Forni # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

A SINCI SYAshleys Ho

Please Read Application And Notes, If Any, Attached

This is to certify that SINCLAIR MARK A & ANDI

BU

Permit Number: 090051

has permission	n to <u>Re</u>	place Ceiling,Re	move Wallr	r, New	ors ove	kisting. I	iroom,	thre new wall and sink
AT 27 BRENTWOOD ST					CI	_135_E	5021001	
of the pro	visions of ruction, m	erson or per the Statute aintenance	es of Ma	and	of the	300	es of t	nis permit shall comply with all he City of Portland regulating and of the application on file in
	ublic Works f if nature of v mation.		Noti givel befo lathe HOU	ition of nd writte this buil or othe NOTICE	ermission g or pa	rocured hereof is ed-in. 24		A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHE	ER REQUIRED A							
Health Dept.	1						1	
Appeal Board Other	,	me				J	Man	sh Want Lay 01/26/09 Director - Building & Inspection Services
			PENALTY	FOR R	EMOVIN	G THIS C	ARD	

City of Portland, Ma	ine - Buil	ding or Use	Permi	t Application	n Per	mit No:	Issue Date	:	CBL:	-
389 Congress Street, 04		~				09-0051		_	135 E0	21001
Location of Construction:		Owner Name:			Owner	r Address:		<u> </u>	Phone:	=
27 BRENTWOOD ST		SINCLAIR M	MARK A & ANDREA		27 B	27 BRENTWOOD ST			207-233-2677	
Business Name:		Contractor Name	Contractor Name:			Contractor Address:			Phone	
		Ashleys Home	e Impro	vment	15 Blake Road Turner			20722557	791	
Lessee/Buyer's Name Phone:		Phone:			Permit Type:			<u> </u>	Zone:	
					Alte	rations - Duj	plex			K-S
Past Use:		Proposed Use:			Permi	it Fee:	Cost of Wor	k;	CEO District:	7 11 069
Residential Two Family Residential Ty		vo Fami	ly - Replace		\$50.00	\$2,49	95.00	5	11,088	
		Ceiling, Remov			FIRE	DEPT:	Approved		CTION:	
				Bathroom, thre		[_	Use Gr	oup:R3	Type:573
		new wall and	sink			L	Denied		10 >	0
legal 12 Cp: 7.0	esiden	H. M. Du	ر لا لا مع	i wast	1				IRC Z	au's
Proposed Project Description:	<u> </u>	MINC SW	<u> </u>	20root	7				TRC 2 ITE: 2m 01 PAD)	
Replace Ceiling, Remove	Wallpaper, 1	New floors over	Existin	g. Bathroom,	Signat	ure:		Signatu	ire: In 01	126/09
thre new walkand sink				,	_	STRIAN ACT	IVITIES DIS	TRICT (P.A.D.)	1-2101
, ,		•		•	Action		uod □ Am	neared w	Conditions -	Denied
					Action	i: Appro	ved Ap	proved w	/Conditions	Dellieu
					Signat	ture:			Date:	
Permit Taken By:	Date Ap	plied For:				Zoning	Approva	 al		
lmd	01/2	/2009				23011112	Tippio	••	,	
1. This permit application	on does not i	preclude the	Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	ervation
Applicant(s) from me			Shoreland			☐ Variance			Not in District or Landman	
Federal Rules.	5 11			iore iunu		variano	•			
2. Building permits do n	ot include r	dumbina	l⊓w	etland		Miscellaneous			Does Not Require Review	
septic or electrical wo		numonig,	'' ''			- Wisconancous		Ì		
3. Building permits are		is not started		Flood Zone Conditional Use			Requires Review			
within six (6) months										
False information may					Interpretation					
permit and stop all we	ork									
			Si	te Plan		Approve	ed		Approved w/	Conditions
)
			Maj ʃ	Miṇor MM	\Box . \	Denied			☐ Denied ☐	
P. S.	HIT ISSI	IIFD	l al		th.	uQ				$>\!\!<$
		<u> </u>	Date:	W11 2C4.	,]	Date:		D	rate:	
					27/	·				$\overline{}$
	N 2 5 20	009		- 4	62/0	9				
					٠	/				
CITY	er er er er	1 7 8 1 5								
			C	ERTIFICATI	ON					
I hereby certify that I am th	e owner of	record of the na	med pro	operty, or that the	ne prop	osed work is	s authorized	by the	owner of recor	d and that
I have been authorized by t										
jurisdiction. In addition, if										
shall have the authority to	enter all area	as covered by su	uch perr	nit at any reasor	nable h	our to enforce	ce the provi	ision of	the code(s) ap	plicable to
such permit.										
SIGNATURE OF APPLICANT	_			ADDRES	<u> </u>		DATE		PHO	NE
RESPONSIBLE PERSON IN CI	HARGE OF W	ORK, TITLE			· <u></u> -		DATE		PHO	NE

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any

Location/Address of Construction:	27 Brentwood St Po	irtland All 04103
Total Square Footage of Proposed Struct るらい	ure/Area Square Footage of Lot	11,088
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 135 E Z 1	Applicant *must be owner, Lessee or I Name Steven Heines Address 53 Brentwood 5t City, State & Zip Portland, M	207 233 (0)
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name	Cost Of 2495.00
	Address	C of O Fee: \$
	City, State & Zip	Total Fee: \$ 50.00
Is property part of a subdivision? Project description: Project descrip	If yes, please name 5 remore wilpsper, pew throam 3 new wills and Home Imp Scott Me C4282 is ready: Steve Haire)	Floors onto Pot Sink. EMac Ounald Telephone: 2255791
	ntion outlined on the applicable Che in the automatic denial of your perm	
y request additional information prior to	Is the full scope of the project, the Planning ar the issuance of a permit. For further informat spections Division on-line at www.portlandmaine.gov	tion or to download copies of

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.

	O(1/1)			<u>/ : </u>	
Signature:	·374-	Date:	1/2//	09	
-	This is not a permit; you may not	commence AN	Y work until the	permit is issue	

JAN 21 2009

City of Portland, Maine	Permit No:	Date Applied For:	CRT:			
389 Congress Street, 04101	09-0051	01/21/2009	135 E021001			
				wner Address:		Phone:
27 BRENTWOOD ST	SINCLAIR MARK A	SINCLAIR MARK A & ANDREA 27			27 BRENTWOOD ST	
Business Name:	Contractor Name:		C	ontractor Address:		Phone
	Ashleys Home Improvi	ment	1	15 Blake Road Tur	ner	(207) 225-5791
Lessee/Buyer's Name	Phone:	Phone:		ermit Type:	<u></u>	
				Alterations - Dupl	ex	
Proposed Use:			Proposed	Project Description:		<u></u>
Residential Two Family - Rep floors over Existing. Bathroon	lace Ceiling,Remove Wallpaper n, three new wall and sink	, New	-	e Ceiling,Remove om, three new wall	Wallpaper, New flo and sink	oors over Existing.
·	tus: Approved with Conditions	s Rev	iewer:	Marge Schmucka	l Approval I	
Note:						Ok to Issue:
	equired for future decks, sheds,	pools, an	nd/or gai	rages.		Ok to Issue: ✓
 Separate permits shall be r This is NOT an approval f 	equired for future decks, sheds, or an additional dwelling unit. So stoves, microwaves, refrigerate	You SHA	LL NO	T add any addition		
 Separate permits shall be r This is NOT an approval f not limited to items such a 	or an additional dwelling unit.	You SHA ors, or kit	ALL NO	T add any addition nks, etc. Without s	pecial approvals.	ent including, but
 Separate permits shall be r This is NOT an approval f not limited to items such a This property shall remain approval. 	or an additional dwelling unit. S stoves, microwaves, refrigerate	You SHA ors, or kit	ALL NO tchen sin	T add any addition nks, etc. Without s Il require a separat	pecial approvals. e permit application	ent including, but
 Separate permits shall be r This is NOT an approval f not limited to items such a This property shall remain approval. This permit is being approwork. 	or an additional dwelling unit. So stoves, microwaves, refrigerate a single family dwelling. Any c	You SHA ors, or kit hange of	ALL NO tchen sin use sha	T add any addition nks, etc. Without s Il require a separat	pecial approvals. e permit application	ent including, but In for review and In the starting that
 Separate permits shall be r This is NOT an approval f not limited to items such a This property shall remain approval. This permit is being approwork. 	or an additional dwelling unit. It is stoves, microwaves, refrigerate a single family dwelling. Any coved on the basis of plans submit	You SHA ors, or kit hange of	ALL NO tchen sin use sha	T add any addition nks, etc. Without start a separat ons shall require a	pecial approvals. e permit application separate approval l	ent including, but In for review and In the starting that
 Separate permits shall be r This is NOT an approval f not limited to items such a This property shall remain approval. This permit is being approwork. Dept: Building State Note:	or an additional dwelling unit. It is stoves, microwaves, refrigerate a single family dwelling. Any coved on the basis of plans submit tus: Approved with Conditions ared for any electrical, plumbing,	You SHA ors, or kit change of tted. Any	ALL NO tchen sin use shale deviati	T add any addition nks, etc. Without still require a separat ons shall require a	pecial approvals. e permit application separate approval I Approval I	ent including, but In for review and before starting that Date: 01/26/2009 Ok to Issue:

Comments:

1/22/2009-lmd: Permit intake by Gayle Guertin, if you have any question please see her.

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.

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.
X Framing/Rough Plumbing/Electrical: P	rior to Any Insulating or drywalling
X Final inspection required at completion	of work.
Certificate of Occupancy is not required for certain p your project requires a Certificate of Occupancy. Al	•
If any of the inspections do not occur, the project REGARDLESS OF THE NOTICE OR CIRCUM	
CERIFICATE OF OCCUPANICES MUST BE IS THE SPACE MAY BE OCCUPIED.	SSUED AND PAID FOR, BEFORE
SHA	1/26/09
Signature of Applicant/Designee	Date
Thomas h. Man liling	Date 01/26/09
Signature of Inspections Official	Date

CBL: 135 E021001 **Building Permit #:** 09-0051

Dethe Room

24 well result news 45" cond New 51716

For stecked 33" cong well of outside outsi

Pull old tob fir floor Board, Plywood with 1/2 ply the floor
Put Back old tob Build Zwalls for each ord of tob one 2x4, one sales Then is sheet each for tile.
Buck well of tob existing



- Jane	Living Room	- John Jan
/	Dining Room	301+
Down Town 7200m	19×10	3ed 2 =
1,6x7	war with	10x9 - work -
-+	4°01	10m



Siding JX4	Phoning Boards 16' 2x8 existing 6"insulation in Between 15 5/8 sneek Rock ?
	extractional existing Boring. Colorals Existing Roring Later plasted Patcholant Patcholant
	Signed 1/2" Sheet Rock The state of the sta