City	of Portland, Maine	- Building or Use l	Permit Application	Per	nit No:	Issue Date		CBL:	В	
		<u> </u>	207) 874-8703, Fax: (207) 874-8710		02 0605	N + 20	02	153 AC	12001	
			Owner Name:		Owner Address:			Phone:		
		Contractor Name	Beardsley Barbara M		1092 Washington PORTLAND Phone				2321	
1			Northeast Design Drafting		55 Sumac Street Portland					
		Phone:			Type:	OI tIAIIU		Zone:		
·		n/a	Additions - Dwellings							
				Permit Fee: Cost of Work:			k: C	EO District:	<u> </u>	
			/ Add 15' x 16'	\$205.00 \$26,000.0			[-	2		
"".	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0' x 8' 3/4 bath.					ISPECTION;			
Proposed Project Description:				T Approved 1				Use Group: / 3 Type: 5 Z		
	15' 16' bedroom and 3/4 l	hath						10 / Z		
Auc	115 10 beardoin and 5/4 (Daui		Signature: Si PEDESTRIAN ACTIVITIES DISTRI			Signature	$\frac{1}{2}$		
			Action: Approved Approv				ed w/Conditions Denied			
				Signature:			1	Date:		
Perm	it Taken By:	Date Applied For:		Zoning Approval						
gg		06/06/2002	<u> </u>							
1.	This permit application de	-	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.	☐ Shoreland	☐ Variance			Not in District or Landman				
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. False information may invalidate a building permit and stop all work			☐ Flood Zone ☐ Conditional Use			Requires Review				
			Subdivision		☐ Interpretation			Approved		
			Site Plan		Approved			Approved w/Conditions		
			Maj Minor MM [] Denied			Denied		
			Date: 6 10/03	\mathcal{L}	Date:	1100	Dat	e:		
			Chilid	1						
T L -	ahar aandika dhadhadhadhadhadhadhadhadhadhadhadhadhad		CERTIFICATIO			- 41	11		1 . 1 4	
I hav juris shall	eby certify that I am the over been authorized by the condiction. In addition, if a polyhere the authority to enterpermit.	owner to make this apple ermit for work describe	ication as his authorized d in the application is is	agent sued, I	and I agree to certify that t	o conform he code of	to all app ficial's au	olicable laws thorized rep	of this resentative	
SIGN	VATURE OF APPLICANT		ADDRESS		· · · · · · · · · · · · · · · · · · ·	DATE		PHO		

6/18/02 checked settends to Job - OK OK to proceed. 18m W 7/11/oc. Choched Fortings-OK to proceed. 7/19/02 - not ready for Backfull inspection walls

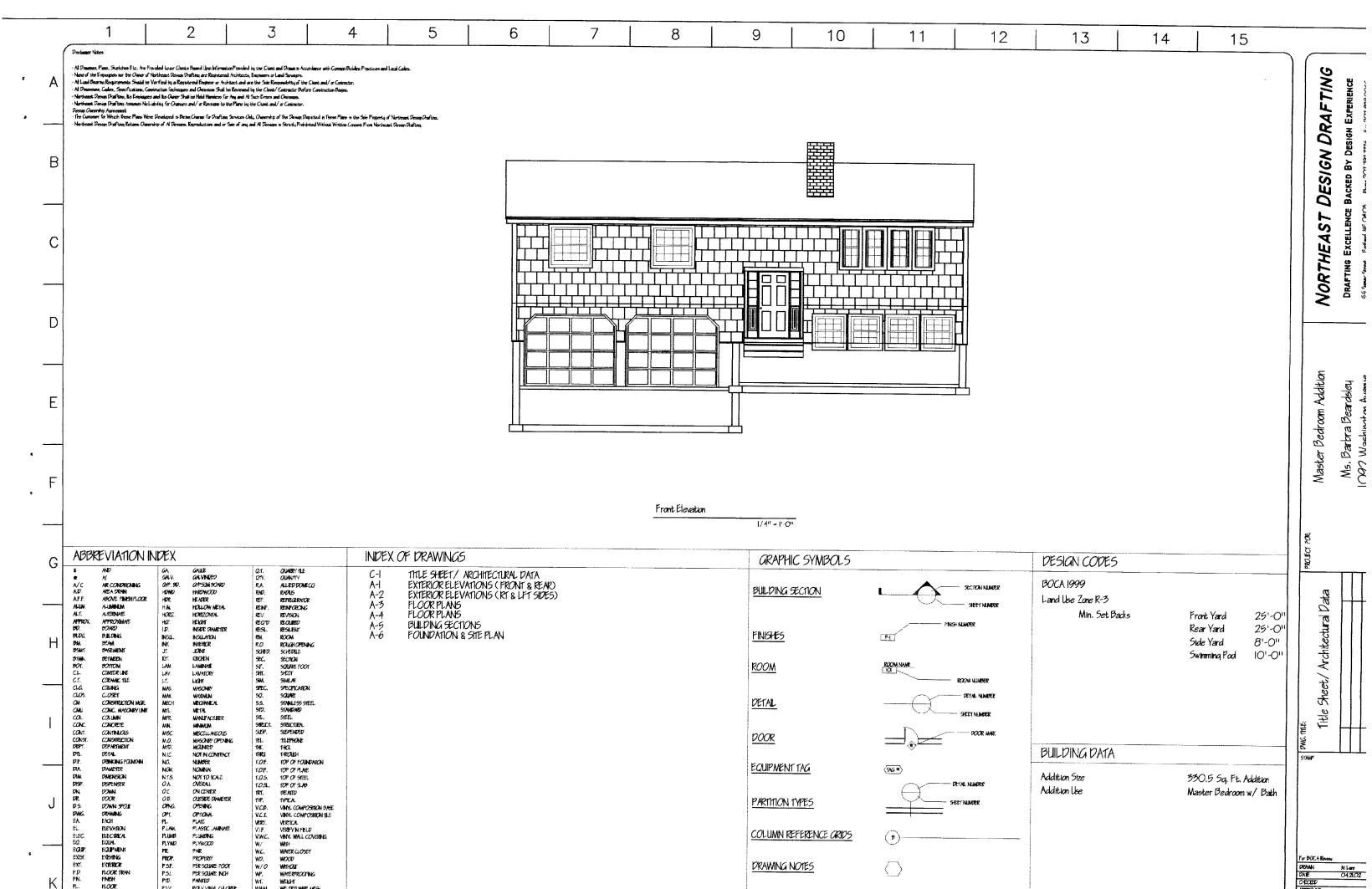
Pouring wall at 10:30 m. Call to reinspect. Just wall 8/1402 - Close In Eles/Plub files all

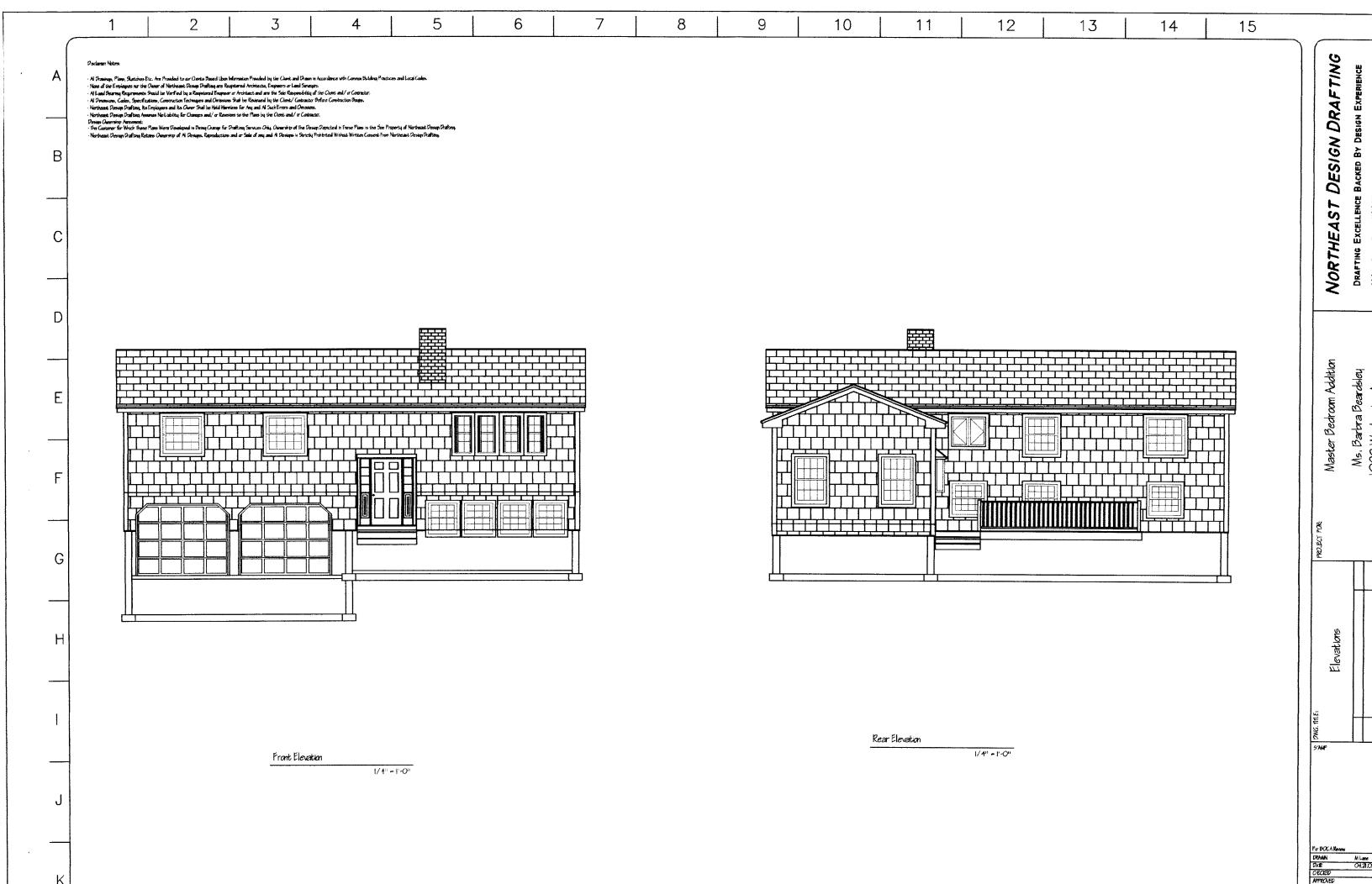
All Purpose Building Permit Application

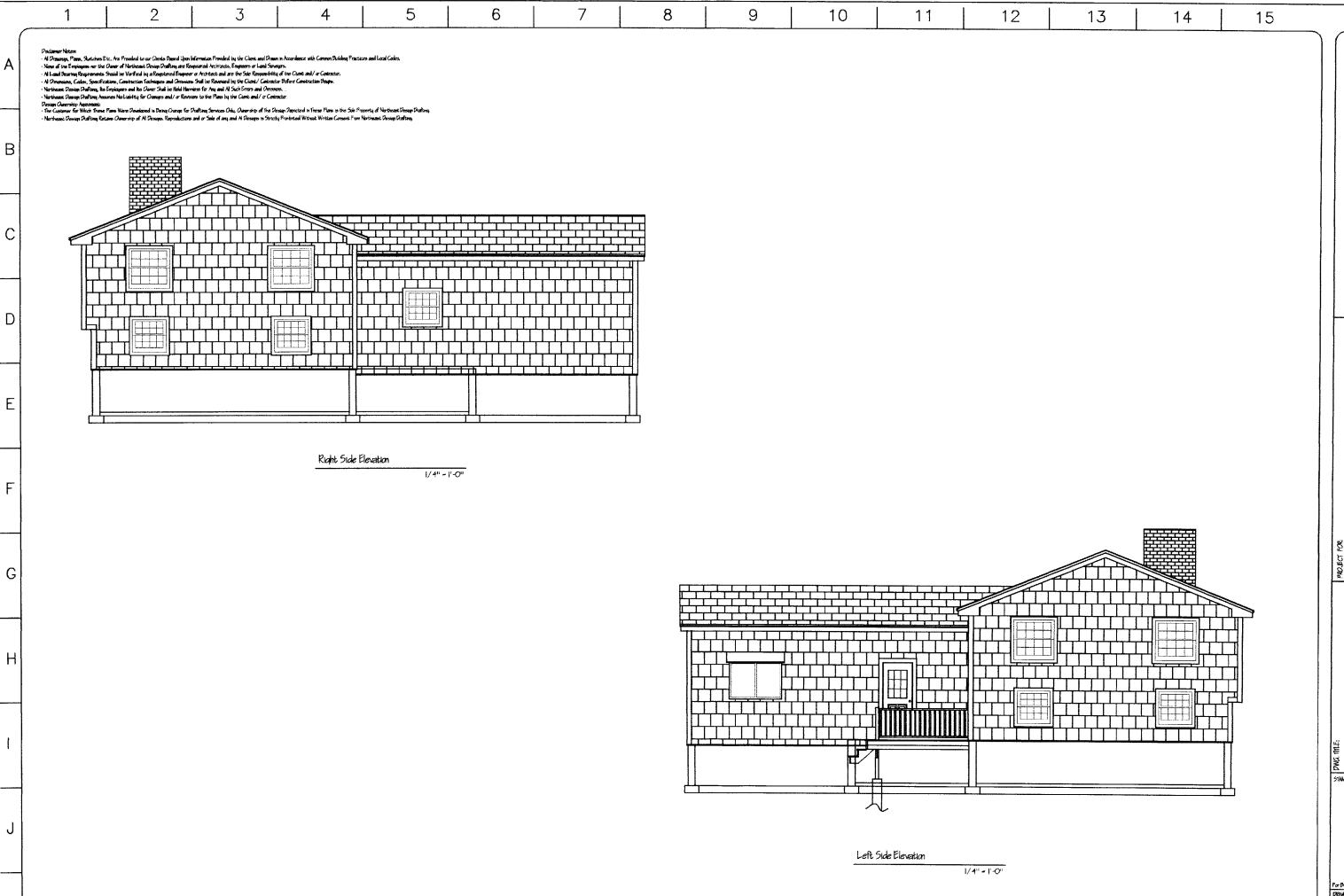
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 1092	WASIN	UCTON	AUE		
Total Square Footage of Proposed Structure	s s	quare Foota			
330 SOFT ADDITION		/ (0,250	<u> </u>	Fr
	Owner: BARBRA	BEARD	SŒG		elephone: 197-2327
	Applicant nai telephone: 3ARBRA LOGZ W	BEARD	SLEY ON AUE	Cost Work	of 26,000°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
	BRITAND	ME O'llo:	3	<u> </u>	905,00
Current use: RESIDENCE					
If the location is currently vacant, what was	prior use:				
Approximately how long has it been vacant	t:				
Proposed use: RESIDENCE Project description: 330 Sa FT BEDROOM	15 × 16	on W/3	M BA		× 8'
Contractor's name, address & telephone:					
Who should we contact when the permit is Mailing address: 55 Sumac Strong MED We will contact you by phone when the pereview the requirements before starting any and a \$100.00 fee if any work starts before the	work, with a	Plan Review	on to and	biok at	ino pontin and
F THE REQUIRED INFORMATION IS NOT INCLUED DENIED AT THE DISCRETION OF THE BUILDING/INFORMATION IN ORDER TO APROVE THIS PERIOD CONTROL OF THE PERIOD CONTRO	MIT. ned property, or a ation as his/her a his application is	PARTMENT, V that the owner outhorized agen lssued, I certify:	VE MAY REQ of record author t. I agree to co that the Code	UIRE A	proposed work and that I all applicable laws of this authorized representative
Signature of applicant:			Data: C	141	43
This is NOT a permit, you may not you are in a Historic District you may Planning Departs	be subjec	t to additio	onal perm	itting	

C = C = C = C = C = C = C = C = C = C =
Applicant: BARBARA BEARDSIZH Dute: 6/14/02
Address: 1092 WASHINGTON AK C-B-L: 153 AUQ
CHECK-LIST AGAINST ZUNING ORDINARIOE
Date - 6/10/02
Zone Location - R3 ZONE
Interior or corner lot - INTERIOR
Proposed Use Work - ADD (TOM)
Servage Disposal - CITY REOJACO.
Loi Street Frontage - 60
Front Yard - N/A 25
Rear Yard - 150 + 25
Side Yard - 9
Projections -
Width of Lot - 65
Height -
Lot Area -
Lot Coverage Impervious Surface - 10/0 25
Area per Family -
Off-street Parking -
Loading Bays -
Site Plan -
Shoreland Zoning/Stream Protection - NOT
Flood Plains - 107







NORTHEAST DESIGN DRAFTING
DRAFTING EXCELLENCE BACKED BY DESIGN EXPERIENCE

Master Bedroom Addition Ms. Barbra Beardsley

22.

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Elevadions

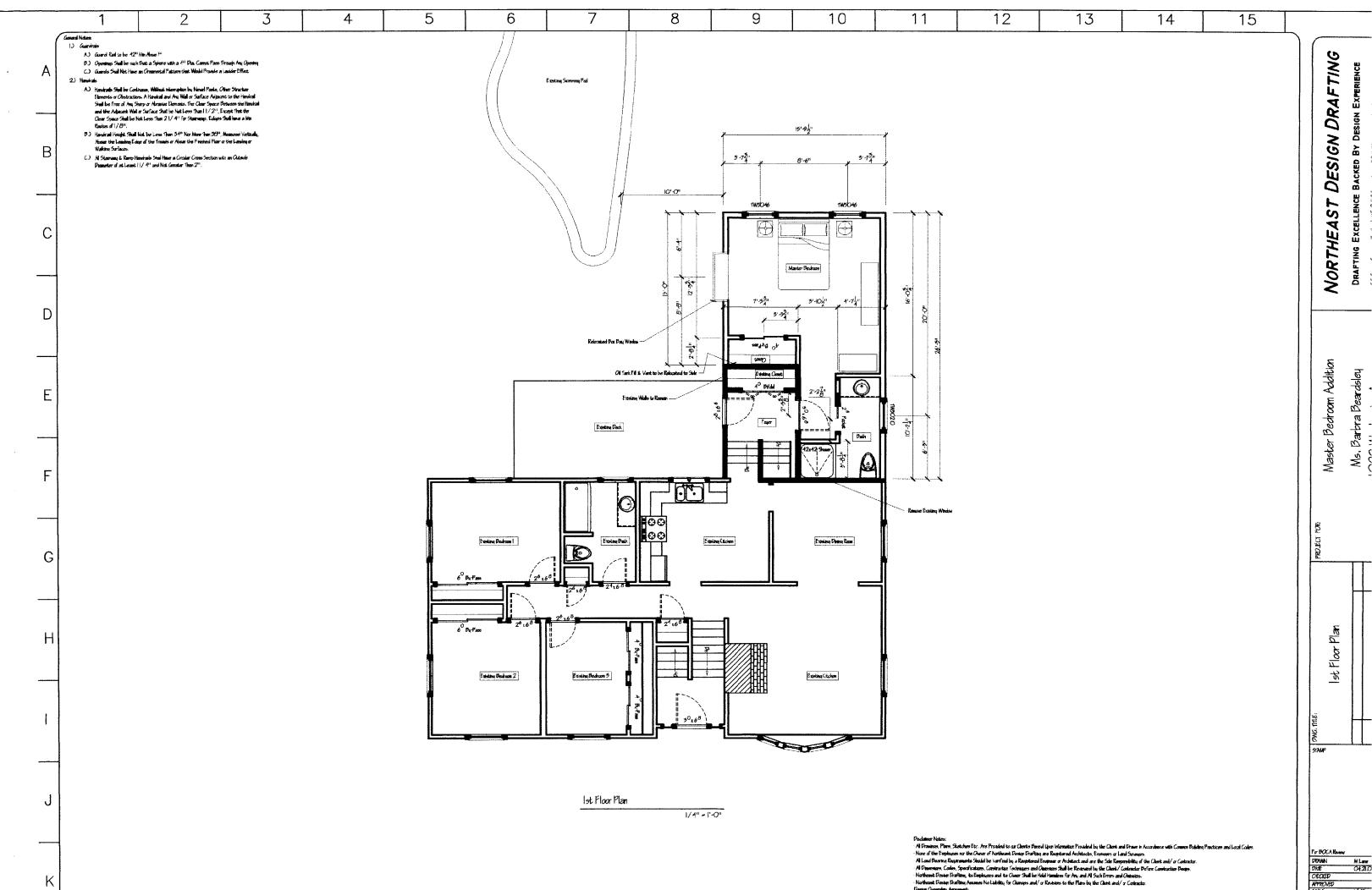
<u>77</u>

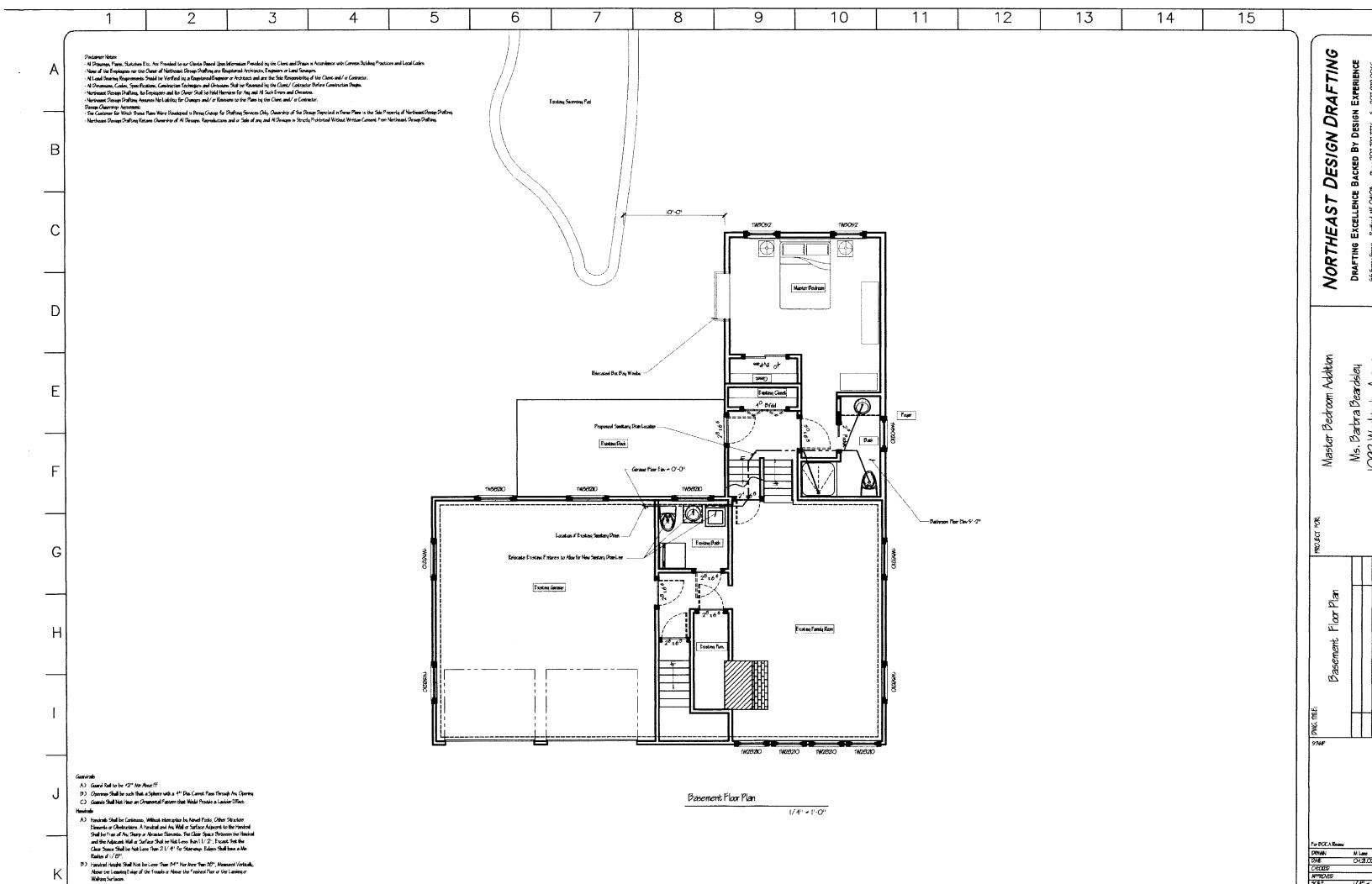
TAMP

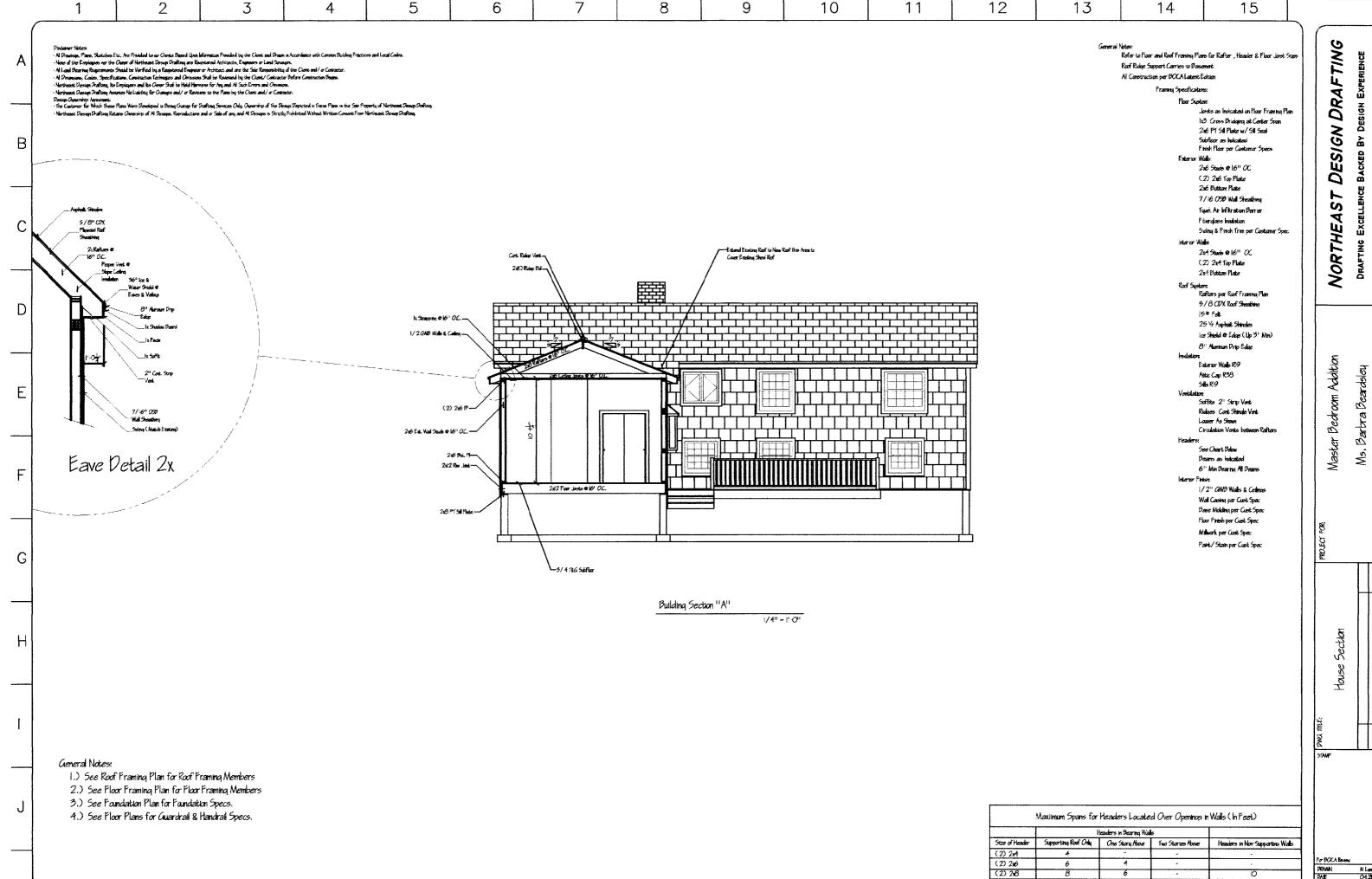
STAMP

FO' BOCA ROVENU DRIVAN M.L. DATE OF

CHECKED CH.Z







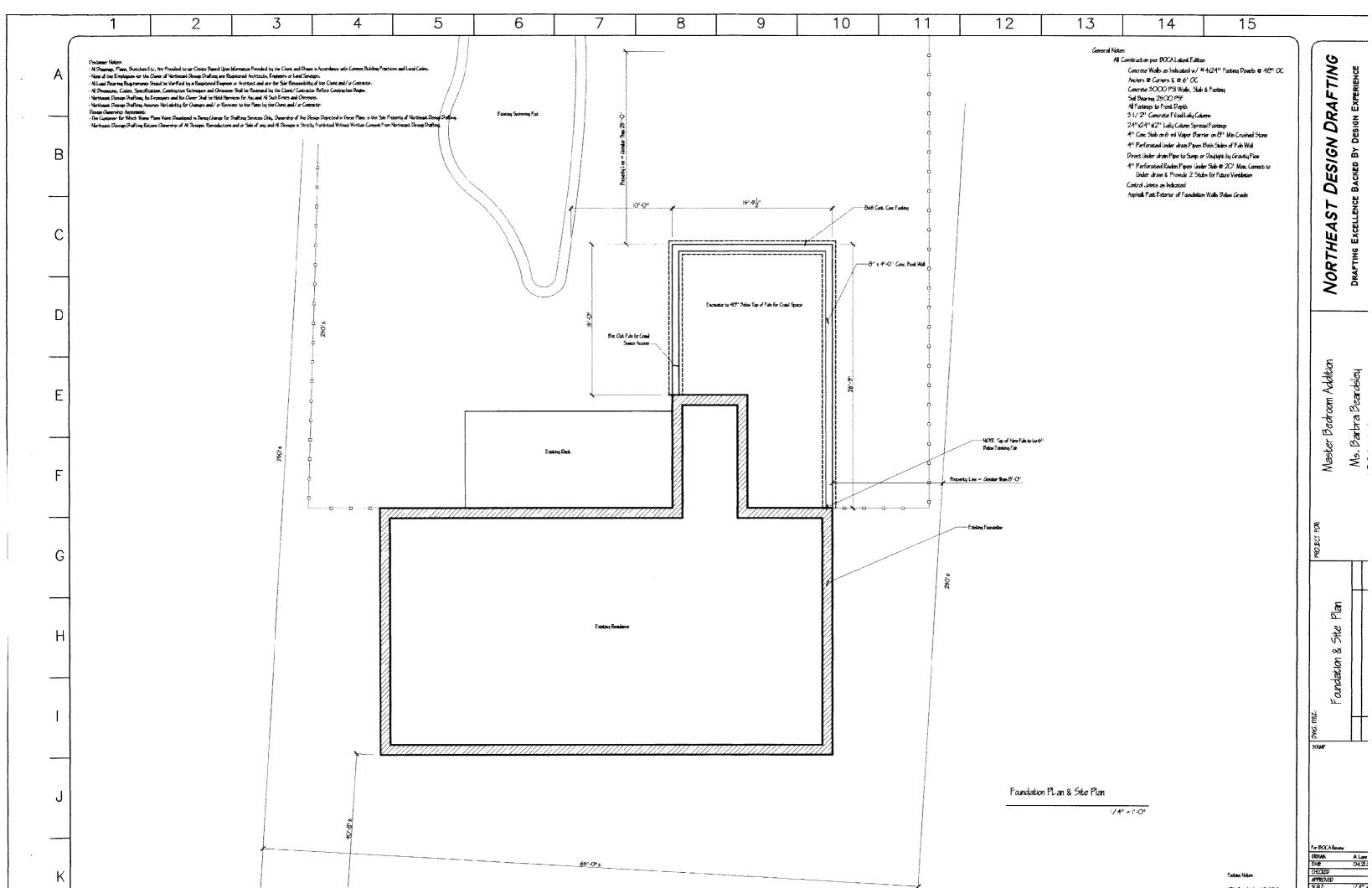
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(2) 2xiO

(2) 2x2

10

10





CITY OF PORTLAND, MAINE

Department of Building Inspections

June 6 200 2
Received from Ooth as Dag Datter
Location of Work 1093 Washington Que
Cost of Construction \$ 26,000.00
Permit Fee \$ 205.00
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other
CBL: 153 A012
Check #: 0400 Total Collected \$205.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy