Form # P 04	DISPLAY	THIS	CARD	ON	PRINC	<b>IPAL</b>	FRONT	AGE	OF	WORK	
Please Read Application An Notes, If Any Attached	nd	C	YTI:		F PO ERN	PECT	LAN ION		t Numbe	er: 080518	
This is to certif	l fy that <u>SEGAI</u>	, AMY-B &	SCOTT			Co., Inc.			PERI	MIT ISSUE	
has permission	n to Garage	Barn - Shor	e exterio	alls - ex	ate for	ured con	e sono-ti	ubes - rep	ace sills	N <u>1 0 2008</u>	
AT 15-ALBA	ST						L 133 I	D012001			
of the pro	that the pers visions of th ruction, mair rtment.	e Statut	es of I		nd of the		ances of	th <del>e Ci</del>	ty of	Portland I	AND ith all regulating n on file in
	ublic Works for s if nature of work nation.		9 5 14	ficatior n and w re this ed or ( JR NOT		rt ther losed-i	recession	procu	red by o	of occupanc owner before ereof is occu	this build-
OTHE		ROVALS									
Fire Dept.										•	
Health Dept	=						h			$\square$	
Appeal Board							$\mathcal{A}$	la c	$\Lambda \Lambda$	100	1 Jul O
Other	Department Name						Tho	Vr 1	VV Q	LAND Sandras	6/4/08
	Department Hame						IIS CARE	7	Sanan iy u		- 1

City of Portland, Maine	e - Building or U	se Permit A	pplication	Permit No:	Issue Date:	CBL:		
389 Congress Street, 0410	703, Fax: (20	7) 874-8716 🗋	08-0518		133 D0	12001		
Location of Construction: Owner Name:		2:	Own	ner Address:		Phone:		
15 ALBA ST	SEGAL A	MY B & SCO	FT M JTS 15	ALBA ST				
Business Name:	lame:	Conf	tractor Address:	Phone	Phone			
	y & Co., Inc.	P.C	D. Box 8463 Pc	2072338	2072338651			
Lessee/Buyer's Name Phone: Past Use: Proposed Use:				Permit Type: Alterations - Dwellings			Zone:	
				mit Fee:	Cost of Work:	CEO District:		
	-			\$110.00	\$9,000.0		5754	
Single Family Home - Garag	-	gle Family Home - Garage/ rn - Shore exterior walls -		RE DEPT:		SPECTION:		
	or poured conculate sills			Denied Us	Group: R 3 Type: SV			
						TKC 5	から	
Proposed Project Description: Garage/ Barn - Shore exterio	r walls - excavate fo	poured concre	ured concrete sono- Signature:			TRC 2003 Signature: Jm 6/4/08		
tubes - replace sills			PED	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				Action: Approved Approved w/Conditions Denied				
			Sigr	nature:		Date:	_	
Permit Taken By:Date Applied For:ldobson05/16/2008				Zoning	Approval			
		Special	Zone or Reviews	Zonir	ng Appeal	Hjstoric Pres	servation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		-	Shoreland		Variance		ct or Landmark	
2. Building permits do not	Wetlan	Wetland		neous	Does Not Require Review			
septic or electrical work.								
3. Building permits are voi	d if work is not starte	ed 🗌 Flood 2	Zone		onal Use	Requires Re	view	
•	d if work is not starte the date of issuance. walidate a building	ed 🗌 Flood 2		Conditio		<ul> <li>Requires Re</li> <li>Approved</li> </ul>	view	
3. Building permits are voie within six (6) months of False information may in	d if work is not starte the date of issuance. walidate a building		vision		ation			
3. Building permits are voie within six (6) months of False information may in	d if work is not starte the date of issuance. walidate a building	Subdiv	vision an Minor MM —	Interpret Approve	ation	Approved		
3. Building permits are voie within six (6) months of False information may in	d if work is not starte the date of issuance. walidate a building	Subdiv	vision an	Interpret Approve	ation	Approved		

### 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

## BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or (874-8693 (ONLY ) 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.

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

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling X

**X** Final inspection required at completion of work.

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.** 

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE** THE SPACE MAY BE OCCUPIED.

X 4 Concelle Signature of Applicant/Designee

Signature of Inspections Official

 $\frac{6 - 10 - 08}{\text{Date}}$ 



# **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: 15	ALDA		
Total Square Footage of Proposed Structure/A. 576	rea	Square Footage of Lot	5,700
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 133 D 12	Name Sc Address 15	nust be owner, Lessee or E 0 ++ + (BADA) Seg AlbA Zip Pointhand, Ml	A
Lessee/DBA (If Applicable)	Owner (if di Name	ferent from Applicant)	Cost Of Work: \$ 9,000 —
	Address City, State &		C of O Fee: \$ Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: BARN	<b>4 4 2 4 3 4</b>	rn (Accession) Prim	epptuse! Snept the
Is property part of a subdivision?	If	yes, please name	Calls
Shuhe Exterior Walls - Excavate Contractor's name: R CONNOLLY Address: PO. Box 8463	e for pour of Co; In	ed convete soa	A Stern r. d.
City, State & Zip 'Porthand, ME Who should we contact when the permit is ready	- Pobe		por elulos pr
Mailing address: <u>PO. Box 8463</u> Por Please submit all of the information of do so will result in the a	utlined on	the Construction of the Co	
n order to be sure the City fully understands the fu nay request additional information prior to the issu his form and other applications visit the Inspection ivision office, room 315 City Hall or call 874-8703.	ance of a peri	e project, the 1 nit. For further 11.	
hereby certify that I am the Owner of record of the nar at I have been authorized by the owner to make this ap ws of this jurisdiction. In addition, if a permit for work athorized representative shall have the authority to enter ovisions of the codes applicable to this permit.	plication as his described in th	/her authorized agent. I ag is application is issued, I cer	tify the conforce the
ignature: R Lo molly	Date:	5-13-08	6 6
This is not a permit; you may no	ot commence	e ANY work until the p	ermit is issue

City of Portland, Maine - Buil	ding or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703, Fax: (	(207) 874-87	16 08-0518	05/16/2008	133 D012001
Location of Construction:	n of Construction: Owner Name:				Phone:
15 ALBA ST	SEGAL AMY B & SO	COTT M JTS	15 ALBA ST		
Business Name: Contractor Name:			Contractor Address:	Phone	
	R Connolly & Co., Inc	с.	P.O. Box 8463 Po	ortland	(207) 233-8651
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dwe	ellings	
Proposed Use:		Prop	osed Project Description	:	
Single Family Home - Garage/ Barn -			•		te for poured concrete
excavate for poured concrete sono-tub	es - replace sills	son	o-tubes - replace sills		
Dept: Zoning Status: A	pproved with Condition	ns Review	er: Marge Schmuck	al Approval I	Date: 05/22/2008
Note:					Ok to Issue: 🗹
1) Separate permits shall be required	for future decks, sheds	, pools, and/or	garages.		
2) This is NOT an approval for an ac not limited to items such as stoves	Ũ		2		ent including, but
<ol> <li>This property shall remain a single approval. The barn is considered t</li> </ol>					
<ol> <li>This permit is being approved on twork. It is understood that the existence supports.</li> </ol>					
Dept: Building Status: A	pproved with Conditior	ns <b>Review</b>	er: Tom Markley	Approval I	Date: 06/04/2008
Note:					Ok to Issue: 🗹
1) Application approval based upon and approval prior to work.	information provided by	y applicant. A	ny deviation from app	proved plans require	s separate review

## BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

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

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

Date

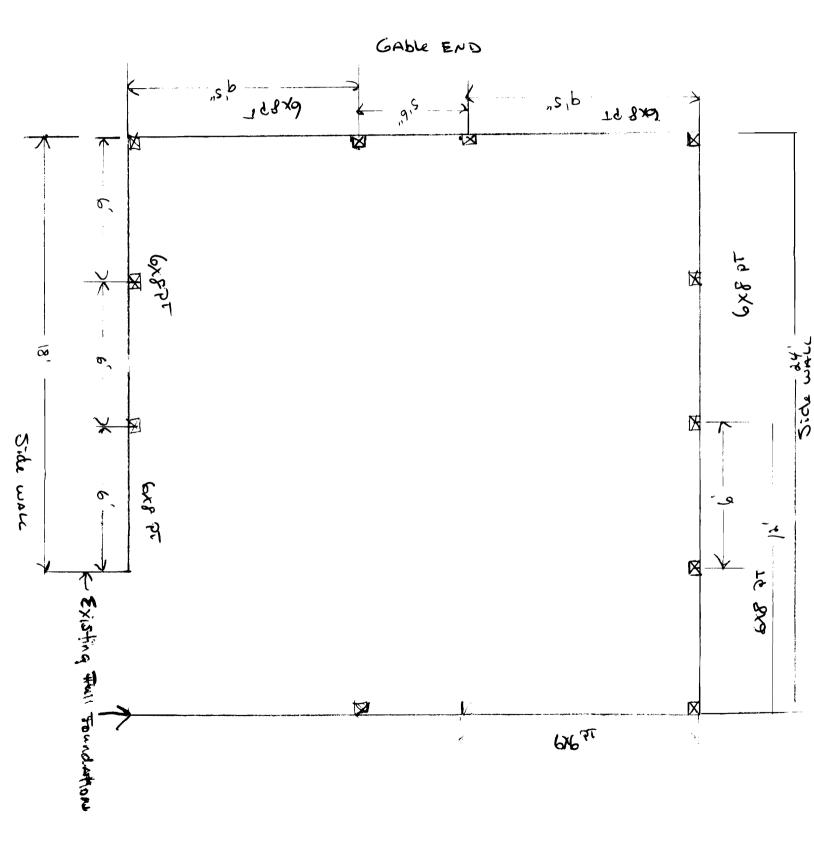
6/4/08

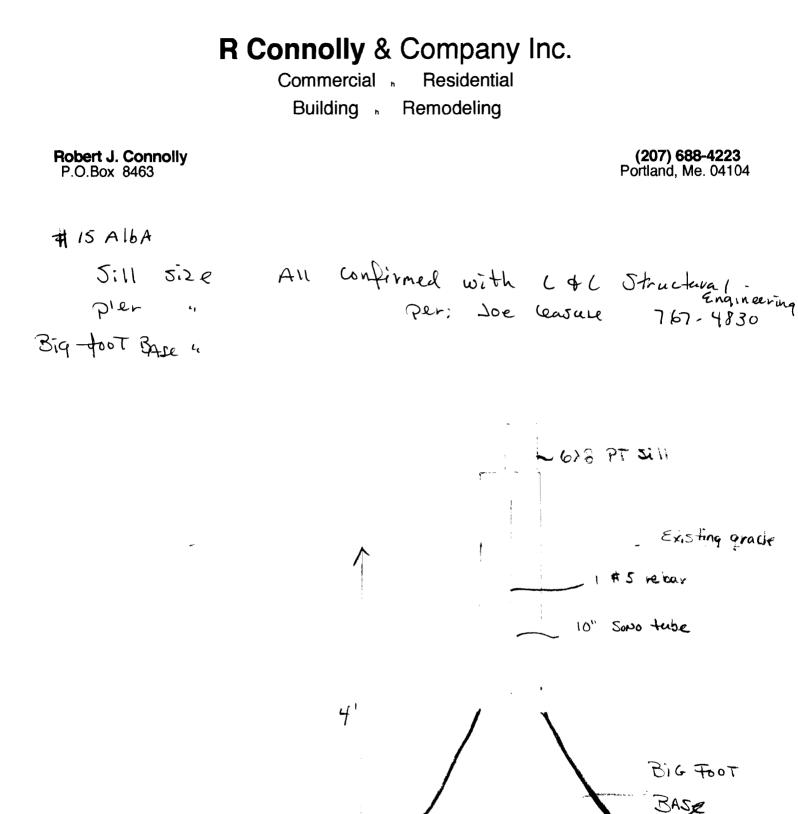
Date

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OWNER <u>HAPPING</u> ATTORNEY: <u>JAMES FLEMING</u> LENDER <u>FIPST FINANCIAL</u> FILE NO <u>ZOOBIEO</u> MTG. COPP TITLE REFERENCES: PEED BOOK ZEOCO PAGE <u>JO</u> FLAN BOOK <u>PAGE</u> <u>JO</u> FLAN BOOK <u>PAGE</u> <u>JO</u> COUNTY: <u>CLIMB</u> <u>MUNICIPAL REFERENCE:</u> NAP <u>J33</u> BLOCK <u>P</u> LOT <u>J2</u> THE DWELLING DOES NOT FALL WITHIN A STRUCH FLOOD HATARD BONE PER FEMA COMMUNITY MAP NO <u>Z30PSI</u> FANEL COIS SOTE <u>C</u> DATE <u>J2-8-910</u> THE DWELLING WAS <b>M</b> IN COMPLIANCE WITH MUNICIPAL BONING SETBACK REQUIREMENTS AT THE TIME OF CONSTRUCTION.	AFPLICANT: SEGAL REQUESTING PARI	
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"Quality is not a matter of chance"

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