

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1197	Issue Date PERMIT ISSUED AUG 26 2005	City 129 H008001
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Location of Construction: 30 Codman St	Owner Name: Roberts Christopher A	Owner Address: 30 Codman St	Phone: 207-72439
Business Name:	Contractor Name: John Egan	Contractor Address: Sandy Cove Road Standish	Phone: 207-72439
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Plan Use: 2 unit Residential	Proposed Use: 2 unit Residential/ Renovate kitchen & Bath w/ additional interior renovations	Permit Fee: \$426.00	Cost of Work: \$45,000.00	CEO District: 4
Proposed Project Description: Renovate kitchen & Bath w/ additional interior renovations		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R-3 Type: 5B TRC 2005 Signature: _____ 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: Jdobson	Date Applied For: 08/19/2005	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan May <input type="checkbox"/> MUR <input type="checkbox"/> MM <input type="checkbox"/> Date: 8/24/05	Zoning Appeal <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: _____	Historic Preservation <input checked="" 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: 8/24/05
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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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

PERMIT

PERMIT ISSUED
Permit Number: 051197
AUG 26 2005
CITY OF PORTLAND

This is to certify that Roberts Christopher A /John
has permission to Renovate kitchen & Bath w/ additional interior renovations
at 30 Codman St L 129 H008001

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 procured before this building or part thereof is started or occupied. **HEAR NOTICE IS REQUIRED.**

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

OTHER REQUIRED APPROVALS

Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

Department Name

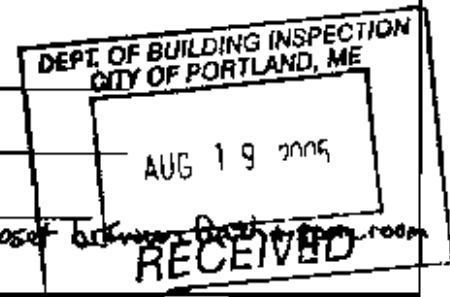
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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: <u>28-30 Codman ST.</u>		
Total Square Footage of Proposed Structure <u>7150</u>	Square Footage of Lot <u>7150</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>129</u> Block# <u>11</u> Lot# <u>8018</u>	Owner: <u>Christopher A. Roberts</u>	Telephone: <u>207-712-2422</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Christopher A. Roberts</u> <u>PO Box 3311</u> <u>Portland, ME 04104 207-712-2422</u>	Cost Of Work: <u>\$45,000</u> Fee: \$
Current use: <u>2-Unit Family</u>		
If the location is currently vacant, what was prior use:		
Approximately how long has it been vacant:		
Proposed use: <u>2 Unit Family</u>		
Project description: <u>Renovate kitchen, bath, close out + frame close between bath + room.</u> <u>Add new non-load bearing wall to kitchen.</u>		
Contractor's name, address & telephone: <u>John Egan Sandy Cove Rd. Standish, ME 207-787-2439</u>		
Who should we contact when the permit is ready: <u>Christopher Roberts</u>		
Mailing address: <u>PO Box 3311 Portland, ME 04104</u>		
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: <u>207-712-2422</u>		



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 APPROVE 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: <u>Christopher A. Roberts</u>	Date: <u>8/19/05</u>
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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

