

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 060297
MAR 6 2006

CITY OF PORTLAND

This is to certify that Weeks Julie A /Charlie Clem

has permission to Finish part of basement for a family room, kitchen & bathroom

AT 34 Sullivan Ct City of Portland, OR 97214 153 A025019

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of 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.
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4
OUR NOTICES REQUIRED.

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 _____

DepartmentName

Jeannie Hauke 3/6/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

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.

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

- | | | |
|-------------------------------------|---|---|
| <u>Le</u> | Footing/Building Location Inspection; | Prior to pouring concrete |
| <u>y</u> | Re-Bar Schedule Inspection: | Prior to pouring concrete |
| <u>NA</u> | Foundation Inspection: | Prior to placing ANY backfill |
| <input checked="" type="checkbox"/> | <u>Framing/Rough Plumbing/Electrical:</u> <u>Mike Collins</u> | Prior to any insulating or drywalling |
| <input checked="" type="checkbox"/> | 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. |

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.

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

<u>David E. Weeks</u>	<u>3/6/06</u>
Signature of Applicant/Designee	Date
<u>e. Bourke</u>	<u>3/6/06</u>
Signature of Inspections Official	Date

CBL: 153-A-25 Building Permit #: 06-0297

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0297	Issue Date: 03/06/2006	CBL: 153 A025019
-----------------------	---------------------------	---------------------

Location of Construction: 34 Sullivan Ct	Owner Name: Weeks Julie A	Owner Address: 34 Sullivan Ct	Phone: 797-9849
---	------------------------------	----------------------------------	--------------------

Business Name:	Contractor Name: Charlie Clement	Contractor Address: 162 Tuttle Road Cumberland	Phone:
----------------	-------------------------------------	---	--------

Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3
---------------------	--------	---	--------------

Past Use: Single Family Condominium	Proposed Use: Single Family Condominium w/finish of basement for family room/bedroom & bathroom	Permit Fee: \$129.00	Cost of Work: \$11,631.00	(CEODistrict): 4	PRUD
--	--	-------------------------	------------------------------	---------------------	------

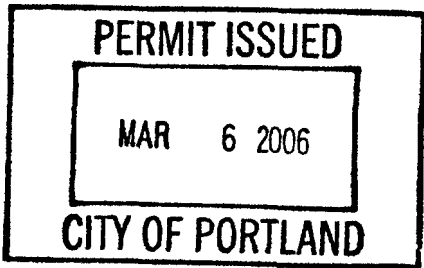
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R2 Type: SB IBC-2003 Signature: AMB 3/6/06	
---	--

Proposed Project Description: Finish part of basement for a family room/bedroom & bathroom	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: jmb	Date Applied For: 03/06/2006	Zoning Approval	
-------------------------	---------------------------------	------------------------	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>OK</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>AMB 3/6/06</i>	Zoning Appeal <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:	Historic Preservation <input checked="" 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: <i>AMB</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0297	Date Applied For: 03/06/2006	CBL: 153 A025019
------------------------------	--	----------------------------

Location of Construction: 34 Sullivan Ct	Owner Name: Weeks Julie A	Owner Address: 34 Sullivan Ct	Phone: () 797-9849
Business Name:	Contractor Name: Charlie Clement	Contractor Address: 162 Tuttle Road Cumberland	Phone:
Applicant/Owner/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Condominium w/finish of basement for family room/bedroom & bathroom	Proposed Project Description: Finish part of basement for a family room/bedroom & bathroom
---	--

Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 03/06/2006

Note: **Ok to Issue:**

- 1) This property shall remain a single family condominium. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 0310612006

Note: **Ok to Issue:**

- 1) In order for this family room to be used as a bedroom, the bulkhead egress or egress window must be in the same room.
- 2) Separate permits are required for any electrical, plumbing, or heating.
- 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) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.

Comments:

02/28/2006-jmb: Spoke w/David W. To schedule same day appt. For 3/6. Also clarified intentions of use, egress, headroom as noted on the plans



General Building Permit Application

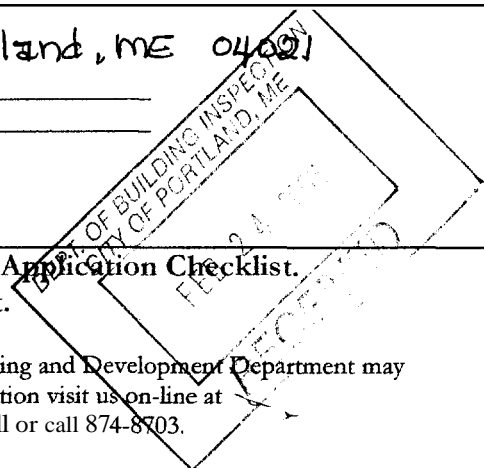
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#		Owner:	Telephone:
153 A 025019		Julie A. Weeks	797-9849
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:		cost Of Work: \$ 11,631.-
	Julie A. Weeks 34 Feeney Way Portland, ME 04103 797-9849		Fee: \$ 129.00
			C of O Fee: \$
<p>Project description:</p> <p>Sheetrocking basement walls & putting in a bathroom</p>			
<p>Contractor's name, address & telephone: Charlie Clement 162 Tuttle Rd, Cumberland, ME 04001</p> <p>Who should we contact when the permit is ready: Julie Weeks</p> <p>Mailing address: 34 Feeney Way Portland, ME 04103</p> <p>Phone: 797-9849 671-0613 772-0121</p>			

