Form # P 04	DISPLAY	THIS C	CARD (DN F	PRINCIP	AL F	RONTA	AGE (OF WO	DRK	
Please Read	nd	C	ITY (BU	OF	POR						
Notes, If Any Attached	/,			PI	ERMI	77		Permit	Number: 1	00793	
This is to certi	fy thatSCHRA	BDER ELLF	EN L & PI	RE E (ER JTS/V	e	PEF	RMIT_	ISSL	IED
has permission	n to install b	ay window				с		.022001	JUI -	9 2010	
of the pro	that the perso ovisions of the ruction, main rtment.	e Statute:	s of Ma	e and	of the d		pting th ces of t	lis pern he City	nit shall eft Por t	compl Ranking	y with all gulating
Apply to P	ublic Works for st if nature of work		Not give befo lath HOl	ation of nd writ this bu or oth NOTIC	ti permissi li ng or pr	hereot sed-in.	rec Fis	procured		r before t	must be his build- ed.
Fire Dept								A			
Appeal Board							771	tak	~		
Other	Department Name						\checkmark	Director - Ba	iilding & inspect	In Services	<u> </u>
		P	ENALTY	FOR	REMOVIN	G THIS	CARD-		·		

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City of Portland, Main	ne - Building or Use	Permit Application	Permit No:	Issue Date:	CBL:	
389 Congress Street, 0410	01 Tel: (207) 874-8703	5, Fax: (207) 874-871	6 10-0793		131 L022001	
Location of Construction:	Owner Name:		Owner Address:	_	Phone:	
110 CLINTON ST	SCHRAEDER	RELLEN L & PIERR	110 CLINTON ST	Γ		
Business Name:	Contractor Name	::	Contractor Address:		Phone	
	White Homes	James White	2 Farwell Court W	estbrook	2078783361	
Lessee/Buyer's Name	Phone:		Permit Type:		Zone:	
			Additions - Dwel	lings	R-)	
Past Use:	Proposed Use:		Permit Fee:	CEO District:		
Single Family Home		Single Family Home - install bay		\$90.00 \$6,200.00		
	window		FIRE DEPT:	TION:		
				Approved INSPEC Denied Use Gro	up: R·3 Type: GB	
			, / 7	1		
			//	4 1 2	TILC 2005	
Proposed Project Description:					~ 1	
install bay window			Signature:	Signatur		
			PEDESTRIAN ACTI	VITIES DISTRICT (P.		
			Action: 🔲 Approv	ed 📋 Approved w/C	Conditions 🗌 Dened	
			Signature:	:	Date:	
Permit Taken By:	Date Applied For:		Zoning	Approval		
ldobson	07/02/2010		g			
1. This permit application	does not preclude the	Special Zone or Revie	ws Zonin	g Appeal	Historic Preservation	
	ing applicable State and	Shoreland	Variance		Not in District or Landmark	
Federal Rules.						
2. Building permits do not include plumbing,		Wetland	Miscella	neous [Does Not Require Review	
septic or electrical worl						
3. Building permits are vo	oid if work is not started	Flood Zone Conditional Use		Requires Review		
within six (6) months o						
False information may invalidate a building		Subdivision	Interpretation		Approved	
permit and stop all wor	К					
		🔲 Site Plan		d [Approved w/Conditions	
PERMIT	ISSUED	Maj Minor MM			Denied	
• • • • • • • • • • • • • • • • • • • •		OL wahcor	with the			
		Date	Date:	Da	te:	
JUL -	9 2010	ン 7 <i>1</i> 6/	0			
					~	

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



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.

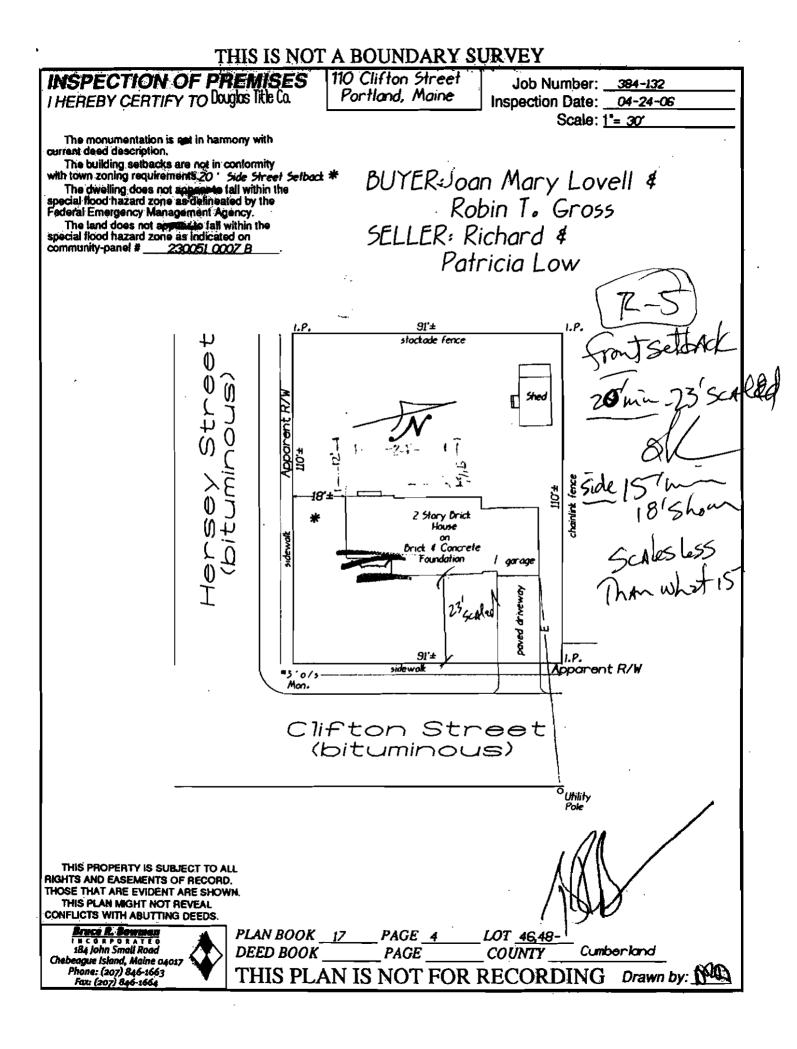
Location/Address of Construction: 10	ditton forthand	Me					
Total Square Footage of Proposed Structure/A ろみ	rea Square Footage of La	ot Number of Stories					
Tax Assessor's Chart, Block & Lot	Applicant * <u>must</u> be owner, Lessee	or Buyer* Telephone:					
Chart# Block# Lot#	Name Jim White						
	Address 2 farwell a	ont					
	City, State & Zip Wertbrow						
Lessee/DBA (If Applicable)	Owner (if different from Applicant	t) Cost Of					
	Name BFCEIVEI	► Work: \$ <u>6 >000</u>					
		C of O Fee: \$					
	City, State & Zig UL - 2 2010	Total Fee: \$_@ag_7()					
Current legal use (i.e. single family) / C Dept. of Building Inspections If vacant, what was the previous use? City of Portible's Manadential Units Proposed Specific use:							
Is property part of a subdivision?	If yes, please name						
Project description: Add Day Window .							
Contractor's name: mlite (white Ameslic)							
Address: Dow well count							
City, State & Zip Partlad Me 04095 Telephone: 838.3342							
Who should we contact when the permit is read	y. Cell 838.3345	Telephone: 838= >34 _					
Mailing address: 2 For Well	cant westpro	the ve oros					

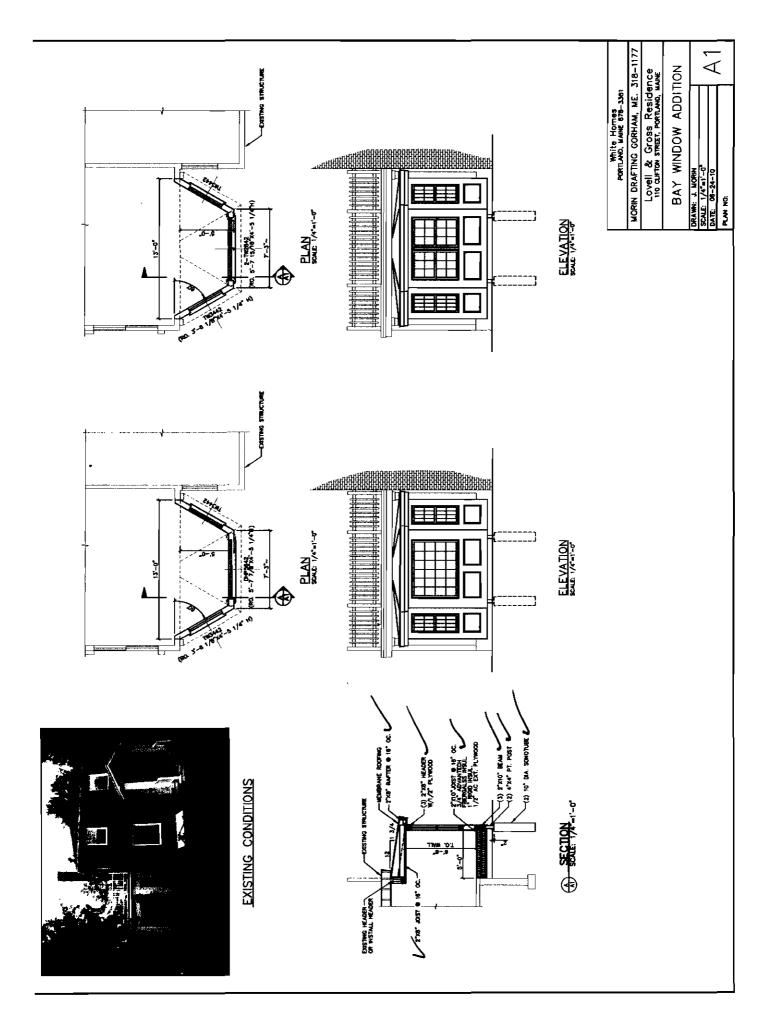
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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 <u>www.portlandmaine.gov</u>, 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.

r	Fr						
Signature:	Δ	cilater	Date:	~ ~ /2/2010			
This is not a permit; you may not commence ANY work until the permit is issued							





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.
- X____ Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers
- <u>X</u> Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- <u>X</u> 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 JUL - 9 2010 City of Portland

Citv of Portland. Maine	- Building or Use Permit		Permit No:	Date Applied For:	CBL:
•	Tel: (207) 874-8703, Fax: (20)7) 874-8716	10-0793	07/02/2010	131 L022001
Location of Construction: Owner Name:			Owner Address:		Phone:
110 CLINTON ST	SCHRAEDER ELLEN I	L & PIERR	110 CLINTON ST	-	
Business Name:	Contractor Name:		Contractor Address:		Phone
	White Homes/ James Wi	hite	2 Farwell Court Westbrook		(207) 878-3361
Lessee/Buyer's Name	Phone:	Phone:			
			Additions - Dwell	lings	
Proposed Use:		Propose	d Project Description:		
Single Family Home - install	bay window	install	bay window		
		l			
Dept: Zoning Sta	tus: Approved with Conditions	Reviewer	Marge Schmucka	al Approval I	Date: 07/06/2010
Note:			U	••	Ok to Issue: 🗸
1) Separate nermits shall be	required for future decks, sheds, p	ionls and/or o	arages		
	•		e e		
	for an additional dwelling unit. Yes stoves, microwaves, refrigerator				ent including, but
 This property shall remain approval. 	a single family dwelling. Any ch	ange of use sl	hall require a separa	ate permit application	on for review and
 This permit is being approximately work. 	wed on the basis of plans submitte	ed. Any devia	ations shall require	a separate approval	beforc starting that
Dept: Building Sta	atus: Approved with Conditions	Reviewer	Tammy Munson	Approval I	Date: 07/08/2010
Note:			-		Ok to Issue: 🔽
1) The carrying beam for the	13"-0" opening must be LVL's de	esigned for th	e span.		
2) The design load spec shee	ts for any engineered beam(s) mu	st be submitte	d to this office.		
· · · ·	red for any electrical, plumbing, s fuel tanks. Separate plans may ne	•	•		
4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.					
5) The sauna tubes must be 4	"-0" below grade.				