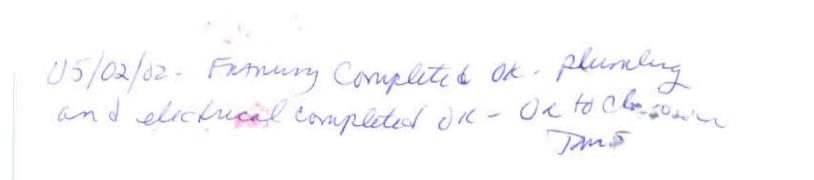
			P	ERMIT ISSU	ED	
•	aine - Building or Use I 1101 Tel: (207) 874-8703		Permit No:	Issue Date: MAR 3 2007	CBI:	7001
Location of Construction:	Owner Name:		Owner Address:		Phone:	
26 Belmont St	Kovarik W Da	niel &	26 Belmont 61	Y OF PORTL	AND7 771-0	307
Business Name:	Contractor Name	;	Contractor Address		Phone	
	Atlantic Kitche	en Center	351 Marginal W	ay Portland	207775122	27
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dv	vellings		Zone: R3/RC
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:	1
Single family	single family h	ome with new	\$548.00	\$75,000.00	3	
		kitchen and new 18' x 12'-0" window seat and expanding kitchen 39" x 36"		Approved INSPE	CTION: roup: R3 BOCA H ure: TMUM	Type: SB 399
36"	x 12'-0" window seat and ex		PEDESTRIAN ACT Action: Appro Signature:	IVITIES DISTRICT (P.A.D.)	Denied
Permit Taken By: jodinea	Date Applied For: 03/13/2002		Zoning	g Approval		
1. This permit applicati Applicant(s) from m	ion does not preclude the eeting applicable State and	Special Zone or Revie	ws Zon	ing Appeal ce	Historic Prese	
 Federal Rules. Building permits do not include plumbing, septic or electrical work. 		Wetland	🗋 Miscel	laneous	Does Not Req	uire Review
 Building permits are void if work is not started within six (6) months of the date of issuance. 		- FLOOD Zone	Condit	ional Use	🗌 Requires Revi	ew
False information mappen permit and stop all w	ay invalidate a building vork	Subdivision		etation	Approved	
		Site Plan	П Аррго		Approved w/C	Conditions
		Maj Minor MM			Denied	102
		Date: ////06	Date:	L	Date:	/

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
		· · · · · · · · · · · · · · · · · · ·	



All Purpose 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: 26 Belmont St.						
Total Square Footage of Proposed Structu	Square Footage of Lot					
Tax Assessor's Chart, Block & LotChart#Block#Lot#126L7	Chart# Block# Lot#			Telephone: 771-0307		
Lessee/Buyer's Name (If Applicable)	essee/Buyer's Name (If Applicable) Applicant r telephone:		W	ost Of ork: \$_75,000.00		
			Fe	e:\$ 548.00		
Current use: Single family						
if the location is currently vacant, what we	as prior use:	ante l'Occlessell	18	There 11 section		
Approximately how long has it been vaca						
Proposed use: Project description: Remodel Kitcher and Mud room area, Take out supporting wall and Support with 7"X 16" P.L. Beam; Extend House out 3'X 3'4" at Back corner 4						
Contractor's name, address & telephone: Atlantic Kitchen Ctr. 775-1227						
Contractor's name, address & telephone: Atlantic Kitchen Ctr. 775-1227 351 Marginal Way, Portland, Me Who should we contact when the permit is ready: Warren S. Finnegan Mailing address:						
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:						

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

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 of applicant: Wan Stringen Date: 3-13-02	Signature of applicant: Wan Stringen	Date: 3-13-02
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

10,500 SF

18280 R3/R6

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 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.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

<u>M/A</u> Footing/Building Location Inspec	tion: Prior to pouring concrete
MA Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	ical: Prior to any insulating or drywalling
JSE Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

_____ If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

 $\underline{N/H}$ CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

man

1.

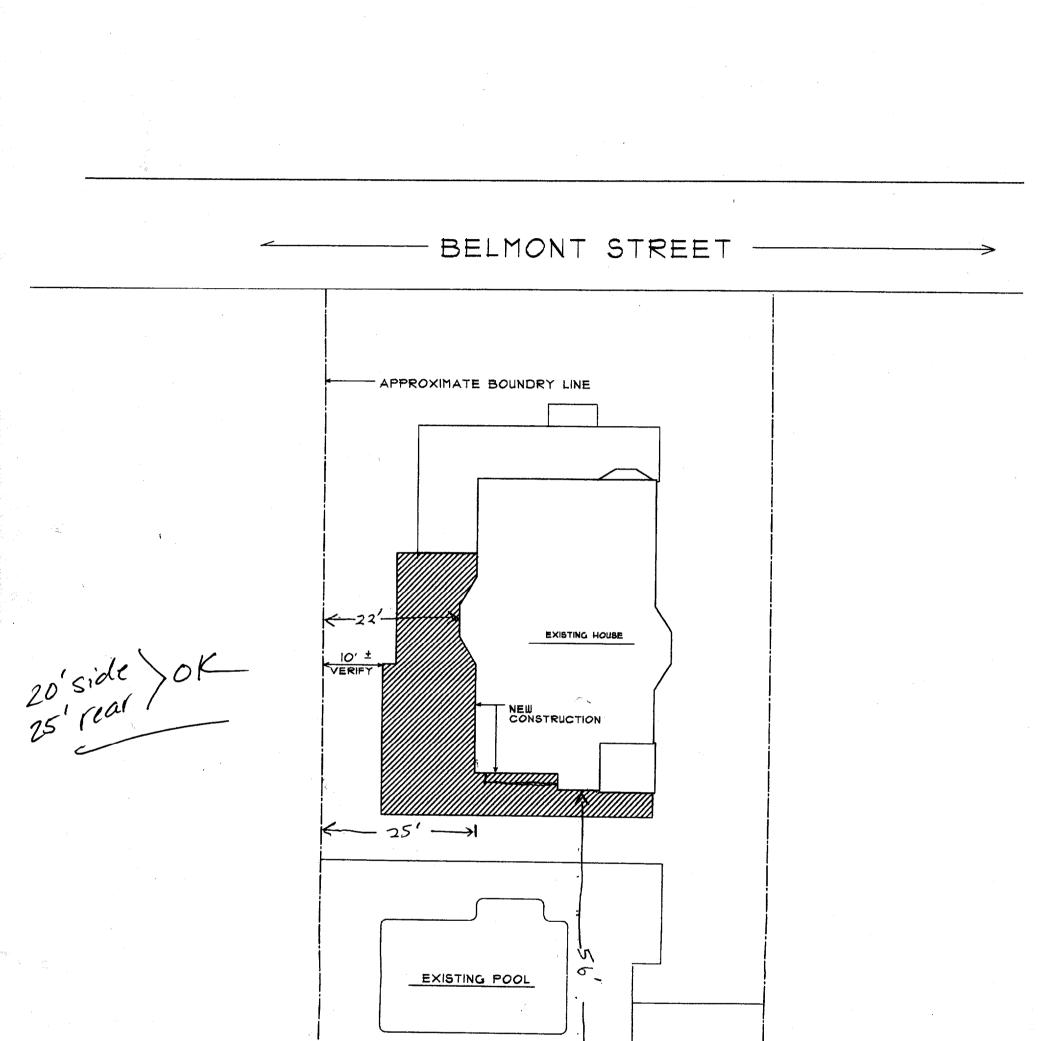
Signature of applicant/designee

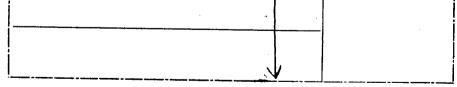
Signature of Inspections Official

Date

inspection at this point.

CBL: <u>126-6-7</u> Building Permit #: 02 0218





KOVARIK RESIDENCE

1/16"= 1'-0"

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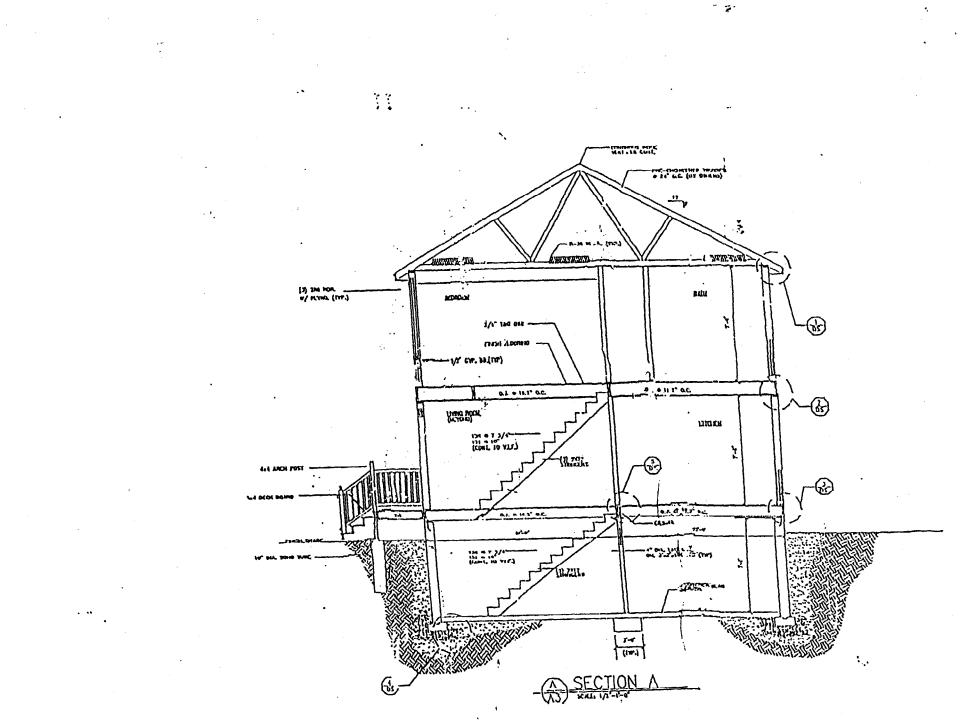
26 BELMONT STREET PORTLAND, MAINE

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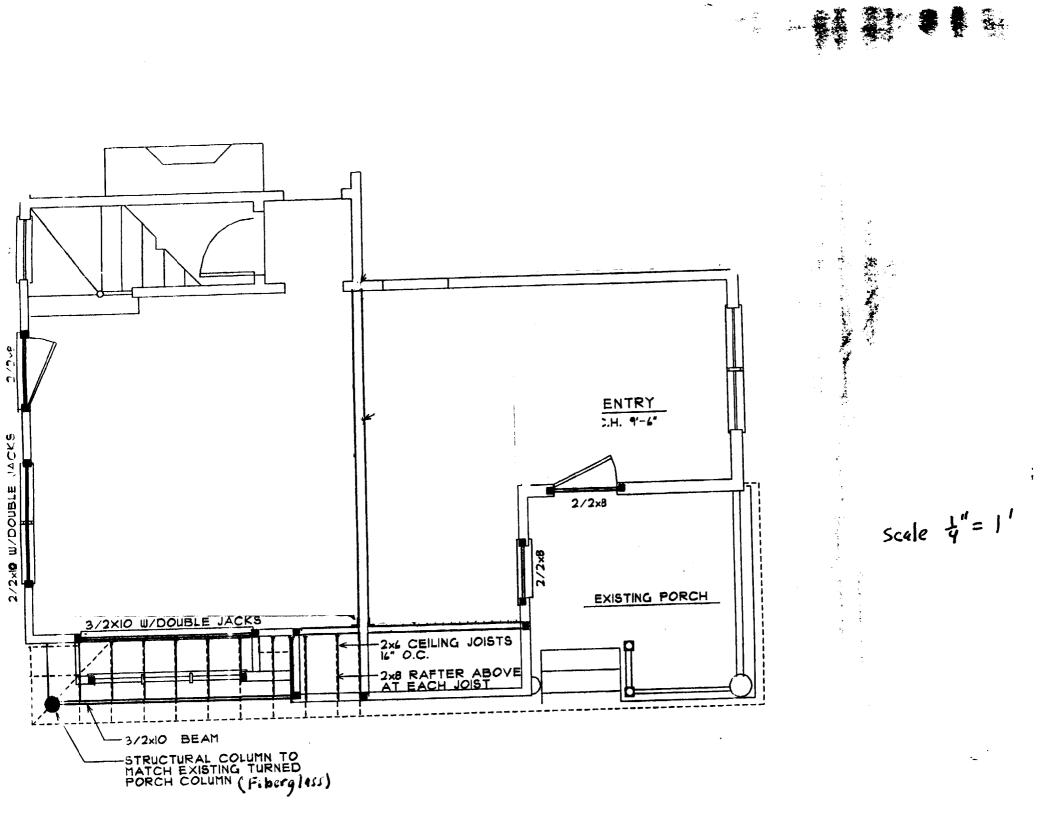
5/11/01

THIS PLOT PLAN IS AN APPROXIMATION OF THE PROPERTY. IT IS NOT AN INSTRUMENT SURVEY AND IS FOR PLANNING PURPOSES ONLY. THE CONTRACTOR IS RESPONSIBLE FOR DETERMINING EXACT PROPERTY BOUNDRIES AND LOCATION OF ALL CONSTRUCTION.

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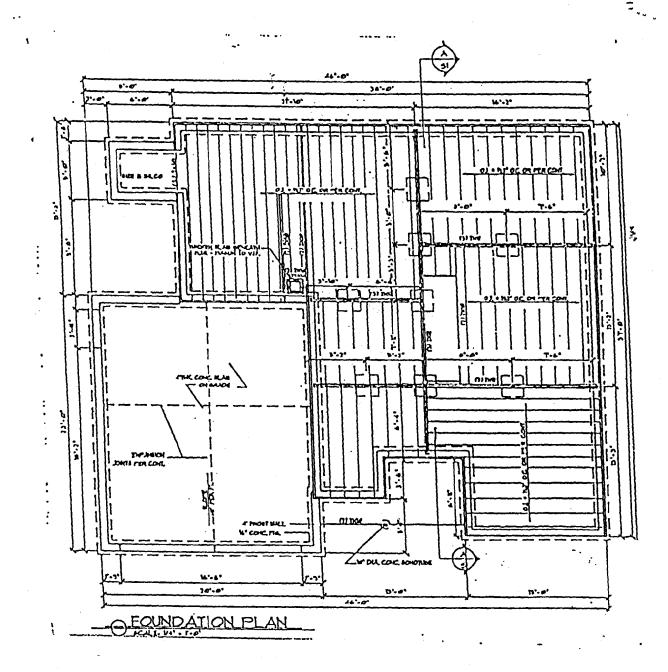
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; 			CALC™ 2001 /-L DF 2800		F	- US File Name:	Monda	ay, February 18, 2002: 14:15 Untilled
	Job Name Address		======================================	, Cusior Specifi	ner -			
	City, State, Zip	-	TFF	Design Compt		Manfred Bra Hancock Lui		peny
	Code Reports	- NER 442		Misc:				الاست ويافقا النصور ومكذك ومبريا بوغ
			4.	76 # 10	tal U	levg MT		Port
			Standard Losd - 60 PSF	1 30 PSF Tribut	ary 15-00-00			
								V
80 7690 lbs LL 4070 lbs DL			Total Horizons	al Length - 17-00	.00		10	3-1/202 120 120 100 100 100 100 100
General Data		Load Summ	arv					
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	- Floor Beam							
···=·*· •· ••	- 1	Controls Su		% Allowable	Duration	Loade	ase Si	pan Location
	- No - No	Control Type Moment	Value 49608 ft-ibs	73.6%	@ 100%	2		- Internal
Right Cantilever	- NO	End Shear	9881 lbs	46.4%	0 100%	2	1.	- Left
Slope	0/12	Total Deflection		63.8%	-	2	1	
Tributary	15-00-00	Live Deflection	L/576 (0.354°)	83.3%		2	1	
Repetitive	n/a	Max, Defi.	0.542" (Limit: 0.75")	72.3%		2	1	
Construction Type	nta	Span/Depth	12.7				1	
Live Load	60 PSF	1						
Deed Load	30 PSF	Bearing Sup	norts					
Part Load	0 PSF	Name	Туре	Dim. (L x W)	Value	% Allowed	Gase	Material
Duration	100	80	Wall/Plate	3-1/2 × 7"	11720 lbs		2	Versa-Lam
		B1 -	Wall/Plate	3-1/2"x7"	11720 be	53,2%	2	Versa-Lam
Disclosure The completeness at the input must be ver- who would rely on the avidence of suitability application. The out based upon building design properties an methods. Installation Cascade engineered must be in accordan current Installation an Installation Guide any questions, pieas (800)232-0788 befor product installation.	nified by anyone e cutput as y for a particular put above is code-accepted d analysis n of Boise i wood products ce with the suide and the odes. To obtain or if you have a call	Design meets U	ode minimum (L/240) ser specified (L/480) bitrary (0.757) Maxim	Live load deflect	ion criteria.			

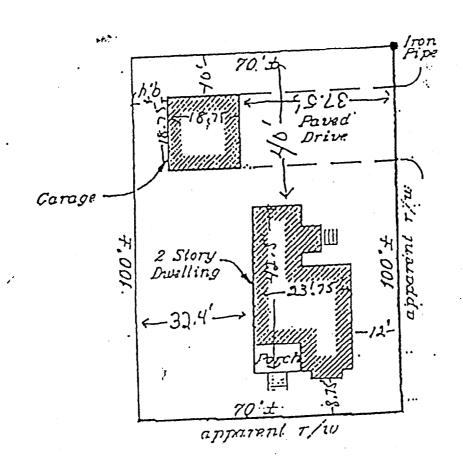
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isclosure		B1	Wall/Plate	3-1/2" x 5-1/4"	4364 lbs	58.6%	2	rveni-cii	
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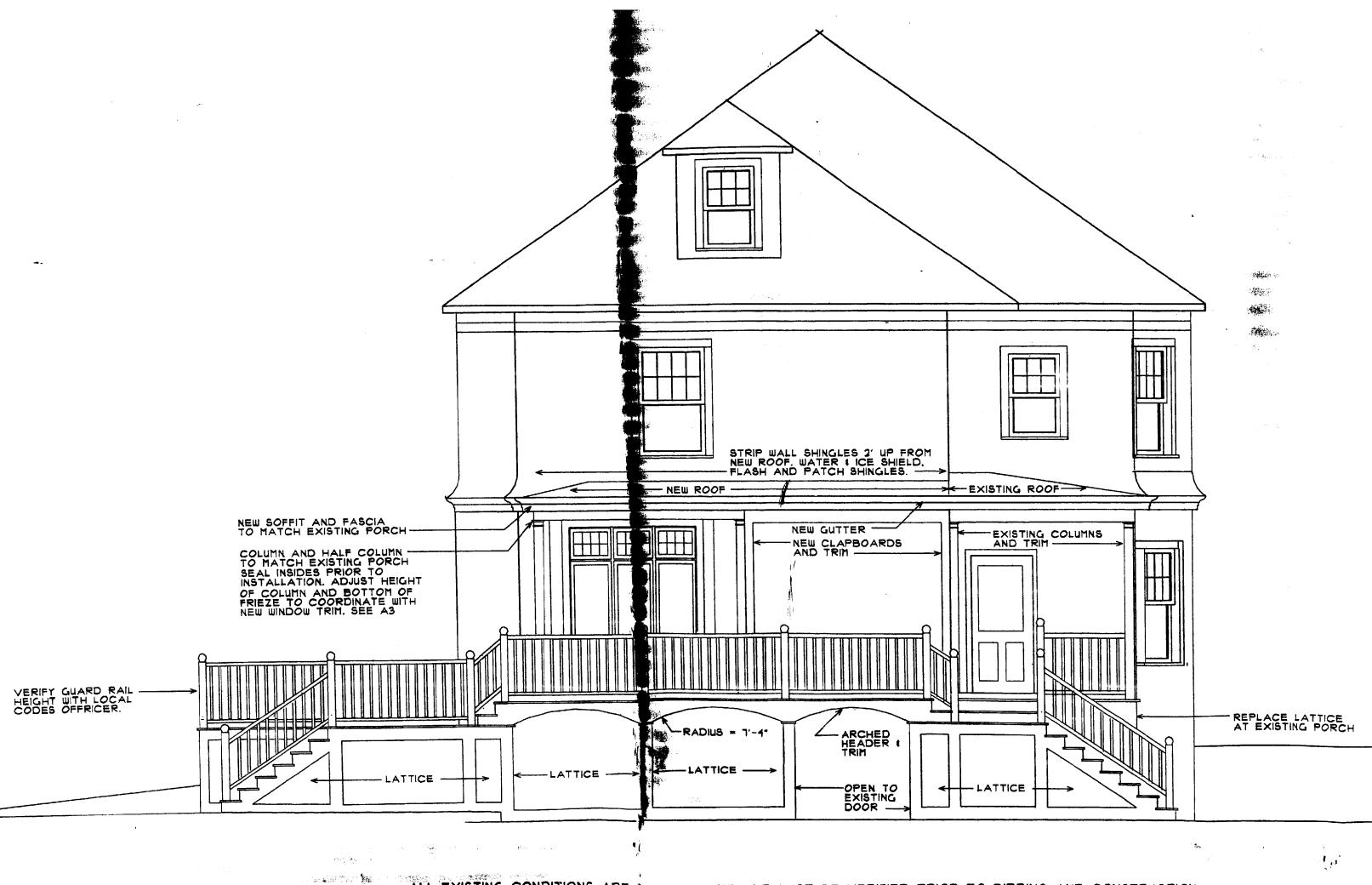
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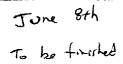
ALL EXISTING CONDITIONS ARE APPROXIMATE AND MUST BE VERIFIED PRIOR TO BIDDING AND CONSTRUCTION

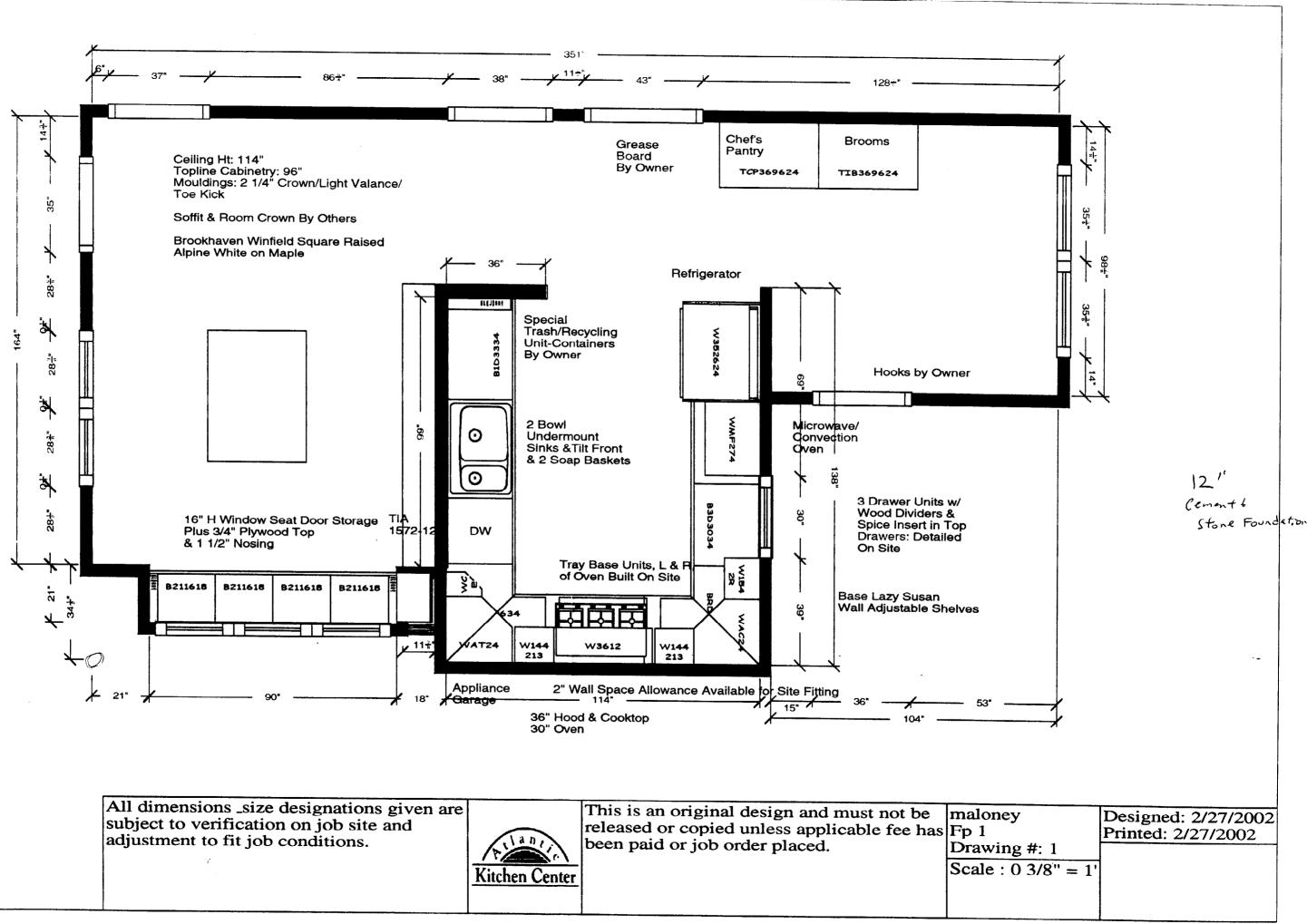
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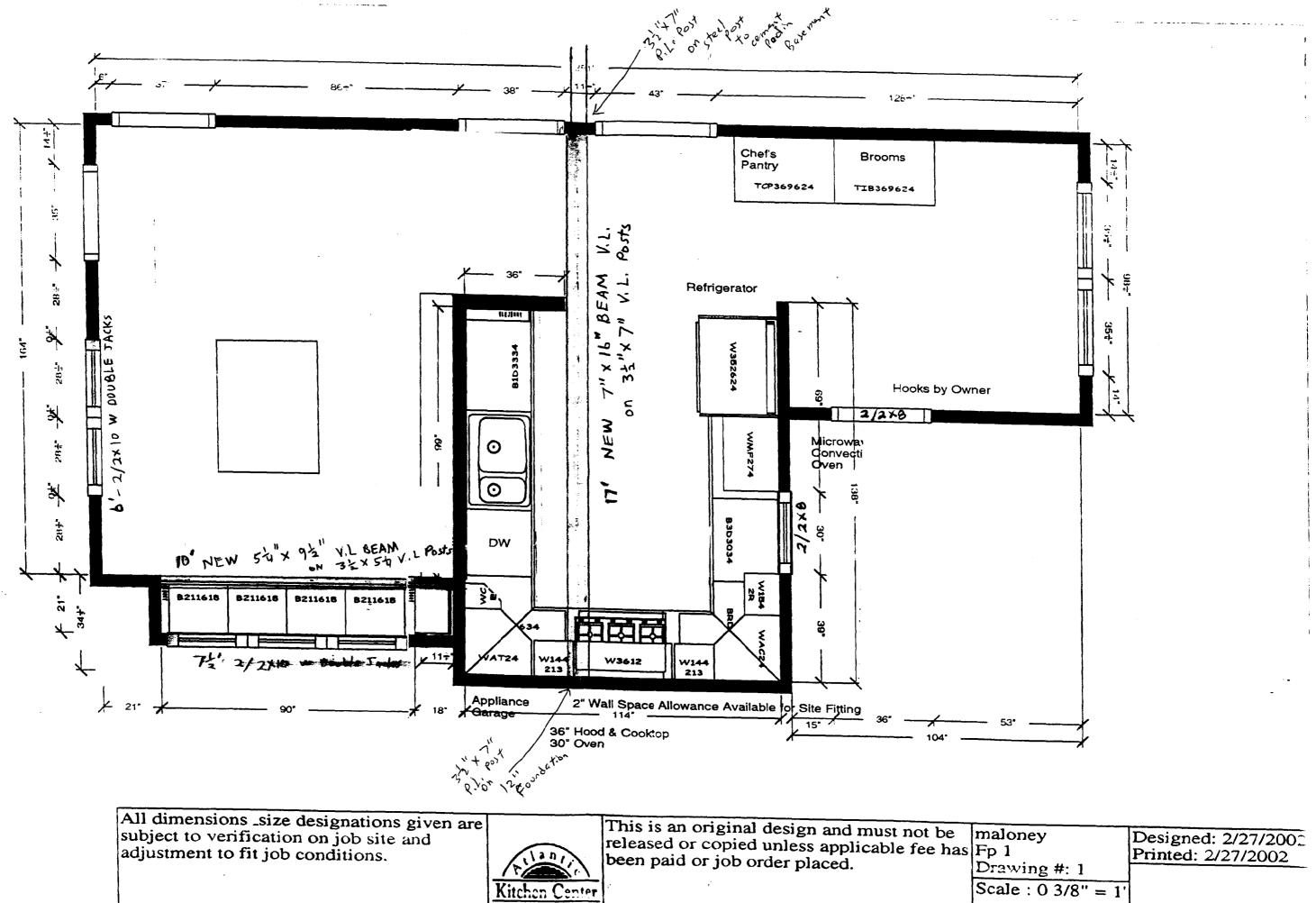
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	Scale : 0 3/8" = 1'	



CITY OF PORTLAND, MAINE Department of Building Inspections 03/13/2002 Received from Warren S. Finnega Location of Work 26 Peliner+ \$ 15,000 Cost of Construction \$ 548.00 Permit Fee Building (IL) Plumbing (I5) ____ Electrical (I2) ____ Site Plan (U2) ____ Other CBI: 176.1-7 Check #: 244/9 Total Collected \$ 548

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy