Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	FRON	TAGE	OF WO	ORK	
Please Read Application An Notes, If Any, Attached	d	C	YTIS				 	Rumber: DB	1998 JED	
This is to certif	y that PAULE	S MICHEL	LEE/W	Elm, LI	.C./ Doug Lloyd			-Alig 1	3 2000	
has permission	toReplace	2 windows	& 1 Do	o new o	ningsrame_wo	DI				
AT 81 CARL	YLE RD					L 141	C012001	TY OF P	ORTLANE	┟───┨──
of the pro the constr this depar Apply to P	ublic Works for s if nature of work	e Statut ntenanco street line	tes of e and u		of insperion men permission privile lossed	nussue roctud ereus -in 4	A cert	ty of Por the appl ificate of o ed by owne	•	ulating file in ust be build-
	R REQUIRED APP		J 1					<u> </u>]
•										
Appeal Board _							Gliplas	$\sim 00.$	$L \Lambda \eta I$	
Other	Department Name						Director	Building & Inspec	ton Services	
			PENAL	ry foi	R REMOVING T	HIS CAR	D'		1	

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City of Portland, Maine - Bui	ilding or Use	Permit	t Applicatior	n Pe	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	9, Fax: ((207) 874-871	6	08-0998	8//3/0	8	141 C01	12001
Location of Construction: Owner Name:			Owner Address:			Phone:			
81 CARLYLE RD PAULES MICHELLE E			ΕΕ	81 CARLYLE RD					
Business Name:	Contractor Name	<u></u> C		Contr	actor Address:			Phone	
	West Elm, LL	C / Doug Lloyd		151 West Elm Street Yarmouth			2073182715		
Lessee/Buyer's Name Phone:				Permit Type: Alterations - Dwellings				Zone:	
Past Use: Proposed Use:				Perm	nit Fee:	Cost of Work:		O District:	1
Single Family Home		Home - Replace 2		\$50.00 \$2		\$2,500.		4	
windows & 1 I opeinings or fr		Door no	oor no new FIRE DEPT: Appro		Approved I	NSPECTI Jse Group			
Proposed Project Description:	_ _							-	
Replace 2 windows & 1 Door no new	w opeinings or fra	ame wor	k	Signature: Signature:			CL	8/12/08	
	1 0		-		PEDESTRIAN ACTIVITIES DISTRICT (P.A				+7-
					ved w/Co	Conditions Denied			
				Signa	ature:		Da	ate:	
Permit Taken By: Date A	pplied For:	T			Zoning	Approval			
ldobson 08/1	3/2008				8	rr			
1. This permit application does not	t preclude the	Spec	cial Zone or Revie	ws	Zonin	g Appeal		Historic Pres	ervation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland						Not in Distric	t or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			ood Zone	,	Conditio	nal Use		Requires Rev	iew
False information may invalidate permit and stop all work	e a building	🗌 🗌 Sul	bdivision	4.		ation		Approved	
	N	Sit	e Plan			d		Approved w/0	Conditions
Filminis.		Maj	Minor MM		Denied			Denied	
Alig 1 g s		Date:			Date:		Date:		
CITY OF I									

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



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: SI Carryle St.								
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	Number of Stories						
Tax Assessor's Chart, Block & LotChart#Block#Lot#141C12Address SI CarryleStCity, State & ZipPorflund, ME								
Lessee/DBA (If Applicable) Owner (if different from Applicant) Cost Of Name Address C of O Fee: \$ City, State & Zip Total Fee: \$								
Current legal use (i.e. single family) <u>Single Fund</u> Number of Residential Units <u>I</u> If vacant, what was the previous use? <u>If yes, please name</u> Proposed Specific use: <u>If yes, please name</u> Project description: Replacement of 2 windlews (Kitchen, Diving Rm) Replacement of 1 dev (door unit)								
Contractor's name: West Elm 66C Address: 151 West Elm 57 City, State & Zip Yarme Stu, ME 09096 Telephone: 846-1501 Who should we contact when the permit is ready: Doug 61ax 10 Telephone: 318-2715 Mailing address: 3ame								

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division 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? Date: 08 This is not a permit; you may not commence ANY work until the permit is issue



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-construction Meeting will take place upon receipt of your building permit.

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

CBL: 141 C012001

Building Permit #: 08-0998

•	ine - Building or Use Permi	Permit No: 08-0998	Date Applied For: 08/13/2008	CBL:			
389 Congress Street, 04	101 Tel: (207) 874-8703, Fax:	(207) 874-8716	08-0998	08/13/2008	141 C012001		
Location of Construction:	Owner Name:		Owner Address:		Phone:		
81 CARLYLE RD	PAULES MICHELLI	E E 🛛 🗍	81 CARLYLE RD				
Business Name: Contractor Name:			Contractor Address:		Phone		
	West Elm, LLC / Dou	West Elm, LLC / Doug Lloyd		151 West Elm Street Yarmouth			
Lessee/Buyer's Name Phone:			Permit Type:				
			Alterations - Dwe	llings			
Proposed Use:		Propose	d Project Description:				
opeinings or frame work	place 2 windows & 1 Door no new			Door no new opeinir			
Dept: Zoning	Status: Approved	Reviewer:	Chris Hanson	Approval I	Date: 08/13/2008		
Note:					Ok to Issue: 🗹		
Dept: Building Note:	Status: Approved with Condition	ns Reviewer:	Chris Hanson	Approval I	Date: 08/13/2008 Ok to Issue: 🗹		
	equired for any electrical, plumbing eed to be submitted for approval as						
2) Application approval and approrval prior to	based upon information provided by work.	y applicant. Any	deviation from app	proved plans require	s separate review		

	aine - Building or Use Permi 4101 Tel: (207) 874-8703, Fax: (Permit No: 08-0998	Date Applied For: 08/13/2008	CBL : 141 C012001				
Location of Construction: Owner Name:			Owner Address: Phone:					
81 CARLYLE RD	CARLYLE RD PAULES MICHELLE E			81 CARLYLE RD				
Business Name: Contractor Name:			Contractor Address:		Phone			
	West Elm, LLC / Dou	g Lloyd	151 West Elm Stre	(207) 318-2715				
Lessee/Buyer's Name Phone:			Permit Type: Alterations - Dwellings					
Proposed Use:		Propose	d Project Description:					
Single Family Home - Replace 2 windows & 1 Door no new Replace 2 windows & 1 Door no new opeinings or frame work Opeinings or frame work Replace 2 windows & 1 Door no new opeinings or frame work								
Dept: Zoning Note:	Status: Approved	Reviewer	Chris Hanson	Approval I	Date: 08/13/2008 Ok to Issue: ☑			
Dept: Building Note:	Status: Approved with Condition		Chris Hanson	Approval I	Date: 08/13/2008 Ok to Issue: ☑			
	required for any electrical, plumbing eed to be submitted for approval as							
2) Application approval and approrval prior t	based upon information provided by o work.	y applicant. Any	deviation from app	proved plans require	s separate review			

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Final inspection required at completion of work. X

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Signature of Inspections Official

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Date

Date