Form # P 04

Health Dept. __ Appeal Board _____ Other _____

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

CITY OF PORTLAND Please Read Application And MCDECTION Notes, if Any, PERM Attached This is to certify that CLENOTT MARTIN H W VET & ESTHER B JTS/Po construct a 3 1/2 x 8' wheeld has permission to _ r ramp CITY OF POR AT __107 MACKWORTH ST 139 K01500 provided that the person or persons, m or o on a pting this permit shall compl of the provisions of the Statutes of N ne and of the Q ances of the City of Portland re the construction, maintenance and u of buildings and s ctures, and of the application this department. ication insped n must Apply to Public Works for street line gi and wr n permis n procu A certificate of occupancy and grade if nature of work requires b e this t ding or i thereo procured by owner before such information. d or d sed-in. ing or part thereof is occup Н R NOT -CUIRED. **OTHER REQUIRED APPROVALS** Fire Dept.

PENALTY FOR REMOVING THIS CARD

389 Congress Street,	04101 Tel: (2		, Fax: ((207) 874-871 ———		05-1440	Today or regarded serving a reague			K01	001
Location of Construction:	Ares	Owner Name:	. DELL		I .	er Address:	ATTI OTT		Phone		ł
107 MACKWORTH S	FT	CLENOTT M. Contractor Name		H WWII VET		MACKWOI	1		Phone		.
Business Name:		Pock Carpentr			1	Grand Street		ndn an		0954 <i>6</i>	b
Lessee/Buyer's Name		Phone:	<u>y</u>	l		it Type:	JOHN TOTAL	Part of the	11200		Zone:
					1	erations - Dv	vellings				R3
Past Use:		Proposed Use:		J		it Fee:	Cost of Wor	k: (CEO Distri	ct:	
Single Family Home		Single Family	Home/	construct a 3		\$30.00	1	50.00	4		
		1/2 x 8' wheeld	hair ra	mp	FIRE	E DEPT:	Approved Denied	INSPEC Use Gro	TION:	3	Type: 5P
									IRC	-2	Type: 5P UD3
Proposed Project Descripti		-]				D.m.	Ω	111.
construct a 3 1/2 x 8' w	heelchair ramp)			Signa		THE DISC DISC	Signatur		D10	114/05
						ESTRIAN ACT			\		1 1
					Actio	on: Appro	oved Ap	proved w/C	Conditions		Denied
					Signa	ature:			Date:		
Permit Taken By:	Date Ap	pplied For:			<u> </u>	Zonin	g Approva	al			
ldobson	10/03	3/2005					3 F F · ·				·
1. This permit applic	ation does not	preclude the	Spe	cial Zone or Revi	ws	Zon	ing Appeal		Historic	Prese	rvation
Applicant(s) from Federal Rules.				noreland		☐ Varian	ce		Not in I	District	or Landmar
2. Building permits of septic or electrical		olumbing,	□ w	etland		Miscel	laneous		Does N	ot Requ	uire Review
3. Building permits a within six (6) mor			☐ FI	ood Zone		Condit	ional Use		Require	es Revi	ŧw
False information permit and stop al	•	a building	☐ St	ubdivision	_	Interpr	etation		Approv	ed	
			☐ Si	te Plan		Approv	/ed		Approv	ed w/C	Conditions
			Maj [Minor MM		☐ Denied			Denied	.A_	
			Date:	MB 191	165	Date:		Da	&M.	12	<i>y</i> .
) '	ł			(
			(CERTIFICATI	ON						
I hereby certify that I as I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	make this appli or work describe	cation d in the	as his authorize application is i	d ager ssued,	nt and I agree, I certify that	to conform the code of	to all ap ficial's a	plicable l uthorized	aws c	of this esentative
SIGNATURE OF APPLICA	NT			ADDRES	S		DATE	3		PHON	IE
RESPONSIBLE PERSON I	N CHAPGE OF W	ODK TITLE			·		DATE			PHON	

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: 107	MACWORTH ST. PORTO	AUD ME
Total Square Footage of Proposed Structure	Square Footage of Lot	CI (NO I WILL
24	6	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 139	Owner: MREMRS MARTIN CLENOTT 1071 Mac WORTH ST PORTLAND, ME 04102 Applicant name, address & telephone: MICHAEL R POCK 86 GRAND ST.	Telephone: 775 - 0905 Cost Of Work: \$ 650 =
Current Specific use: BREEZE WAY	JOUTH PORTLAND, NE 04106 799-5462	Fee: \$
Proposed Specific use: WHEEL CHANA	RAMP TOTAL	RISE SU"
Who should we contact when the permit is read Mailing address:	ICHAEL R POCK 86 GRANT SOUTH PO ly: YES Phone: 799-5462	1907-5462.
SAME AS ABOVE Please submit all of the information out	lined in the Commercial Application (Checklist.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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.

Signature of applicant:	Michael Rock	Date:	10/3	3/05	
				,	

This is not a permit; you may not commence ANY work until the permit is issued.

This page contains a detailed description of the Parcel ID you selected. Press the New Search button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number l of l

Parcel ID 139 K015001

Location 107 MACKWORTH ST

Land Use SINGLE FAMILY

Owner Address

CLENOTT MARTIN H WWII VET & ESTHER B CLENOTT 107 MACKWORTH ST

PORTLAND ME 04103

Book/Page

22994/222 139-K-15

Legal

MACKWORTH ST 105-111

42 ELP8

Current Assessed Valuation For Fiscal Year 2006

mand \$134.110

Building \$110₁720 Total \$244,830

Estimated Assessed Valuation For Fiscal Year 2007*

Land #215.ADO Building **\$109,500**

Total \$329₃300

Property Information

Year Built 1950

Stvle Ranch Story Height ı.

Sq. Ft. 1761

Total Acres 0.205

Bedrooms 4

Full Baths 1.

Half Baths 1.

Total Rooms А

Attic None

Basement Full

Outbuildings

Type

Ouantity

Year Built

Size

Grade

Condition

Sales Information

Date

Type

Price

Book/Page

Picture and Sketch

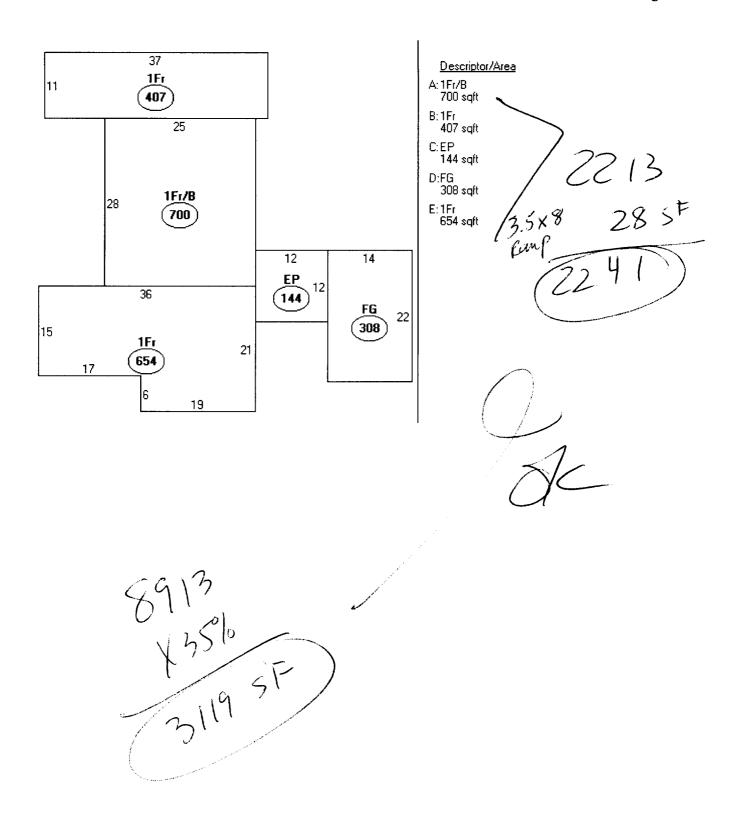
Picture

Sketch Tax Map

Click here to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-

^{*} Value subject to change based upon review of property status as of 4/1/06. The tax rate will be determined by City Council in May 2006.





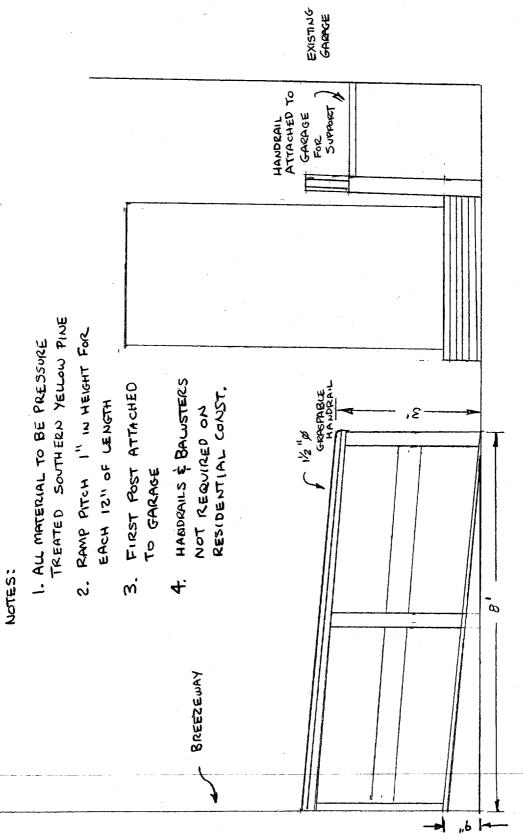
Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

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.

Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
MA Foundation Inspection:	Prior to placing ANY backfill
Heaming/Rough Plumbing/Electri	cal: Prior to any insulating or drywallin
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
you if your project requires a Certificate of Conspection MEP If any of the inspections do not occupate, REGARDLESS OF THE NOTICE	certain projects. Your inspector can advise Occupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES.
you if your project requires a Certificate of Cinspection WICF If any of the inspections do not occupance WHAT CERIFICATE OF OCCUPANICE	certain projects. Your inspector can advise Occupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES. ES MUST BE ISSUED AND PAID FOR,
Certificate of Occupancy is not required for you if your project requires a Certificate of Cinspection MEF If any of the inspections do not occupance, REGARDLESS OF THE NOTICE CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCUPANICE Muchael R Pock	certain projects. Your inspector can advise Occupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES. ES MUST BE ISSUED AND PAID FOR, PIED 10/21/05
you if your project requires a Certificate of Cinspection MCF If any of the inspections do not occuphase, REGARDLESS OF THE NOTICE CERIFICATE OF OCCUPANICE BEFORE THE SPACE MAY BE OCCUPANICE	certain projects. Your inspector can advise Occupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES. ES MUST BE ISSUED AND PAID FOR,



SCALE X" = 11-0"

Customer: Ester Clenott 107 Macworth Street

Portland, Me 04102

Project Objective:

1. Reattach Doorway to Slab
2. Construct Wheelchair Ramp

Mat'l Qty		Uni	Unit Price Qty Price	ō	y Price	Ë	Line Total	
2 ea.	2 x 8 x 8' PT (Stringers - Rip to make 2 from 1)	↔	9.52	69	19.04	₩	19.04	
2 ea.	2 x 4 x 8' PT (Handrail)	ઝ	5.61	क	5.61 \$ 11.22	₩.	11.22	
10 If.	1 3/4" Handrail	↔	1.35	₩	13.50	€	13.50	
11 ea.	5/4 x 8 x 8' PT Deck Board	ઝ	8.42	43	92.62	€	92.62	
1 ea.	4 x 4 x 8' PT Post	↔	12.15	67	12.15	↔	12.15	
	Misc. Nails, Screws and Bolts	↔	50.00	છ	50.00	မှာ	50.00	

Sub-Total:

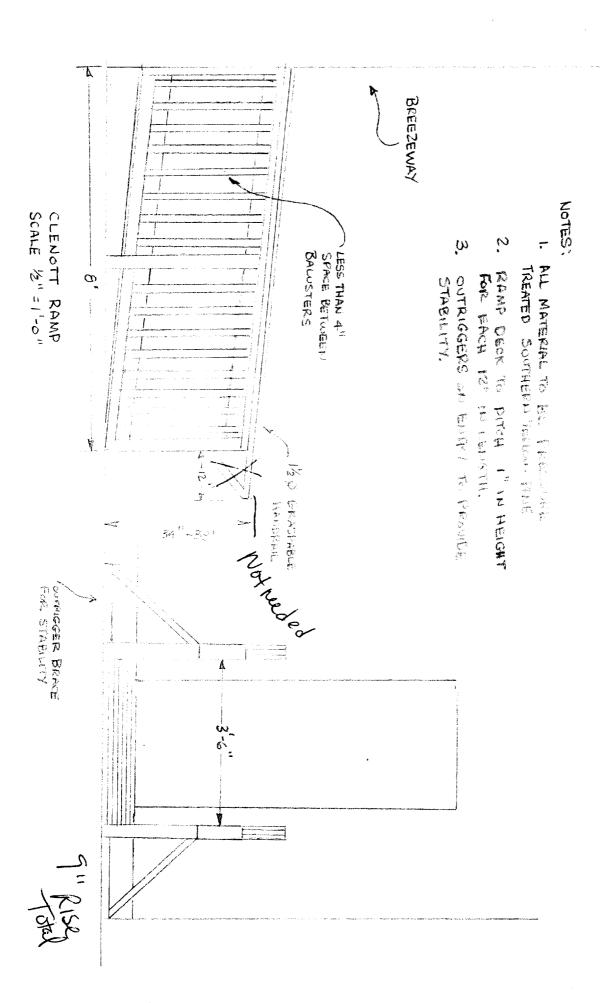
Tax: Labor:

Maine State Sales Tax @ 5% Minimum 8 Hrs. @ \$40.00

\$ 198.53 \$ 9.93 \$ 320.00 \$ 528.46 198.53 9.93 320.00

Ťotal: Price:

90.63



Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 05-1440 10/03/2005 139 K015001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 107 MACKWORTH ST CLENOTT MARTIN H WWII VET 107 MACKWORTH ST Business Name: Contractor Name: Contractor Address: Phone **Pock Carpentry** 86 Grand Street South Portland (207) 799-5462 Lessee/Buyer's Name Phone: Permit Type: Alterations - Dwellings Proposed Use: Proposed Project Description: Single Family Home/ construct a 3 1/2 x 8' wheelchair ramp construct a 3 1/2 x 8' wheelchair ramp Dept: Zoning Reviewer: Jeanine Bourke Status: Approved Approval Date: 10/18/2005 Ok to Issue: Note: Dept: Building Status: Approved 10/18/2005 Reviewer: Jeanine Bourke Approval Date: Note: 10/18 spoke w/Mike P. About total rise as noted Ok to Issue: