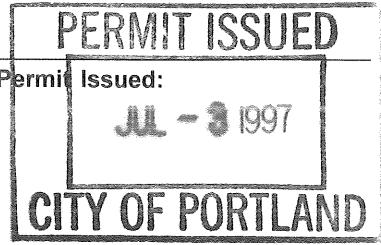


Location of Construction: 174 Clinton St		Owner: Profenno, Tony		Phone: 773-1395		Permit No: 970706	
Owner Address: SAA Ptld, ME 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: JUL - 3 1997	
Past Use: 1-fam		Proposed Use: Same w/garage		COST OF WORK: \$ 12,000.00		PERMIT FEE: \$ 80.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description:  Construct Detached Garage (24 x 30)				Signature:		Signature:	
Permit Taken By: Mary Gresik		Date Applied For: 30 June 1997		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zone: R-5 CBL: 132-J-012	
				Signature: Date:		Zoning Approval: OK - 3 7/2/97 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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	



PERMIT ISSUED WITH REQUIREMENTS

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..

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: 6/30/97  
KT

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Anthony C. Profenno* Tony Profenno ADDRESS: DATE: 30 June 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT   
McCarthy

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>174 Clinton St</b>		Owner: <b>Profenno, Tony</b>		Phone: <b>773-1395</b>	Permit No: <b>970706</b>	
Owner Address: <b>SAA Pctd, ME 04103</b>		Lessee/Buyer's Name:		Phone:	BusinessName:	
Contractor Name: <b>Clayton Leubler</b>		Address:		Phone:		
Past Use: <b>1-fam</b>		Proposed Use: <b>Same w/garage</b>		COST OF WORK: <b>\$ 12,000.00</b>	PERMIT FEE: <b>\$ 80.00</b>	
Proposed Project Description:  <b>Construct Detached Garage (24 x 30)</b>		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		
		Signature:		Signature:		
Permit Taken By: <b>Mary Cresik</b>		Date Applied For: <b>30 June 1997</b>				Zone: <b>185</b> CBL: <b>132-J-012</b>

**PERMIT ISSUED**  
Permit Issued:  
**JUL - 3 1997**  
**CITY OF PORTLAND**

Zoning Approval:  
**OK - 3/2/97**  
**Special Zone or Reviews:**  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: \_\_\_\_\_

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..

**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 provisions of the code(s) applicable to such permit

**SIGNATURE OF APPLICANT** *Tony Profenno* **ADDRESS:** \_\_\_\_\_ **DATE:** **30 June 1997** **PHONE:** \_\_\_\_\_

**RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**CEO DISTRICT** 6

COMMENTS

7/29/97 Call for Foundation Pour - lat lines not set out - owner will estab lines & call back *[Signature]*

7/30/97 - Called again - lines now out - owner wanted today - can't do until tomorrow *[Signature]*

7/31/97 - Measured setbacks to lines owner set out - left side shows 5' actual measure 5'10" - Rear shows 16' actual measured 17'2" (13'6" to fence then 18" to other side of fence - OK to pour *[Signature]*

8-6-97 Foundation has been poured.

8-19-97 Framing wall completed

9-9-97 Chf wall completed

Inspection Record

	Type	Date
Foundation:	<i>OK M</i>	<i>8-6-97</i>
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

## BUILDING PERMIT REPORT

DATE: 3 July 97 ADDRESS: 174 Clinton St-  
REASON FOR PERMIT: To Construct a 24x30' private garage  
BUILDING OWNER: Tony Profenno  
CONTRACTOR: \_\_\_\_\_  
PERMIT APPLICANT: \_\_\_\_\_ APPROVAL: \*1, \*2 DENIED

### CONDITION(S) OF APPROVAL

- \*1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
- \*2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of ½ inch gypsum board or the equivalent applied to the garage means of ½ inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993) U.L. 103.
7. Sound transmission control in residential building shall be done in accordance with Chapter 12 section 1214.0 of the city's building code.
8. Guardrail & Handrails A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42" , except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
9. Headroom in habitable space is a minimum of 7'6".
10. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread. 7" maximum rise.
11. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
12. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
13. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
14. All vertical openings shall be enclosed with construction having a fire rating of at least one (1)hour, including fire doors with self closer's.
15. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
16. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
  - In the immediate vicinity of bedrooms
  - In all bedrooms
  - In each story within a dwelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and

I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

17. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
18. The Fire Alarm System shall be maintained to NFPA #72 Standard.
19. The Sprinkler System shall maintained to NFPA #13 Standard.
20. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
21. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
22. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
23. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
24. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's office.
25. Ventilation shall meet the requirements of Chapter 12 Sections 1210. of the City's Building Code.
26. All electrical and plumbing permits must be obtained by a Master Licensed holders of their trade.

27. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
28. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
29. \_\_\_\_\_  
\_\_\_\_\_

P. Samuel Hoffses, Chief of Code Enforcement

cc: Lt. McDougall, PFD  
Marge Schmuckal



MAIL TO: Blue Cross and Blue Shield of Maine  
2 Gannett Drive, So. Portland, ME 04106-6911

**DENTAL SERVICE REPORT**

Federal Employee Program

**DO NOT COMPLETE SHADED AREAS**

**SUBSCRIBER INFORMATION**

1. PATIENT NAME		2. RELATIONSHIP TO EMPLOYEE/ANNUITANT SELF SPOUSE SON DAUGH		3. SEX M F	4. PATIENT BIRTHDATE MO. DAY YEAR	5. IF FULL TIME STUDENT SCHOOL	CITY
6. NAME OF EMPLOYEE/ANNUITANT	FIRST	INITIAL	LAST	7. IDENTIFICATION NUMBER		8. ENROLLMENT CODE	
				R		1 0	
9. MAILING ADDRESS, STREET, CITY, STATE, ZIP CODE							
10. ARE OTHER FAMILY MEMBERS EMPLOYED? EMPLOYEE NAME				SOC. SEC. NO.		11. NAME AND ADDRESS OF EMPLOYER IN ITEM 10.	
12. IS PATIENT COVERED BY ANOTHER DENTAL PLAN? DENTAL PLAN NAME UNION LOCAL GROUP NO. NAME AND ADDRESS OF CARRIER							

PATIENT'S AUTHORIZATION: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I ALSO AUTHORIZE THE RELEASE OF ANY INFORMATION RELATIVE TO THIS CASE.

SIGNED (EMPLOYEE/ANNUITANT OR PATIENT)

DATE

**DENTIST INFORMATION**

13. DENTIST'S NAME		21. IS TREATMENT RESULT OF OCCUPATIONAL ILLNESS OR INJURY?		NO	YES	IF YES, ENTER BRIEF DESCRIPTION AND DATES	
14. MAILING ADDRESS, STREET, CITY, STATE, ZIP CODE		22. IS TREATMENT RESULT OF AUTO ACCIDENT? 23. OTHER ACCIDENT?					
15. DENTIST'S SOC. SEC. OR T.I.N.		16. DENTIST'S LICENSE NO.		17. DENTIST'S CODE		25. IF PROSTHESIS, IS THIS INITIAL PLACEMENT?	
18. FIRST VISIT DATE CURRENT SERIES		19. PLACE OF TREATMENT OFFICE HOSPITAL INP. OUTP. OTHER		20. RADIOGRAPHS OR MODELS ENCLOSED?		27. IS TREATMENT FOR ORTHODONTICS?	
				NO	YES	IF NO, REASON FOR REPLACEMENT	
						26. DATE OF PRIOR PLACEMENT	

EXAMINATION AND TREATMENT RECORD: (LIST IN SEQUENTIAL ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32 OR TOOTH A THROUGH TOOTH T.) PLEASE ADVISE TYPE OF MATERIALS USED, NUMBER OF TEETH REPLACED, NUMBER OF CLASPS USED, WHEN CHARGES ARE FOR BRIDGES OR PROSTHESIS.

TOOTH # OR LETTER	SURFACE	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.) LINE NUMBER	DATE SERVICE PERFORMED			ADA PROCEDURE NUMBER	FEE	OFFICE USE ONLY
			MO.	DAY	YEAR			
1								
2								
3								
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32								
<b>TOTAL FEE CHARGED</b>								

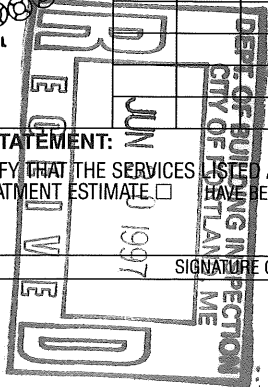
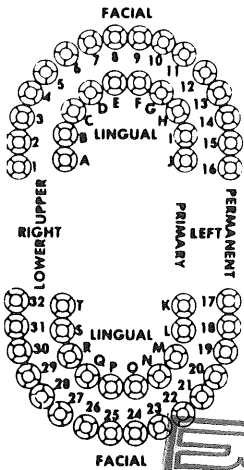
**DENTIST'S STATEMENT:**

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE:  
ARE A PRE-TREATMENT ESTIMATE  HAVE BEEN PERFORMED

SIGNATURE OF DENTIST

DATE

IDENTIFY MISSING TEETH WITH "X"



Lot 132 J-12

R-5

72'

16'

Garage

30'

24'

14'

5'

107

House

35'-6"

WALL

4'-4"

35'-6"

105

17.6  
3.9  
17.2

DRIVEWAY

16'

12'-4"

EXPANDED

66'

174 Clinton St

Tony Prokern

Applicant: Tony Profenno  
Address: 174 Clinton St

Date: 7/2/97  
C-B-L: 132-J-12

CHECK-LIST AGAINST ZONING ORDINANCE

Date - Existing 10'90

Zone Location - R-5

Interior or corner lot -

Proposed Use/Work - construct detached garage 24x30'

Sewage Disposal -

Lot Street Frontage -

Front Yard - ~~5'~~ N/A

Rear Yard - 20' req - showing 16' → Allowance 5' into each

Side Yard - 8' req - showing 5' → setback of per 14-433

Projections -

Width of Lot -

Height -

Lot Area -

Lot Coverage/ Impervious Surface - 7,261 sq ft 40%

2904.1 sq ft MAX  
8 x 34 = 272  
27 x 34 = 918  
8 x 8 = 64  
4 x 10 = 40  
new 24 x 30 = 720  
2014 sq ft

Area per Family -

Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning/ Stream Protection -

Flood Plains -