Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read		
Application And		
Notes, If Any,		
Attached		

CITY OF PORTLAND

PERMIT

PEPAMITUS SUED

This is to certify that	REYNOLDS JULIE & DAVI	AGE.IT	0	wner		7 2010	_
has permission to	Add bathroom in reconfigured	ce			SEF		-
AT35 MACKWORTH				C	139 De07001	of Portland	
							

provided that the person or persons, file or companies or persons of the provisions of the Statutes of Mane and of the Companies of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

nust b Not ation o spection aive nd writti bermissi procured befo this bu hereof is ig or pr or oth sed-in, 2 lath NOTICE IS REQUIRED. HO

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

OTHER REQUIRED APPROVALS

Other ______

Digretor - Building & Inspection Services

Cit	y of Portland, Maine	- Building or Use	Permit Appli	cation F	Permit No:	Issue Date:		CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 87	4-8716	10-1048			139 E	007001
Loca	ation of Construction:	Owner Name:		Owi	ner Address:			Phone:	
35 MACKWORTH ST REYNO		REYNOLDS :	S JULIE & DAVID PA		MACKWORT	H ST			
Bus	ness Name:	Contractor Name	:	Con	tractor Address:	<u> </u>		Phone	
		property owne	<u> </u>						
Less	ee/Buyer's Name	Phone:			mit Type:				Zone:
				Al	lterations - Dwe	ellings			K-S
1	Use:	Proposed Use:		Per	Permit Fee: Cost of Work:		: Ci	EO District:	
Sin	gle Family Home	Single Family			\$30.00 \$1,000.00			4	
		bathroom in re	configured space	FUR	RE DEPT:	Approved	INSPECT		
					Denied Use			P: R 3	Type: 58
					<i>34 73</i>		70	IRG 2003	
D	d Desired Description						1 / C		
1 -	posed Project Description: d bathroom in reconfigured	STORA		0:			6		1/
Au	a pani poin in recontigued	space			nature: DESTRIAN ACTI		Signature:	 	
							,		
				Act	tion: Approv	ed Nppr	oved w/O	inditions [Denied
				Sign	nature:		D	ate:	
		Date Applied For:			Zoning	Approval	<u></u>		
lde	obson	08/25/2010							
1.	This permit application do	_	Special Zone o	r Reviews	ws Zoning Appeal			Historic Pr	eservation
	Applicant(s) from meeting Federal Rules.	g applicable State and	ble State and Shoreland		☐ Variance			Not in Dist	rict or Landmark
								-	
2.	Building permits do not in	clude plumbing,	[_] Wetland		Miscellaneous			Does Not F	Require Review
2	septic or electrical work.		Flood Zone		Conditional Use			Requires Review	
3.	Building permits are void within six (6) months of the		Flood Zolic		Conditional Ose			□ reduites review	
	False information may inv		☐ Subdivision		Interpretation			☐ Approved	
	permit and stop all work		□ av. m.		│				(0 12:2
			Site Plan		Approve	a		Approved	#Gonditions
	PERMIT I	CCLIFD	 Maj	¬ мм	\			Denied	h
	DFRMII!	1330-	1 1		W			,	//
			Dallow)	1	* Date:		Date	:	
	ecp -	7 2010 -		8/24/5				•	
	9EI	•		100/1)				
	i jet	- Hand							
	: City of	7 2010 -							
			CEDTIEL	CATTON					
T L	L4!&. 4L_4 7 4L		CERTIFI				L4L		فتناك المستداليسيد
	reby certify that I am the ov								

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: 35	Mackn	iorth	St.			
Total Square Footage of Proposed Structure/A		Square Fo	175	4		Number of Stories 2
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Name JUL Address 3	ie Reyn 5 Mach	t-Mor 10192	ssee or Buyer of David f th St. d, MEOL	age	Telephone: 207-650-7763
Lessee/DBA (If Applicable)	Owner (if d Name Address City, State &		m App	licant)	Cof	Of k: \$ 000
If vacant, what was the previous use:		If yes, pleas	e name	of Residenti		 -
Contractor's name: OWNEY						
Address: City, State & Zip Who should we contact when the permit is rea Mailing address:	_{.dy:} Julie		olds	1		one: <u>50-7763</u>
Please submit all of the information			-		ist. F	ailure to
In order to be sure the City fully understands the may request additional information prior to the is this form and other applications visit the Inspect Division office, room 315 City Hall or call 874-8703. I hereby certify that I am the Owner of record of the that I have been authorized by the owner to make this laws of this jurisdiction. In addition, if a permit for we authorized representative shall have the authority to exact the content of the co	e full scope of ssuance of a particle of the second of the	the property, or that the shis/her aut	En P hurther AUC cowner councer	information landmaianter of record aut ailding lost	or to o	op by the Inspections The proposed work and Iform to all applicable the Code Official's
provisions of the codes applicable to this permit. Signature:	, D:	ate: 🛠	25/1			
This is not a permit; you may	not comme	nce ANY v	vork u	ntil the pen	nit is i	ssued

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

 X Final inspection required at completion of work.

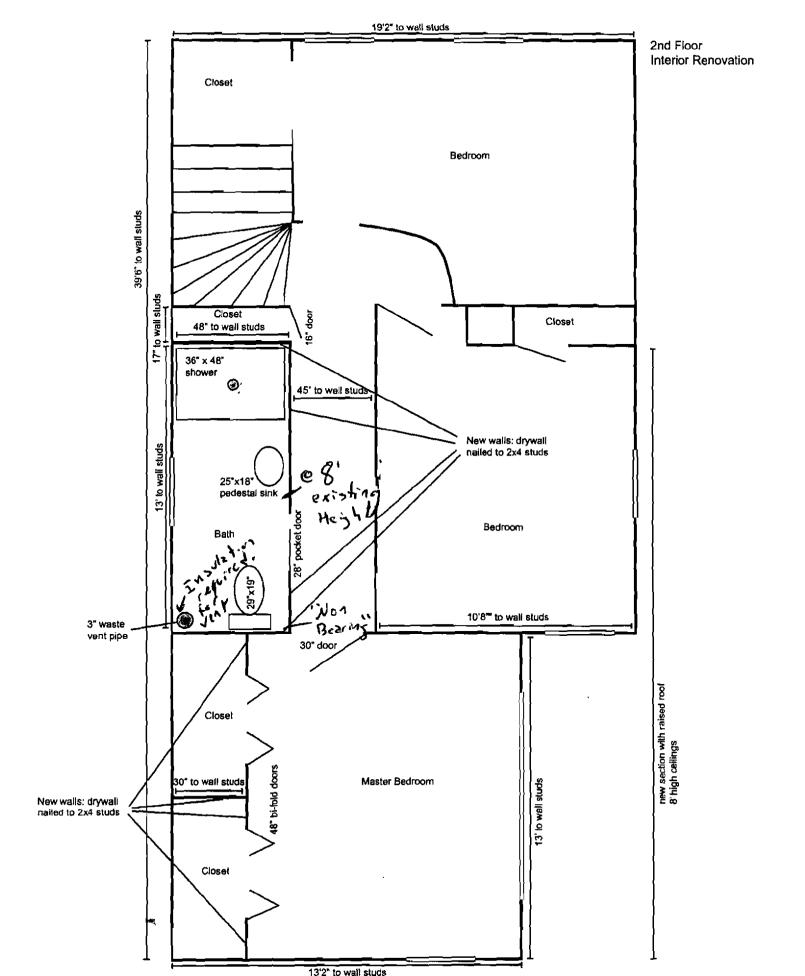
The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

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.

Building Permit #: 10-1048

CBL: 139 D007001

	ty of Portland, Maine - B O Congress Street, 04101 Te	•	07) 874-8 716	Permit No: 10-1048	Date Applied For: 08/25/2010	CBL: 139 D007001
Loc	ation of Construction:	Owner Name:	Owner Name: On			Phone:
35	MACKWORTH ST	REYNOLDS JULIE & I	DAVID PA	35 MACKWORT	H ST	
Busi	iness Name:	Contractor Name: property owner		Contractor Address:		Phone
Less	see/Buyer's Name	Phone:		Permit Type: Alterations - Dwe	ellings	
Proj	posed Use:		Propose	d Project Description		
Sir	ngle Family Home - Add bathro	om in reconfigured space	Add b	athroom in reconfi	gured space	
	ept: Zoning Status	: Approved with Conditions	Reviewer	Marge Schmuck	al Approval D	Pate: 08/26/2010 Ok to Issue: ✓
	This is NOT an approval for a not limited to items such as sto					
2)	This property shall remain a si approval.	ingle family dwelling. Any cha	ange of use sh	all require a separa	te permit application	for review and
3)	This permit is being approved work. It is understood that all					efore starting that
D	ept: Building Status	: Approved with Conditions	Reviewer	Jonathan Rioux	Approval D	Pate: 08/27/2010
N	ote:					Ok to Issue: 🗹
1)	This permit is for reconfigurat for bedrooms or alterations to		the addition o	f a bathroom, it do	es not authorize addi	tional spaces used
2)	Headroom for Bathroom "is as	t least 8 feet in height", and di	istances for plu	ımbing fixtures mu	st comply with code.	
3)	Application approval based up and approval prior to work.	oon information provided by a	applicant. Any	deviation from app	proved plans requires	separate review





CITY OF PORTLAND, MAINE

	Original Receipt
	9.7 20 D
	20 /0
Received from	- DETNOW!
Location of Work	Reynolls 35 Machworth
``	
Cost of Construction	\$Building Fee:
Permit Fee	Site Fee:
	Certificate of Occupancy Fee:
Budenes	Total: 34
Building (IL) (Plun	mbing (rs) Electrical (I2) Site Plan (U2)
Other	
CBL: / 33- D	2. 7-
Chear a CCC	
The state of the s	Total Collection
No west Je	to be abarbed (still pornit legicity)
Please Keep	Cartables receipt for your woods.
· /	
Taken by:	
HITE . Annil-	
HITE - Applicant's Copy LLOW - Office Copy	
NK - Permit Copy	
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