED. HOU

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Department Name

Urector - Building & Inspection Services

PENALTY FOR REMOVING THIS CARDA



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	2 001	17 <b>(</b> 15) <b>(</b> 15)			, ,	Resolution of the
Į.	•	5) Electrical (12)	Certificate of O		to	400
		22 (12) 	Certificate of Occupancy Fee:	Site Fee:	Calcuso	
			70.02		SSS TONCHUNG OHIOI	6
	•	in the second of				

WHITE - A - MOTTEA Taken be started until permit Iginal receipt for your rec

-	•	uilding or Use Permit : (207) 874-8703, Fax: (2		Permit No: 10-1270	10/07/2010	CBL: 126 D001001
Business Name: Contractor Name:			Owner Address: Po Box 1438		Phone:	
		Center For Grieving Children				
		Contractor Name:		Contractor Address:		Phone
		Kids Crooked House LLC		190 Riverside Street Suite 5B Portland		(888) 447-5446
Lessee/Buyer's Name		Phone:		Permit Type:		
				Alterations - Com	mercial	
					ids Crooked House L	
Nids Crool  Dept: Z	ked House LLC"  Coning Status:	Approved	Reviewer:	Marge Schmuck		nte: 10/14/2010
		Approved	Reviewer:	Marge Schmuck	al Approval Da	nte: 10/14/2010 Ok to Issue: ✓
Dept: Z Note:	oning Status:	Approved  Approved with Conditions		Marge Schmuck	al Approval Da	Ok to Issue: 🗹

and approrval prior to work.

PERMIT ISSUED

OCT 1 4 2010

City of Portland

## **BUILDING PERMIT INSPECTION PROCEDURES**

## Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

<u>X</u>	Footing/Building Location Inspection.
X	Framing and final inspection required at completion of work

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

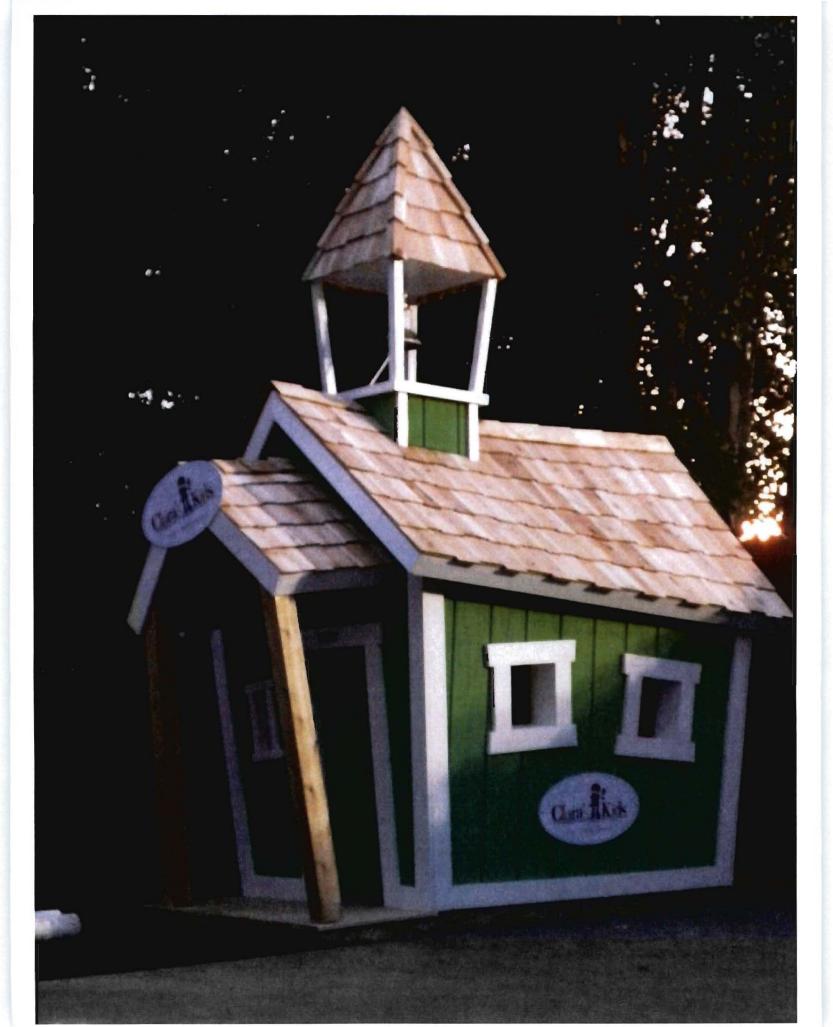
IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

OCT 1 4 2010

City of Portland

CBL: 126 D001001 Building Permit #: 10-1270



# 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: Center	for Grieving Children 555 1	Forest Ave. 04101			
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	67.2 s.f.			
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	er* Telephone:			
Chart# Block# Lot#		1			
- 1	Name CGC - Anne Lynch (E.D.	(207) 775-			
126 D	Address 555 Forest Ave.	5216			
RECFIVED	City, State & Zip Portland, ME 0410				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of 4 50000			
OCT -7 2010	Name	Work: \$ 1, 500			
7 2010	Address SAME	C of O Fee: \$			
Dept. of Building Inspections		7000			
City of Portland Maine	City, State & Zip	Toral Fee: \$			
_	and the state of				
Current legal use (i.e. single family)  If vacant, what was the previous use?	and off seed	× 30 + 10 r4=			
Proposed Specific use:		<b>★ 70 %</b>			
Is property part of a subdivision?	If yes, please name				
Project description:					
Playhouse by Kids Crooked	House LLC".				
1 104 1100 10					
Contractor's name: Kids Crooked H	ouse UC - Glen Halliday	(CEO)			
Address: 190 Riverside Street	- Suite 5B				
City, State & Zip Portland, Mair		Telephone: <u>888-447-54</u> 4			
Who should we contact when the permit is read	w. Anne Lynch	Celephone: 775-5216			
Mailing address: 555 Forest Ave. Portland, ME 04101					
		11 77 11			
Please submit all of the information	^ ^	list. Failure to			
do so will result in the	automatic denial of vour				
	. 1-11				
In order to be sure the City fully understands the		epartment			
may request additional information prior to the is	suance o	copies of			
this form and other applications visit the Inspection	ons Divis	ispections			
Division office, toom 315 City Hall or call 874-8703.	Nage				
I hereby certify that I am the Owner of record of the n		ed work and			
that I have been authorized by the owner to make this laws of this jurisdiction. In addition, if a permit for wo		applicable ficial's			
authorized representative shall have the authority to en		ce the			
provisions of the codes applicable to this permit.		Mark a second			
Signature:	I	The latest like			
This is not a permit; you may	not comm				

# **Transmittal**

To:

The City of Portland, Maine Zoning Administration Attn: Marge Schmuckal, Zoning Administrator City Hall 389 Congress Street, Room 308 Portland, Maine 04101



DATE: 10-01-10

VIA:

- FAX
- UPS / FEDEX
- USPS
- x HAND
  - E-MAIL
  - COURIER

PROJECT: CENTER FOR GRIEVING CHILDREN

NUMBER OF PAGES: 6 (INCL. COVER)

COPIES	DATE	DESCRIPTION	ACTION
1	10-1-10	Plot Plan	
1	10-1-10	PLAYHOUSE RENDERING	
1	10-1-10	PLAYHOUSE PHOTO (SIMILAR PROJECT)	
1	10-1-10	LANDSCAPING PLAN	
1	10-1-10	MATERIALS LIST	

COMMENTS:

Marge -

Attached are the documents above. Please let me know if you need anything else. Call if you have any questions.

Mark Chaloupecky Port City Architecture

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OCT - 1 2010

Dept. of Building Inspections
City of Portland Mains



kids crooked house

October 1st, 2010

City of Portland Attn: Marge Schmuckal 389 Congress Street Portland, Maine 04101

Re: The Center for Grieving Children

**Materials List** 

Per Glen Halliday (CEO and Founder of Kids Crooked House, LLC):

### Walls:

KD 2 x 4 wood framing at 16" o.c. T1-11 plywood siding Pine trim Low VOC paint

### Roof:

Cedar shakes
Ice and water shield
½" exterior plywood
KD 2 x 4 wood framing at 24" o.c.

## Base / Floor:

Cedar decking KD 2 x 4 wood framing at 16" o.c. Cedar posts Treated base

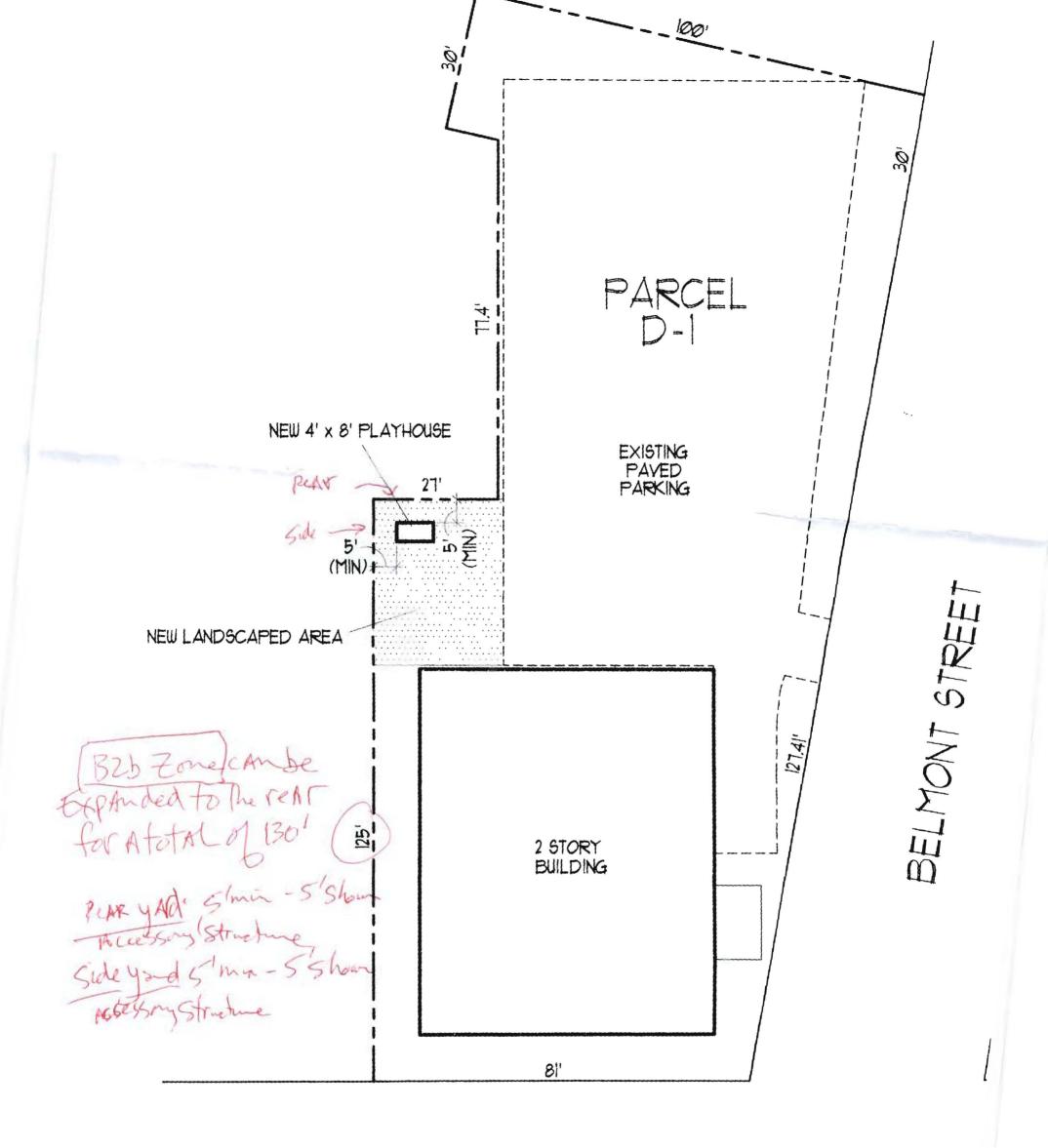
If you have any questions or require any clarifications, please do not hesitate to call.

Sincerely,

Mark Chaloupecky, LEED AP

Port City Architecture





FOREST AVENUE



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Dept. of Building Inspections