Form # P 04

JISPLAT	1 1112	CARD	ON	PRINCIPAL	PRONTAGE	UF	WO
		VTI	OF	DODT			

Please Read Application And Notes, If Any, Attached

PERIM	Permit Number 1080864 JED
WWILVET LIFE ESTATE	3.7.0000
W W W W W W W W W W W W W W W W W W W	JUL 1/ 2000

This is to certify that\_\_\_ KARATSANOS MARY E V has permission to \_\_\_

AT -12 SAWYER ST

Enclose existing deck

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and t

this department. Apply to Public Works for street line

fication n mus inspe n and w en permi on proci t there re this ding or ed or bsed-in QUIRED. JR NO

ine and of the O

of buildings and

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

epting thi<del>s permit shall comply with</del> all ances of the City of Portland regulating

actures, and of the application on file in

such information.

and grade if nature of work requires

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept.

Appeal Board

Other Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, M	[aine - Bui]	lding or Use	Permi	t Application	n Per	mit No:	Issue Date	:	CBL:	-	
389 Congress Street, 0		0				08-0854			138 B0	08001	
Location of Construction: Owner		Owner Name:	Owner Name:			Owner Address:			Phone:		
12 SAWYER ST		KARATSANG	CARATSANOS MARY E WID W		12 SAWYER ST						
Business Name:		Contractor Name: GIL COTE			Contractor Address: 24 Fairmont Ave Auburn				Phone		
								2077773994			
Lessee/Buyer's Name	Phone:		Permit Type:					Zone:			
					Add	itions - Dupl	ex			R5	
Past Use: Proposed Use:			_		Permi	t Fee:	Cost of Wor	k:	CEO District:	<del></del>	
Duplex Duplex - Enc			ose exis	ting deck		\$110.00		00.00	4		
			in the second second			DEPT:	Approved		CTION:		
						L	_	Use Gr	oup: <i>[[3</i>	Type:	
						L	Denied		,-0		
									TRC Z	2005	
Proposed Project Description	n:	<u> </u>			1			-	oup: R3 TRC 2 ire: Zw <del>3</del>	_	
Enclose existing deck					Signat	ure:		Signatu	ire:	1/14/ XX	
					PEDESTRIAN ACTIVITIES DISTRI			TRICT (	RICT (P.A.D.)		
					Action	Annes	und 🗆 Am	arouad w	/Conditions	Denied	
					Action	i: Approv	veu App	proved w	Conditions	Demed	
					Signat	ure:			Date:		
Permit Taken By:	Date A	pplied For:				Zoning	Approva	ıl			
ldobson	07/14	4/2008				<b>e</b>	) <b>F F</b>				
1. This permit applica	tion does not	preclude the	Spe	cial Zone or Revie	ws	ws Zoning Appeal			Historic Pres	ervation	
Applicant(s) from n		•	Shoreland			Variance			Not in District or Landm		
Federal Rules.											
2. Building permits do	not include i	olumbing.	Wetland		)	Miscellaneous			Does Not Require Revie		
septic or electrical v	-	yg,									
3. Building permits are	e void if work	c is not started	Flood Zone ( )		☐ Conditional Use			Requires Review			
within six (6) month											
False information m		a building	Subdivision		☐ Interpretation			☐ Approved ✓ ✓			
permit and stop all	work				ľ						
			☐ Si	te Plan		Approve	ed		Approved w/	Conditions	
<u></u>	· · · · · · · · · · · · · · · · · · ·										
PERM	IT ISSUE	)	Maj [	Minor MM		Denied			Denied		
		<b>-</b> ]			_					_	
	1 7 0000		Date:	m 7/15/16	18 I	Date:		D	ate: 7/15/00	32	
JUL	1 7 2008		_ <del></del>	717					7-57	0	
		. (									
CITY OF	PORTLA	ND									
0111 01	TONILA										
			C	ERTIFICATI	ON						
I hereby certify that I am											
I have been authorized by											
jurisdiction. In addition,											
shall have the authority to such permit.	o enter all are	as covered by si	uch perr	nit at any reason	iable n	our to enforc	te the provi	Sion of	the code(s) ap	piicable ic	
ouen permit.											
									_		
SIGNATURE OF APPLICAN	T			ADDRES	S		DATE		PHO	NE	
RESPONSIBLE PERSON IN	CHARGE OF W	ORK TITLE					DATE		PHO		
	THE COLUMN	oius, IIIDD					DAIL		1110	. 12	

## **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-c	construction Meeting will take place up	on receipt of your building permit.	
X	_ Framing/Rough Plumbing/Electrica	l: Prior to Any Insulating or drywalling	
X	_ Final inspection required at complet	ion of work.	
	• • •	in projects. Your inspector can advise you i All projects <u>DO require</u> a final inspection.	f
•	of the inspections do not occur, the proj RDLESS OF THE NOTICE OR CIRC	•	
	ICATE OF OCCUPANICES MUST BEPACE MAY BE OCCUPIED.	E ISSUED AND PAID FOR, BEFORE	
M.	2 Cut	7-17-08	
Signatu	re of Applicant/Designee	Date	
<i>()</i>	is h. Marbley	7/15/08	
Signatui	re of Inspections Official	Date	

**CBL:** 138 B008001 **Building Permit #:** 08-0854

## 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.

Total Square Footage of Proposed Structure	/Area	Square Footage of Lot	Nu	mber of Stories	
Tax Assessor's Chart, Block & Lot				2	
	Applicant *	must be owner, Lessee or Bu	iyer* Tel	lephone:	
Chart# Block# Lot#	Name Ma	Name Mary Karatsanes			
130 D	Address (	2 Sawyer St.			
	City, State &	& Zip Postland Mail	(1)		
Lessee/DBA (If Applicable)	Owner (if d	ifferent from Applicant)	Cost O	of Carlon	
	Name		/ork: \$ <u>8,500 v</u>		
	Address	C of O	of O Fee: \$		
	City, State &	& Zip	Total F	ee: \$	
If vacant, what was the previous use?  Proposed Specific use:	Screened	in enclosure		<del></del>	
Project description:  Contractor's name: 61/ Cote		f yes, please name			
Project description:  Contractor's name: Gil Cote  Address: 24 Fain mount au	e. And		1 1 2 2		
Project description:  Contractor's name: Gil Cote  Address: 24 Fain mount au  City, State & Zip Auburn, Main	e. And e 0421	.1111	Telephone:	772-355y	
Project description:  Contractor's name: Gil Coto  Address: 24 Fain mount au  City, State & Zip Auburn, Main  Who should we contact when the permit is re	e 04210 eady: 6:10	0 Cotte	Telephone:	772-355y	
Project description:  Contractor's name: Gil Cote  Address: 24 Fain mount au  City, State & Zip Auburn, Main	e 04210 eady: 6:10	0 Cotte	Telephone:	772-355y	
Project description:  Contractor's name: Gil Coto  Address: 24 Fain mount au  City, State & Zip Aubunn, Main  Who should we contact when the permit is re  Mailing address: 24 Fainmount a  Please submit all of the informatio	e Audeady: G.'/ Comments of the continued of the continue	O Cate	Telephone:	- <u>772- <b>39</b>9</u> - <u>772- 3</u> 994	
Project description:  Contractor's name: Gil Coto  Address: 24 Fain mount au  City, State & Zip Aubunn, Main  Who should we contact when the permit is re  Mailing address: 24 Fainmount a  Please submit all of the informatio	eady: 6./ 6  n outlined on the automatic defull scope of the issuance of a peritions Division on the automatic defunctions Division defunction defunction defunction defunction defunction defunction defunction defunction defunction	n the applicable Check denial of your permit. the project, the Planning and rmit. For further informational-line at www.portlandmaine.go	Telephone: Telephone:  dist. Faila  Development or to downey, or stop by	2772-3889 272-3889  ure to  ent Department nload copies of the Inspections	

City of Portland, Maine - Building or Use Permit 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716					Permit No: 08-0854	<b>Date Applied For:</b> 07/14/2008	CBL: 138	138 B00800		
Location of Construction: Owner Name:					Owner Address:			Phone:		
12 SAWYER ST KARATSANOS MARY E WI			Y E WID	) W	W 12 SAWYER ST					
Business	Name:		Contractor Name: GIL COTE			Contractor Address:			Phone	
						24 Fairmont Ave A	Luburn	(207) 777-3994		94
Lessee/Bu	ıyer's Name		Phone:			Permit Type:				
						Additions - Duple	x			
Proposed	Use:		<u> </u>	1	Propose	d Project Description:				
Duplex	- Enclose existing decl	k			Enclos	e existing deck				
Ī				_				·		
Dept:	Zoning Sta	itus:	Not Applicable	Rev	iewer:	Tom Markley	Approval D	ate:		
Note:								Ok to	Issue:	✓
Dept:	Building Sta	tus:	Approved with Conditions	s Rev	iewer:	Tom Markley	Approval D	ate:	07/15/2	2008
Note:								Ok to 1	Issue:	✓
	•		r any electrical, plumbing, ibmitted for approval as a		-					
	olication approval base approrval prior to wor	-	n information provided by	applican	t. Any	deviation from app	roved plans requires	separat	e reviev	v

FEAT: 20'm -85, Side: 8'm -88

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