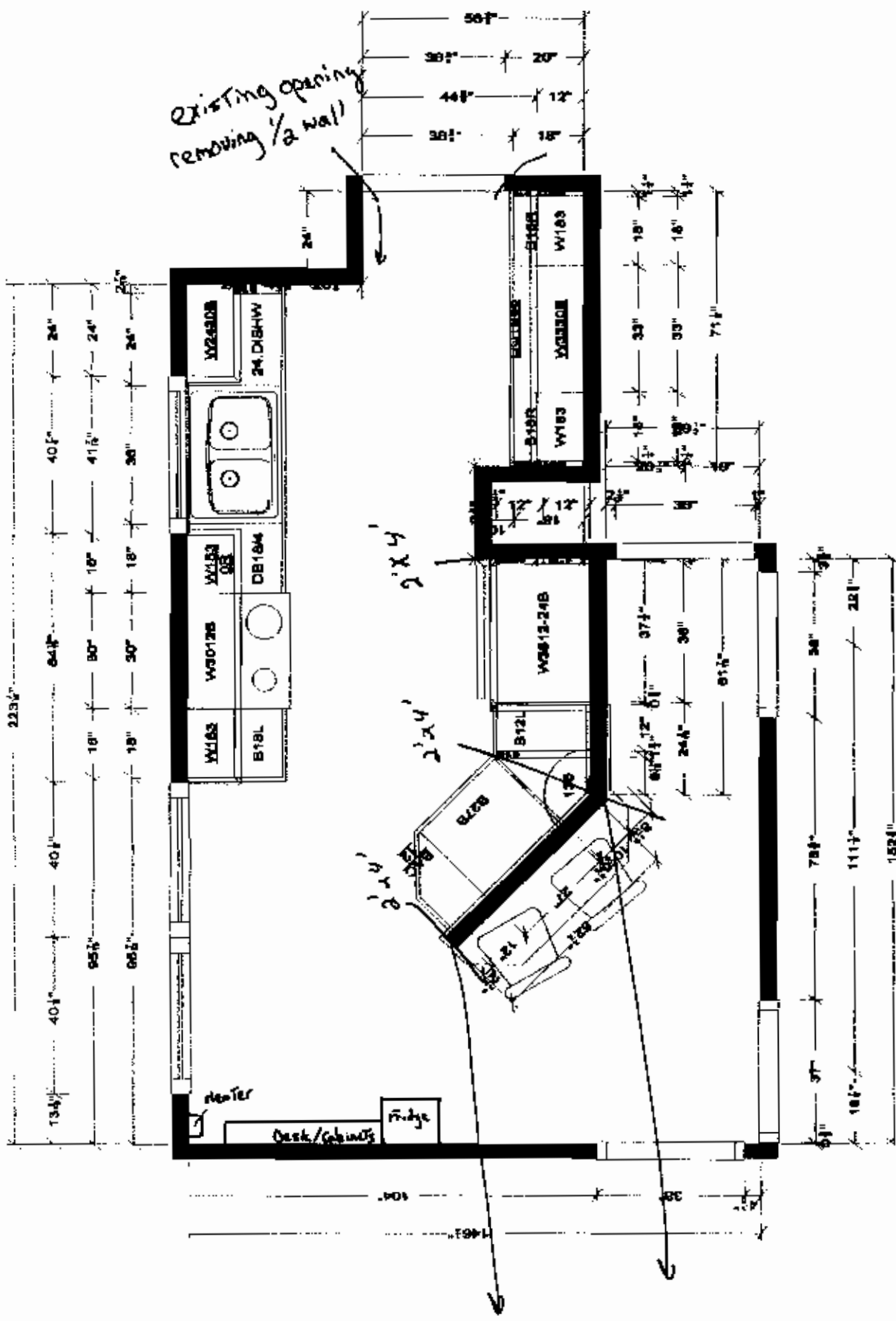
Bathroom

Door Frame where closet was located will be reinforced with 3 2x4 studs and faced on both sides with sheetrock.

Non-load bearing wall in bathroom where tub/shower unit will be moved will then be removed.

Kitchen

Approximately 4-5' high counter and breakfast bar will be added using 2'x4' framing studs. Reinforced with plywood behind the addition of cabinets and secured by 2'x4' stud to floor.



Existing opening
removing 1/2 wall

2'x4'

2'x4'

Framing 2'x4' 1/2 wall 4' high

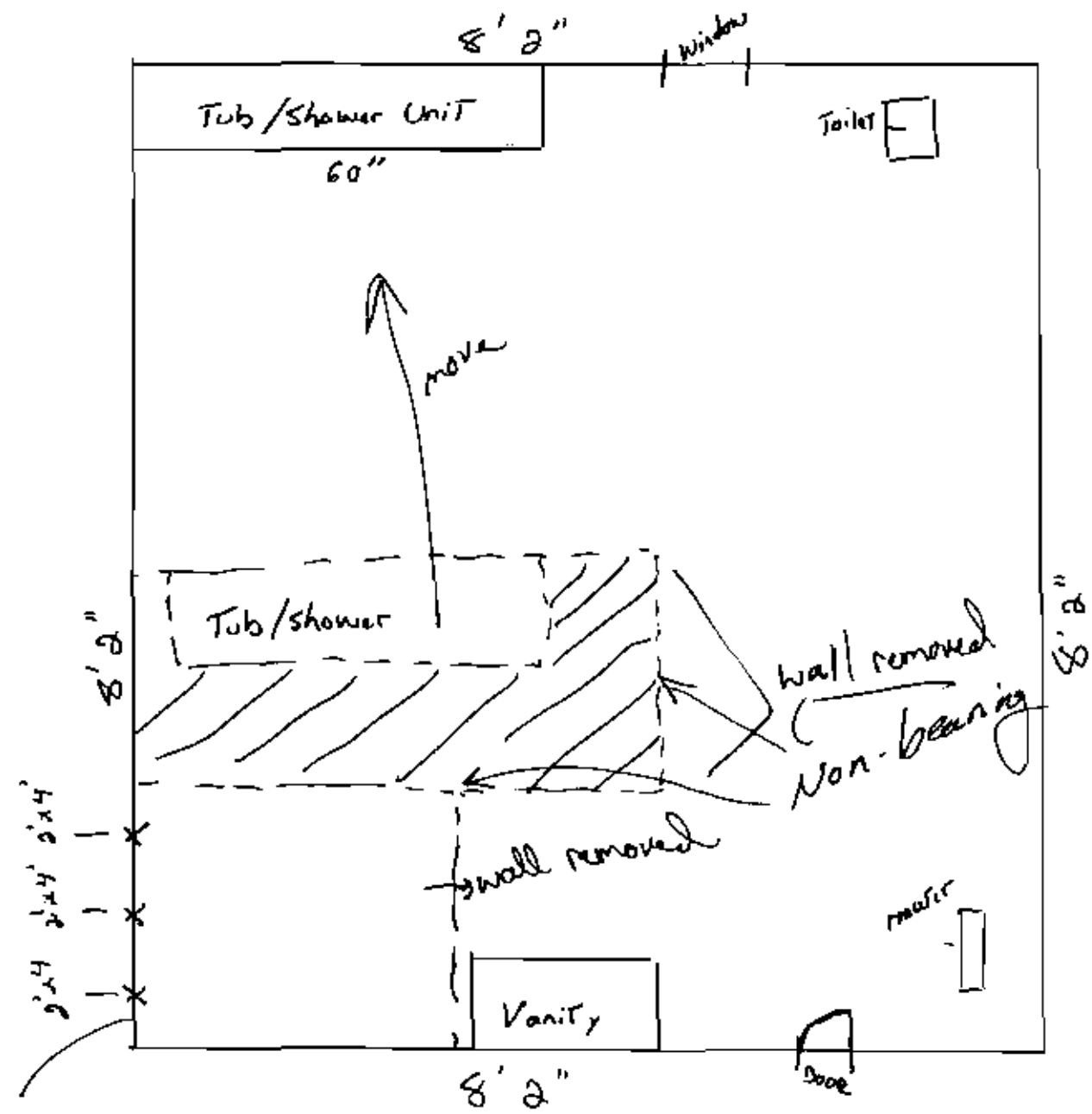
All dimensions size designations given are
subject to verification on job site and
adjustment to fit job conditions.

Wickes Lumber
Div. of Bradeo Supply
208 Riverside Street
Portland, Me 04103
207-772-2884

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

Designed
Printed: 7

Relocate bathroom fixtures
& remove non-bearing walls.



Close existing opening w/ 2x4-s

BATHROOM

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Lease/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: 2 unit Residential/ Renovate kitchen & Bath w/ additional interior renovations	Proposed Project Description: Renovate kitchen & Bath w/ additional interior renovations
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Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 08/24/2005
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 08/24/2005
Note: **Ok to Issue:**

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 initialzing 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.

A Pre-construction Meeting will take place upon receipt of your building permit.

- N/A Footing/Building Location Inspection: Prior to pouring concrete
- N/A Re-Bar Schedule Inspection: Prior to pouring concrete
- N/A Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

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.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Christopher A. Pstutz
Signature of Applicant/Designee

8/30/05
Date

[Signature]
Signature of Inspections Official

30 Aug 05
Date

CBL: 129 H008 Building Permit #:

051197

APPLICATION

Town or Plantation: Portland
Street Subdivision Lot #: 28 Cedman St

Last: J Bouck First: Mohamed
Applicant Name: Carl J. Henrickson
Relationship of Owner/Applicant (if Different): Henrickson Rd Searchough Me 04074

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 Inspectors to deny a Permit.
Carl J Henrickson
Signature of Owner/Applicant Date: 7-20-08

PORTLAND PERMIT # 10713 TOWN COPY

Date Permit Issued: 8 04 08 FEE: 6,023

Sey Arns
Local Plumbing Inspector Signature

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: _____ Date Approved: _____

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFGD. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>60102</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>HOOKE-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOKE-UP: to an existing subsurface wastewater disposal system.</p>		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Urinal		Sink
		Drinking Fountain		Wash Basin
<p>OR</p> <p>TRANSFER FEE (\$8.00)</p>		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p>OR</p> <p>TRANSFER FEE (\$8.00)</p>		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<p>OR</p> <p>TRANSFER FEE (\$8.00)</p>		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE