### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

ITS/Fink H

Permit Number: 100913

PERMIT ISSUED

	I EI IIIII I IOOOED
has permission toConvert existing Bedroom into	anded fire pathrod & Hall Comet
AT _85 WELLINGTON RD	CP 141 D011001 AUG 1 9 2010
provided that the person or persons, fire	or common accounting this permit shall comply with all
of the provisions of the Statutes of Ma	e and of the Commerces of the City of Portland regulating
the construction, maintenance and use	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.

Noti tion of spectio hust be nd writte aive ermissid rocured befo his buil g or pa ereof is or oth ed-in. 24 lath NOTICE IS REQUIRED. HOU

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

#### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

This is to certify that \_\_\_\_\_CONWAY JEREMIAH P & M \_\_\_ IA DE Y

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application					Permit No:	Issue Date:		CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871				6 L	10-0913			141 D011001		
Location of Construction:	Owner Name:			Owi	ner Address:			Phone:		
85 WELLINGTON RD CONWAY JEREMIAH P & MARI			HP&MARI	85	WELLINGTO	N RD				
Business Name: Contractor Na		e:		Contractor Address:				Phone		
Fink Home B		uilders of Maine		73	Ross Road OO	В		2079342141		
Lessee/Buyer's Name	Phone:			Peri	mit Type:			•	Zone: 7	
				Alterations - Dwellings					K->	
Past Use:	Proposed Use:			Per	mit Fee:	Cost of Worl	e (	CEO District:		
Single Family Home		Home- Convert			\$150.00	\$13,000.00		4		
		oom into expanded		FIR	RE DEPT:	Approved	INSPEC	TION:		
	full bathroom	& Hall Closet		1		Denied	Use Gro	up:	Type:	
							Ñ	5-3	<b>5-</b> 2	
	<u> </u>				NIT		i e	IRC, 39	_	
Proposed Project Description:					ı					
Convert existing Bedroom into expan	ded full bathroo	m & Ha	ıll Closet	_	Signature: Signature					
				PEL	DESTRIAN ACTI	VITIES DIST	RICT (P.	CT (P.A.D)		
				Act	Action: Approved Approved			d w/Conditions Denied		
				Sig	nature:			Date:		
	plied For:				Zoning	Approva	.I			
Idobson 07/29	9/2010									
1. This permit application does not	preclude the	Special Zone or Reviews		WS.	zs Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			Not in District 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.			☐ Flood Zone		Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision		☐ Interpretation			Approved		
		☐ Sit	te Plan		П Арргоче	ed		Approved w/0	Conditions	
		   Maj∏	☐ Minor ☐ MM	П				Denied /		
TOUTD			Date: With Con		7 N. 7			_ (	$\prec$	
PERMIT ISSUED					Date:		Da	te:		
		_	- / 0/1	7/I (	)					
AUG 1 9 2010	•		·							
City of Portland		c	ERTIFICATION	ΩN						
I hereby certify that I am the owner of	record of the pa		_		onosed work is	: authorized	by the o	wner of recor	d and that	
I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are	make this appli r work described	ication a d in the	as his authorized application is is	d age	ent and I agree id, I certify that	to conform t the code off	to all ap icial's au	plicable laws outhorized repro	of this esentative	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

such permit.

SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

PHONE

### **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.

PERMIT ISSUED

AUG 1 9 2010

City of Portland

CBL: 141 D011001 Building Permit #: 10-0913

•	e - Building or Use Permi Tel: (207) 874-8703, Fax: (		Permit No: 10-0913	<b>Date Applied For:</b> 07/29/2010	CBL: 141 D011001
Location of Construction:	Owner Name:		Owner Address:		Phone:
85 WELLINGTON RD	CONWAY JEREMIA	HP&MARI	85 WELLINGTO		
Business Name:	Business Name: Contractor Name:		Contractor Address:	Phone	
	Fine Home Builders o	Fine Home Builders of Maine		73 Ross Road OOB	
Lessee/Buyer's Name	Phone:		Permit Type:	<del></del>	
			Alterations - Dwe		
Proposed Use:		Propose	ed Project Description	<del>_</del>	
Dept: Zoning So	ratus: Approved with Condition	ns <b>Reviewer</b>	- Marge Schmuck	al Approval I	Date: 08/09/2010 Ok to Issue: ✓
•	required for future decks, sheds	moole and/or	<b>70 70</b> 000		Ok to issue:
<ul><li>2) This is NOT an approval not limited to items such</li><li>3) This property shall remain</li></ul>	for an additional dwelling unit. as stoves, microwaves, refrigera n a single family dwelling. Any	You SHALL Nators, or kitchen	OT add any additions inks, etc. Without	special approvals.	_
approval.	t ta a list			,	00404040
Dept: Building St	atus: Approved with Condition	is <b>Reviewer</b>	: Jonathan Rioux	Approval I	Date: 08/18/2010
Note:	••				Ok to Issue:

- 1) This permit authorizes the removal of non-load bearing walls only.
- 2) Any window located near the wall enclosing the tub (three windows behind the tub) must be safety glazed.
- 3) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 4) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

PERMIT ISSUED

AUG 1 9 201

## 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.

	_ <del></del>						
Location/Address of Construction: 85	WELLINGTON RD.						
Total Square Footage of Proposed Structure/Area Square Footage of Lot							
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r* Telephone:					
Chart# Block# Lot#	Name JEREMIAH CONNAY	770 5012					
		772-5212					
141-0-11-12	Address 85 WELLINGTON RO.						
	City, State & Zip Policand, ME						
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of 13					
	Name	Work: \$ 13,000					
	Address	C of O Fee: \$					
	City, State & Zip	Total Fee: \$					
Current legal use (i.e. single family)	t FAMRY	<u> </u>					
If vacant, what was the previous use?	<del>^</del>						
Proposed Specific use:	If yes, please name	<del></del>					
Is property part of a subdivision?	ir yes, please name	A GARAGE					
Project description Con JERT, CYISTIA	of 1380 Koom into Expan	DGO FULL BALLBON					
Project description: Con 1687 CXISTING BEDROOM INTO EXPANDED FULL BATHROOM + 17ALL CLOSET - (4BEDROOM EXISTING HOUSE CHANGES TO 3 BEDROOM							
1-10usf)							
Contractor's name: Fink Home Builders of MAINE							
Address: 73 Ross RoAD							
City, State & Zip 010 oRc4ARD B6ACH, MF 04064 Telephone: (207) 934-2141							
Who should we contact when the permit is ready: Jan Hollins Telephone: (201) 931-9500							
Mailing address: S.A.A.							
Please submit all of the information outlined on the applicable Checklist, Failure to							

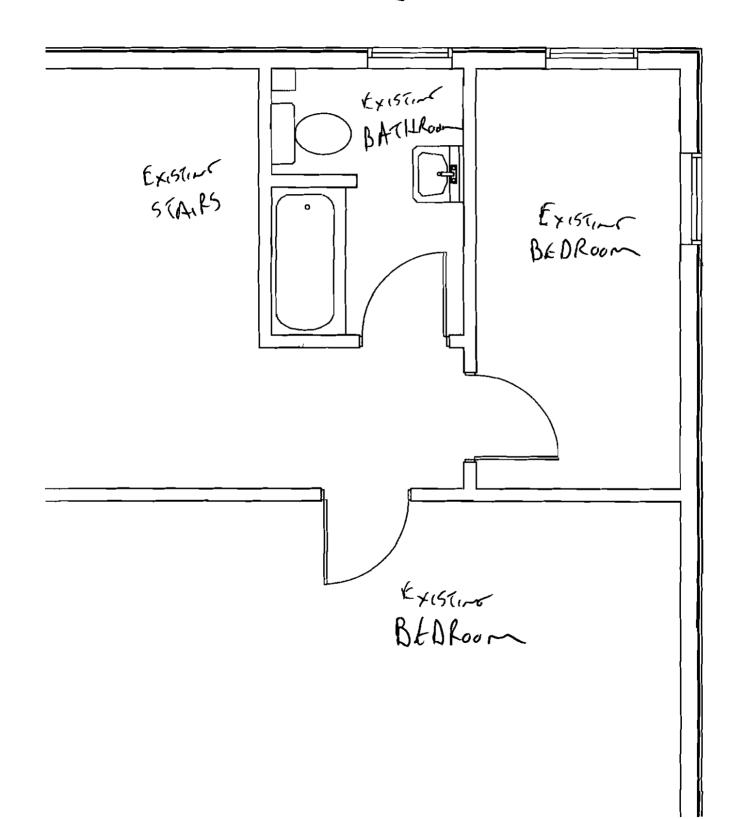
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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 www.postlandersine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

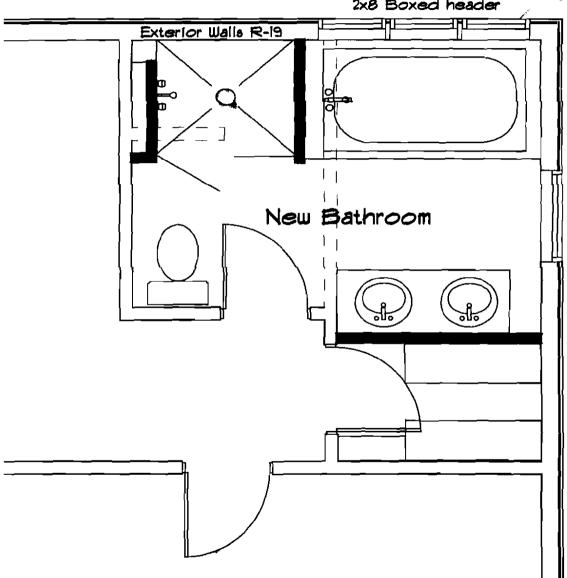
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

		<u> </u>		_/		
Signature:	X	tune Convey	Date:	7/27	7//0	
	Th	uis is not a permit; you may not	commence A	NY work	until the permit is i	seue

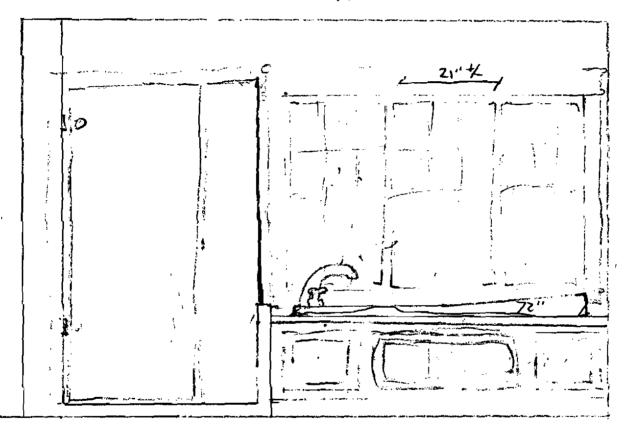
# Existing Bathroom + Bedroom



Triple mull picture window 72" w x 53" t R.O.



Double Hung window 30" w x 53" t R.O. 2x8 Boxed header 3-24" WILL
X 53" TAIL



( Hu, 265 81.3" TAIL

