

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1827	Issue Date:	CBL: 139 F012001
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Location of Construction: 46 BAY VIEW DR	Owner Name: SLATOR D DANIELLE	Owner Address: 46 BAYVIEW DR	Phone:
Business Name:	Contractor Name: Alpha One	Contractor Address: 127 Main Street South Portland	Phone 2072327097
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-3

Past Use: Single Family Home	Proposed Use: Single Family Home - install a temporary handicap ramp <i>until March 31, 2007</i>	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 4
Proposed Project Description: install a temporary handicap ramp <i>until March 31, 2007</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
<p><i>Never followed up with Bldg Codes</i></p>		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

Permit Taken By: Idobson	Date Applied For: 12/27/2006	<i>PAST 6 months</i>	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>12/29/06</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	<p><i>see comments</i></p> <p><i>only temp. dk with conditions</i></p> <p><i>rec'd 12/10/07</i></p>		

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 DATE PHONE

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Location of Construction: 46 BAY VIEW DR	Owner Name: SLATOR D DANIELLE	Owner Address: 46 BAYVIEW DR	Phone:
Business Name:	Contractor Name: Alpha One	Contractor Address: 127 Main Street South Portland <i>Kevin</i>	Phone: (207) 232-7097
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	

Proposed Use: Single Family Home - install a temporary handicap ramp until March 31, 2007	Proposed Project Description: install a temporary handicap ramp until March 31, 2007
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 12/28/2006

Note: **Ok to Issue:**

- 1) It is now understood that the ramp will not cross the sidewalk, but ends 3" shy of the sidewalk. The City sidewalk will not be blocked.
- 2) The temporary ramp is only approved based upon its removal by March 31, 2007. If the ramp is not removed by that date and a more permanent structure and timeframe is needed, it will be required to go to the Zoning Board of Appeals for approvals for the infringement of the setbacks under a handicap variance. It will also be necessary to gain approvals from the City Managers office to keep the ramp on City property.

Dept: Building **Status:** **Reviewer:** Jeanine Bourke **Approval Date:**

Note: **Ok to Issue:**

Comments:

12/28/2006-mes: Explained to Lee what I was issuing with conditions - also talked to owner about liability and the City not responsible for damages done to the ramp during snow plowing and other normal City activities. - Liability form SHALL be signed PRIOR to permit issuance.

12/29/2006-jmb: Left voice m w/Kevin G. At Alpha 1 for specs on ramp construction

1/2/2007-mes: Spoke with Kevin Grass at Alpha 1 - he confirmed that the ramp is NOT crossing the sidewalk. It ends 3" shy of the sidewalk. The wheel chair will then go down the sidewalk to the driveway for the RTP van pick-up. Confirmed the temporary nature of the ram[

1/2/2007-jmb: Left another voice m w/Kevin G.

1/29/2007-jmb: Contacted Kevin at Alpha 1, he said the owner has kind of dropped the ball on installing the ramp. He will call her to find out how to proceed.



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: <u>46 BAY VIEW DR</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>139</u> <u>F</u> <u>12</u>	Owner: <u>D. DANIELLE SLATOR</u>	Telephone: <u>207</u> <u>232-9354</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>same</u>	Cost Of Work: \$ _____ Fee: \$ _____ C of O Fee: \$ _____
Current Specific use: <u>single family home</u> If vacant, what was the previous use? _____ Proposed Specific use: _____		
Project description: <u>temporary ramp for handicaps use - end date</u> <u>Mar. 31/07</u>		
Contractor's name, address & telephone: <u>Alpha One</u> <u>207-767-5690</u> <u>127 Main St. So. Portland 04106.</u>		
Who should we contact when the permit is ready: <u>Danielle Slator</u>		
Mailing address: <u>46 Bay View Dr.</u> <u>Portland ME 04103</u> Phone: <u>232-9354</u>		

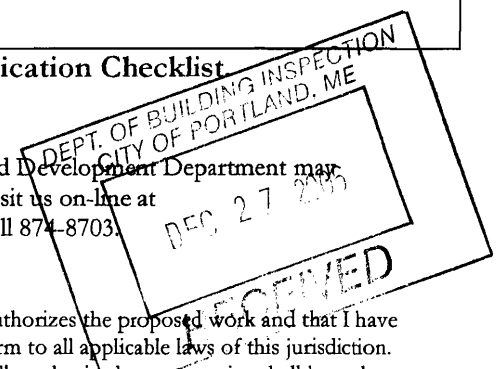
Please submit all of the information outlined in the Commercial Application Checklist.
Failure to do so will result in the automatic denial of your permit.

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: Danielle Slator Date: 12/27/06

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



New England Rehabilitation Hospital of Portland

December 22, 2006
New England Rehabilitation Hospital of Portland

To whom it may concern,

This is regarding patient Rodney Banks. He resides at 46 Bayview Drive in Portland. He is currently a patient at New England rehabilitation Hospital. He is here because of multiple fractures, both upper and lower extremities and therefore is non weight bearing on his right lower limb and his left upper limb. He also receives dialysis 3 times per week at Southern Maine Dialysis on Congress Street. Due to medical necessity we recommend that a temporary ramp be put in place for the patient to continue his dialysis regime.

Thank you for considering this request and please contact me with any questions at 775-4000.

Respectfully yours,

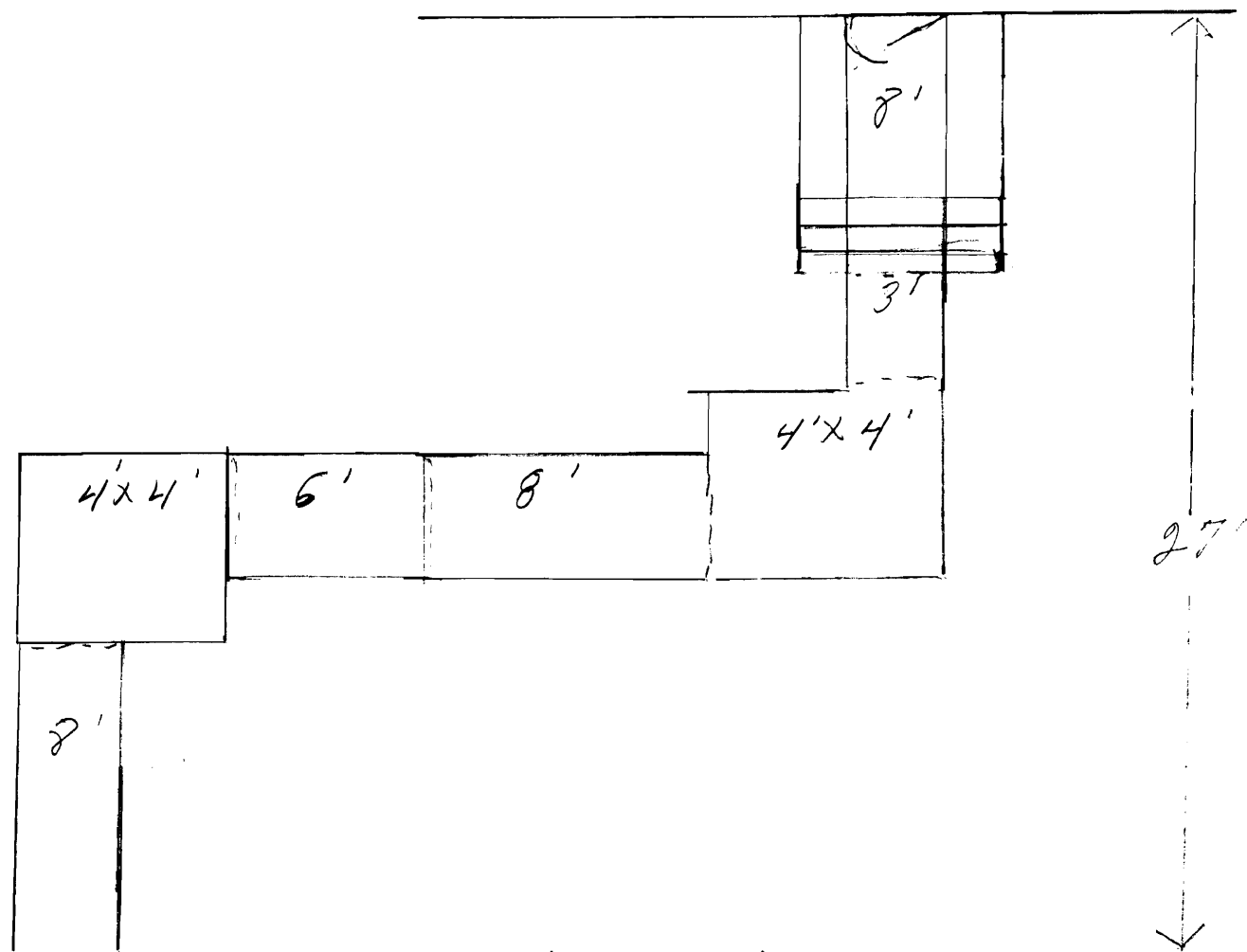


David Palmer

Dr. David Palmer, DO.

*Should not be needed
past Mar. 31/07.*

House



3" shy of the sidewalk

1/2/07 - spoke with Kevin Grass

The ramp will not cross

the sidewalk - The ramp

will end 3" shy of the

sidewalk - The wheel chair

will then go down the sidewalk

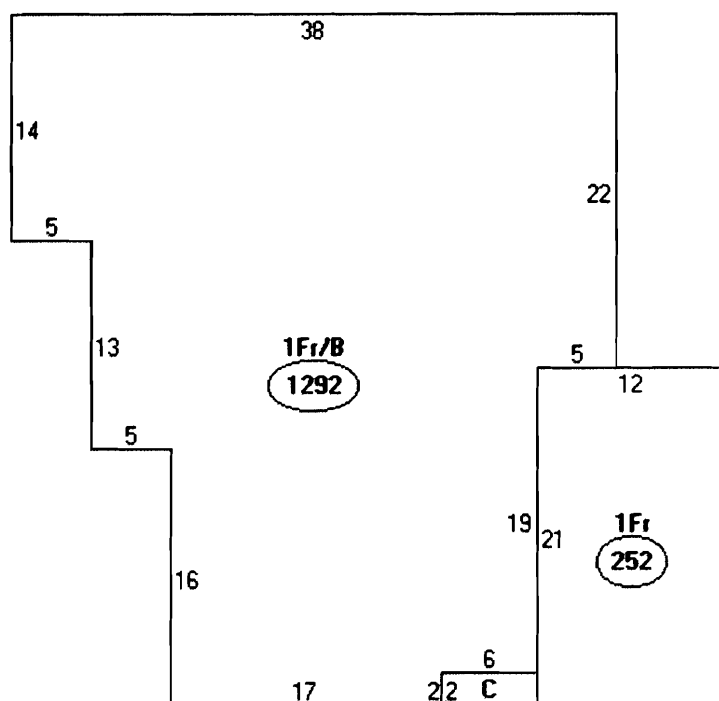
to the driveway

OK

ALPHA ONE

— drawing from
Alpha One of
ramp set up

232-7097



Descriptor/Area

A: 1Fr/B
1292 sqftB: 1Fr
252 sqftC: OFP
12 sqft

$$\begin{array}{r}
 1292 \\
 252 \\
 12 \\
 \hline
 1556^{\#} \\
 131 \\
 \hline
 1687
 \end{array}$$

OK

$$5600 \times 35\% = 1960^{\#} \text{ max lot cov.}$$

$$\begin{array}{r}
 3 \times 8 = 24 \\
 3 \times 3 = 9 \\
 4 \times 4 = 16 \\
 3 \times 8 = 24 \\
 3 \times 6 = 18 \\
 3 \times 6 = 16 \\
 4 \times 4 = 24 \\
 3 \times 8 = 24 \\
 \hline
 131
 \end{array}$$

Setbacks
not being met

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	1 of 1
Parcel ID	139 F012001
Location	46 BAY VIEW DR
Land Use	SINGLE FAMILY
Owner Address	SLATOR D DANIELLE 46 BAYVIEW DR PORTLAND ME 04103
Book/Page	9395/253
Legal	139-F-12 BAY VIEW DR 44-48 5600 SF

Current Assessed Valuation

Land	Building	Total
\$99,900	\$122,300	\$222,200

Property Information

Year Built 1941	Style Ranch	Story Height 1	Sq. Ft. 1544	Total Acres 0.129		
Bedrooms 2	Full Baths 2	Half Baths	Total Rooms 7	Attic None	Basement Part	

Outbuildings

Type SHED-FRAME	Quantity 1	Year Built 1980	Size 8X6	Grade D	Condition A
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Sales Information

Date	Type	Price	Book/Page
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Picture and Sketch

Picture	Sketch	Tax Map
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[Click here to view Tax Roll Information.](#)

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

New Search!





№ 139

CITY OF PORTLAND
 ASSESSORS PLAN
 SCALE 1" = 50'
 REDRAWN 10-7-66 BARNETT VALENTI

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		Signature:	Signature:	
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Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

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		<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date:	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Other home
directly behind
(no street)

stockade fence

deck

deck

neighbor
house

neighbor
fence

stockade fence