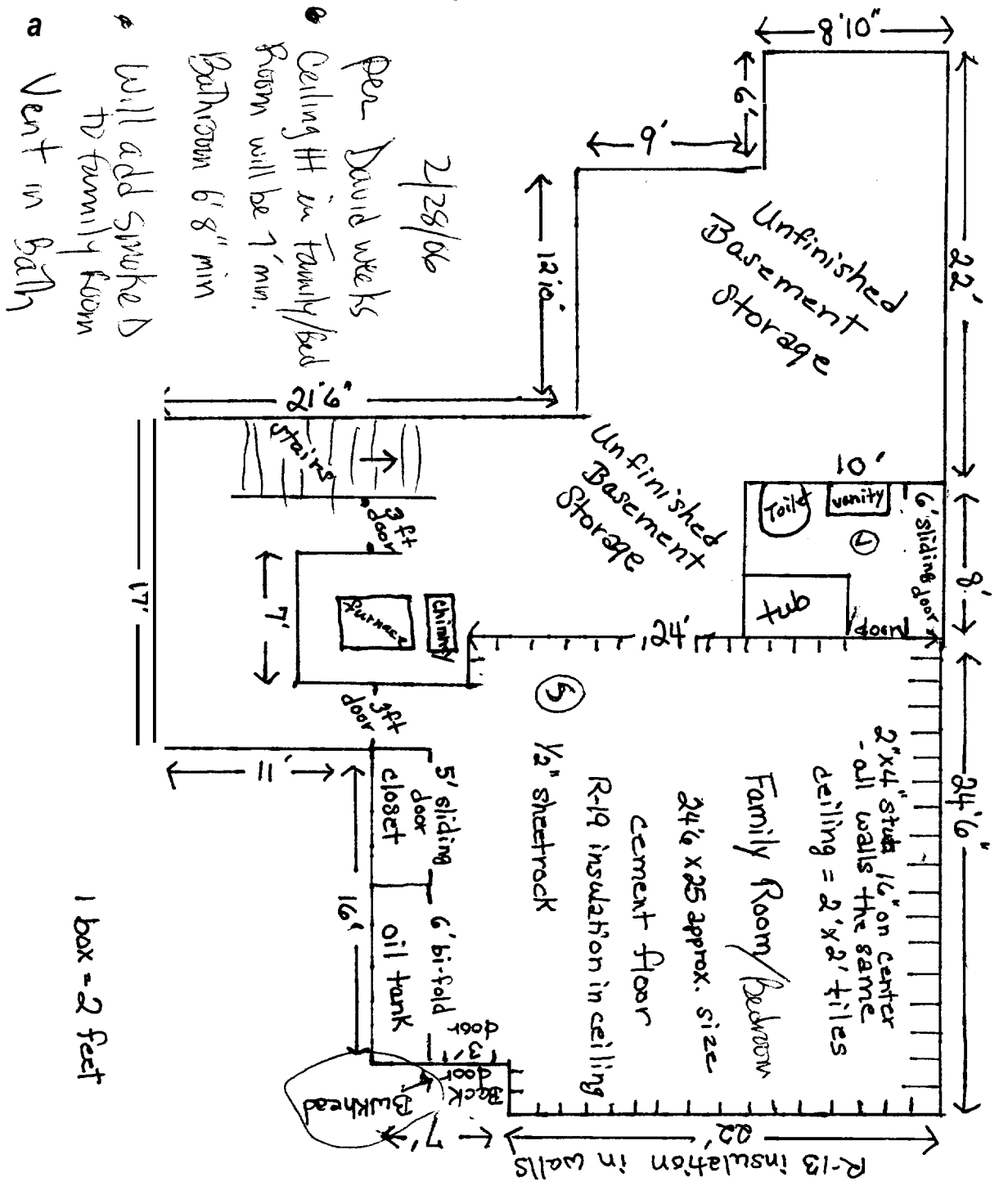
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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 representatives 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.

Julie A. _____ 2/2/06





2/28/06

per David weeks

- Ceiling Ht in Family/Bed Room will be 7' min.

Bathroom 6'8" min

- Will add smoke D to family room
- Vent in bath

1 box = 2 feet

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	153 A025019
Location	34 SULLIVAN CT
Land Use	RESIDENTIAL CONDO
Owner Address	WEEKS JULIE A 34 SULLIVAN CT PORTLAND NE 04103
Book/Page	21332/042
Legal	153-A-25 154-B-16 HARVARD ST R 191-275 RADCLIFF GLEN CONDO UNIT 19

Current Assessed Valuation For Fiscal Year 2006

Land	Building	Total
\$31,800	\$158,180	\$189,980

Estimated Assessed Valuation For Fiscal Year 2007"

Land	Building	Total
\$51,200	\$205,000	\$256,200

* 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.

Property Information

Year Built	Style	Story Height	Sq. Ft.	Total Acres		
2003	Townhouse End	1	1947	0		
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement	
4	3		8	Part Finsh	Full	

Outbuildings

Type	quantity	Year Built	Size	Grade	Condition
------	----------	------------	------	-------	-----------

Sales Information

Date	Type	Price	Book/Page
05/27/2004	LAND + BLDING	\$287,055	21332-42

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-