

**City of Portland, Maine - Building or Use Permit Application**

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

Job No: 2012-11-5337-ALTR	Date Applied: 11/5/2012	CBL: 156- C-001-001	
Location of Construction: 35 BAY ST	Owner Name: DIANE M GULLIKSON	Owner Address: 35 BAY ST PORTLAND, ME 04103	Phone:
Business Name:	Contractor Name: KR Stiffler Construction – John Medici	Contractor Address: 32 Tandberg Trl Windham ME 04062	Phone: (207) 776-1126
Lessee/Buyer's Name:	Phone:	Permit Type: Building	Zone:
Past Use: Single family	Phone: <del>78-9</del> CLOSED	Signature: <i>Capt. [Signature]</i> 11/8/12	CEO District: Inspection: Use Group: <i>1.3</i> Type: <i>SB</i> <i>TRC 99</i> Signature: <i>[Signature]</i>
Proposed Project Description: Renovations after fire; add 3/4 bath, new windows		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Brad	<b>Zoning Approval</b>		
<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>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK w/condition</i> <i>11/6/12 ABM</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in Dist 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>ABM</i>
	<b>CERTIFICATION</b>		

SCANNED

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

1-16-13 GF/BKL FAIL CLOSE IN

NO PT-PLUMBING

MANY ELECT PROB. KITCHEN ETC

2-5-13 DUM Plumbing OK

7-24-13 NEED  
PIES | HANDRAIL - OK

HOOD - OK

HSE # - OK

SAFETY GLAZING: BATH

INT. STAIRS

EXT. STAIRS

} OK

PHOTO: SMOKES — OK

LOCKS ON SPRINKLER — OK

9-24-13 GF PASS - FINAL  
CLOSE  
LOC.

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

# 11171

Town or Plantation	Portland
Street Subdivision Lot #	35 Bay St.

## PROPERTY OWNERS NAME

Last: Gulikson First: Diane

Applicant Name: Ronald Leonard

Mailing Address of Owner/Applicant (If Different): 493 P.O. Box 493  
Bridgton, Me. 04009

**Caution: Permit Required**  
Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

Permit # 2012 65690  
CBL 156 C001

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Ronald Leonard 12.26.12  
Signature of Owner/Applicant Date

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature]  
Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # 06456

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
1	Hosebib / Sillcock	1	Bathtub (and Shower)
1	Floor Drain	1	Shower (Separate)
1	Urinal	1	Sink
2	Drinking Fountain	2	Wash Basin
2	Indirect Waste	2	Water Closet (Toilet)
1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
1	Grease / Oil Separator	1	Dish Washer
1	Roof Drain	1	Garbage Disposal
1	Bidet	1	Laundry Tub
1	Other: _____	1	Water Heater
Fixtures (Subtotal) Column 2		0.9	Fixtures (Subtotal) Column 1
		0.1	Fixtures (Subtotal) Column 2
		1.0	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
		110	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that GULLIKSON, DIANE M

Located At 35 BAY ST

Job ID: 2012-11-5337-ALTR

CBL: 156- C-001-001

has permission to Renovations after fire; add 3/4 bath provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

  
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

SCANNED



## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto: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 Inspections 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.**

Footings/Setbacks prior to pouring concrete

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF 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.



# PORTLAND MAINE

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Director of Planning and Urban Development  
Jeff Levine

Job ID: 2012-11-5337-ALTR

Located At: 35 BAY ST

CBL: 156- C-001-001

## Conditions of Approval:

### Zoning

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
3. This permit is being approved with the condition that all the work is taking place within the existing footprint.

### Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
2. Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
3. There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each level. Renovations of residential dwellings shall install a CO detector in each area within or giving access to bedrooms. That detection must be powered by the electrical service in the building and battery.

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
- 2.

Any modifications to existing building systems and all new systems (HVAC, electrical, plumbing) shall meet IECC 2009 or ASHRAE 90.1-2007 requirements for energy code compliance.

The existing stairs must be rebuilt to the same rise and run that existed and shall not be made steeper.

### Fire

All construction shall comply with City Code Chapter 10.

A sprinkler system shall be installed.

A separate no fee One- or Two-family Fire Sprinkler Permit is required.

All smoke detectors and smoke alarms shall be photoelectric.

Hardwired Carbon Monoxide alarms with battery back up are required on each floor

**Sprinkler requirements**

The sprinkler system shall be installed in accordance with NFPA 13D. A compliance letter is required.

All control valves shall be supervised in accordance with NFPA 13D. Pad locks shall only be installed on valves designed to be secured in the open position by pad lock.

Application requires State Fire Marshal approval.



# General Building Permit Application

*Expend 11/5/12*  
*(18)*

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.

# 2012-11-5337-ALTER

Location/Address of Construction: <u>35 Bay ST</u>		
Total Square Footage of Proposed Structure/Area <u>NO CHANGE</u>	Square Footage of Lot <u>12052 sq</u>	Number of Stories <u>NO CHANGE</u>
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#  <u>156      C      1, 2, 13</u>	Applicant: (must be owner, lessee or buyer) Name <u>John Medici</u> Address <u>32 Tandberg Trail</u> City, State & Zip <u>Windham Me 04062</u>	Telephone: _____
Lessee/DBA  <b>RECEIVED</b> <b>NOV 05 2012</b> <b>Dept. of Building Inspections</b> <b>City of Portland Maine</b>	Owner: (if different from applicant) Name <u>Plane Collection</u> Address <u>35 Bay st</u> City, State & Zip <u>Portland ME 04103</u>	Cost of Work: <u>\$35,000</u> C of O Fcc: <u>\$2,500</u> Historic Review: \$ _____ Planning Amin.: \$ _____ Total Fee: \$ <u>545.00</u> <del>450.00</del>
Current legal use (i.e. single family) <u>SFR</u> Number of Residential Units <u>1</u> <u>370.00</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>① Renovations after fire (walls + insulation)</u> <u>② SIDING → WINDOWS</u> <u>③ Create new 3/4 Bath</u>		
Contractor's name: <u>IRA STADLER CONSTRUCTION</u> Email: _____ Address: <u>32 TANDBERG TRAIL</u> City, State & Zip <u>WINDHAM ME 04062</u> Telephone: <u>400-7140</u> Who should we contact when the permit is ready: <u>John Medici</u> Telephone: <u>400-7140</u> Mailing address: <u>SAME</u>		

**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.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

and 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: [Signature]      Date: 10/29/12

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



# PORTLAND MAINE

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## Receipts Details:

**Tender Information:** Check , Check Number: 5090\$370.00

**Tender Amount:** 370.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 11/5/2012

**Receipt Number:** 49935

## Receipt Details:

Referance ID:	8641	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	370.00	Charge Amount:	370.00
Job ID: Job ID: 2012-11-5337-ALTR - Renovations after fire; add 3/4 bath			
Additional Comments: 35 Bay			

Thank You for your Payment!

Replaced  
XS 15





Replaced w/  
← 38/63 Egress →

Replaced  
← AS IS →







← Removed      Replaced ↑  
Moved 18" to  
left



Fixed Replaced  
AS IS

← 2 Replaced  
AS IS

3 Replaced AS IS



Changed  
Egress to

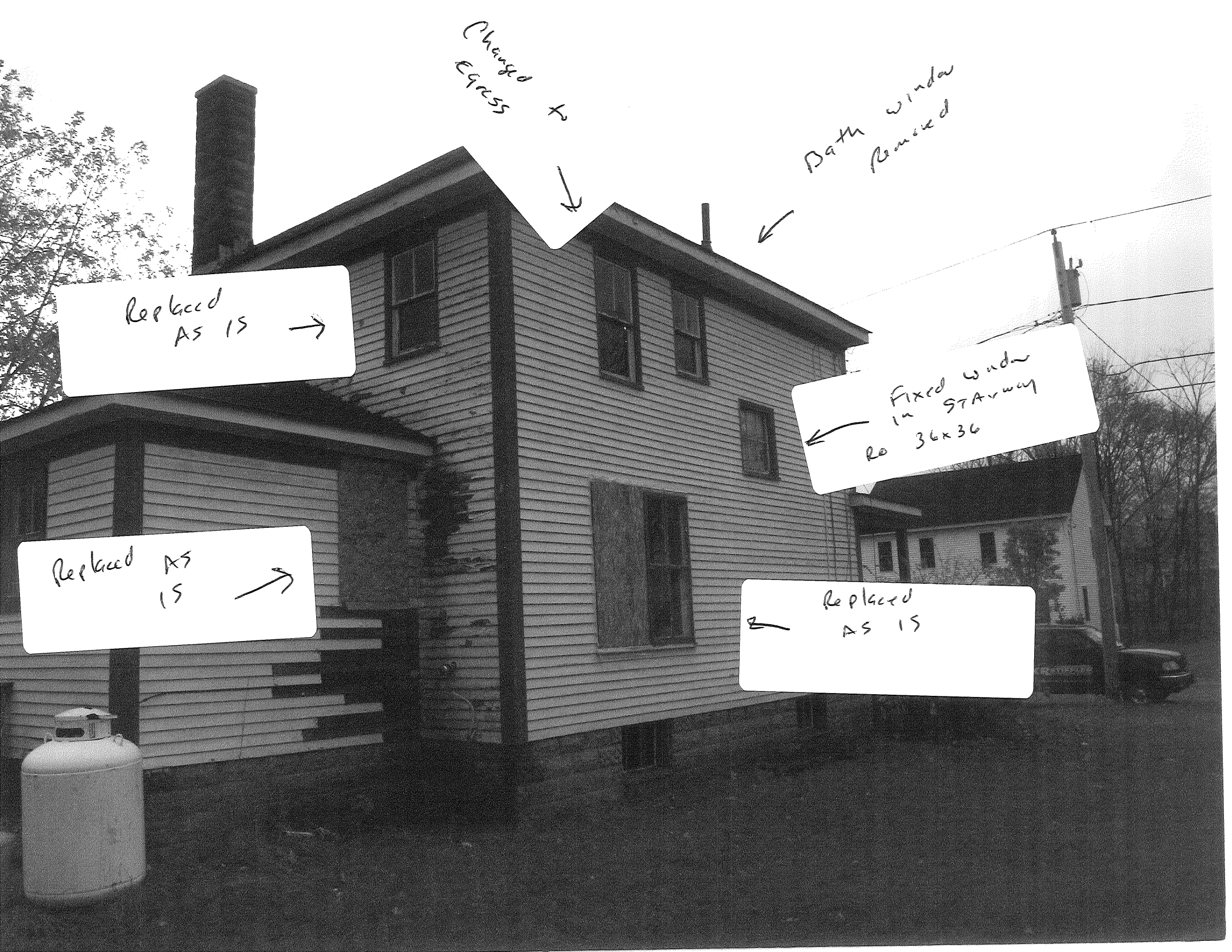
Bath window  
Revised

Replaced  
AS IS →

Fixed window  
in stairway  
Re 36x36

Replaced AS  
IS →

Replaced  
AS IS







Cellar STAIRS  
Replaced Same location  
L0 32x48



Kitchen side wall  
Replaced same location  
w/ RO 36x68

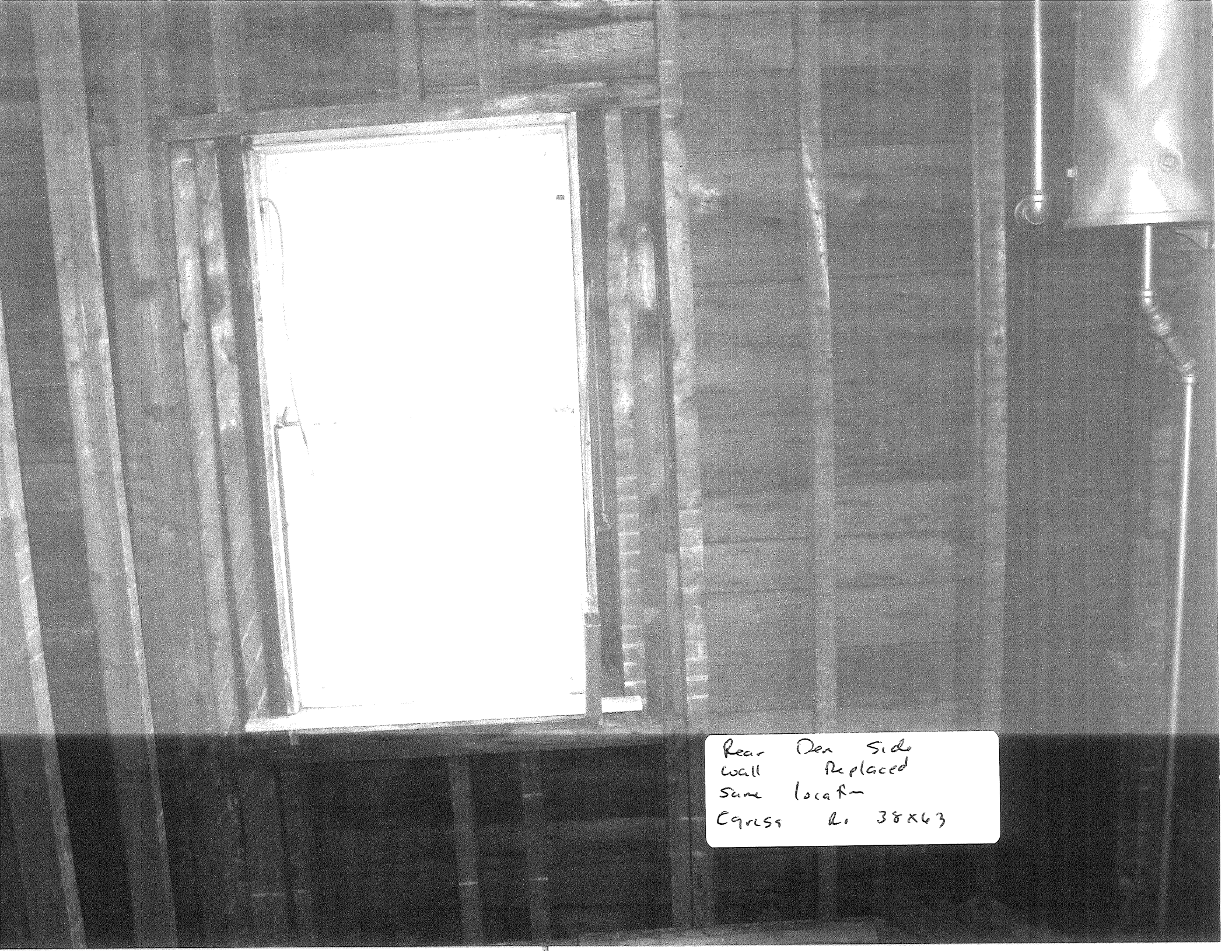






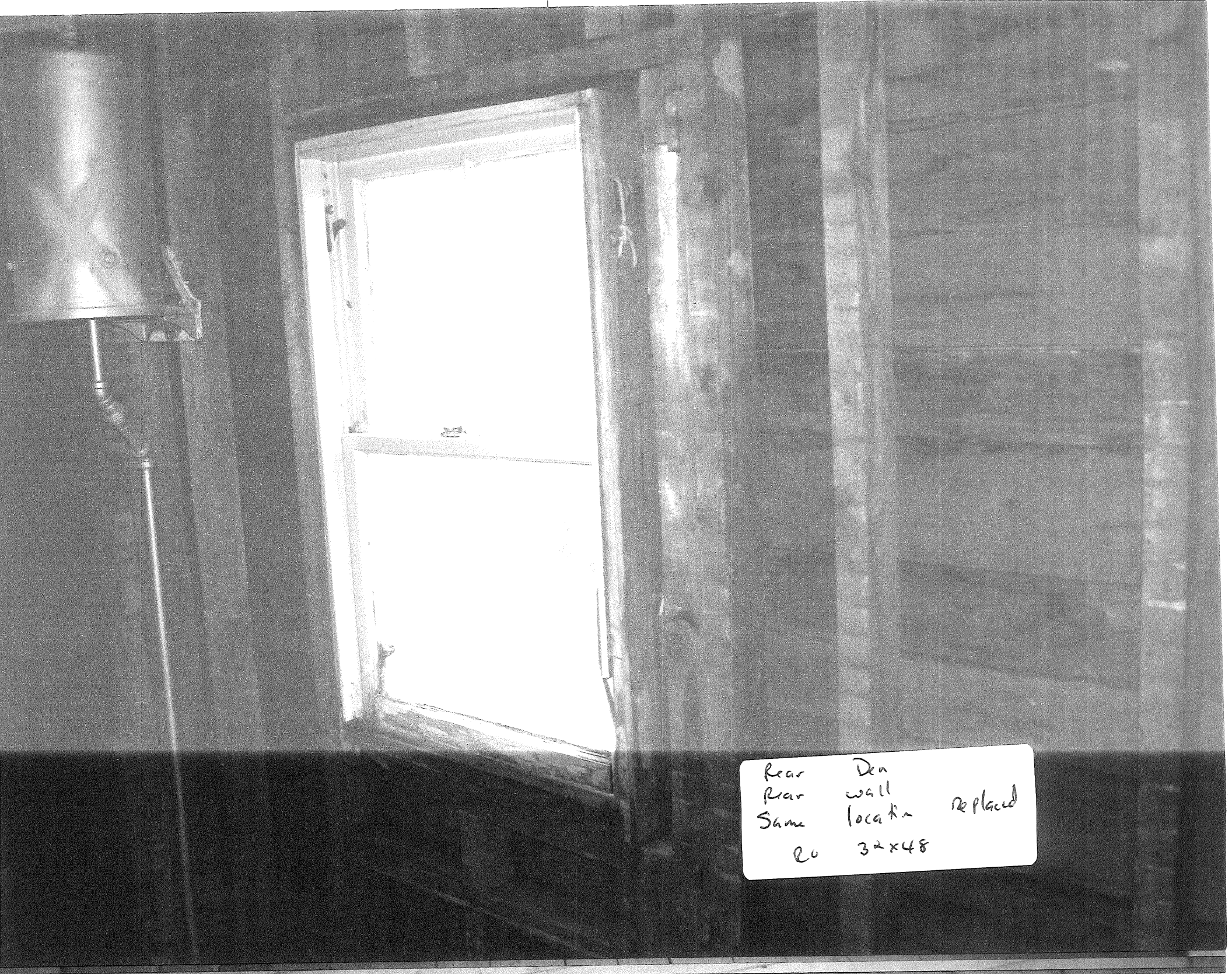
Rear Bedroom  
Side wall  
2 Replaced w/  
Egress 20 38x63





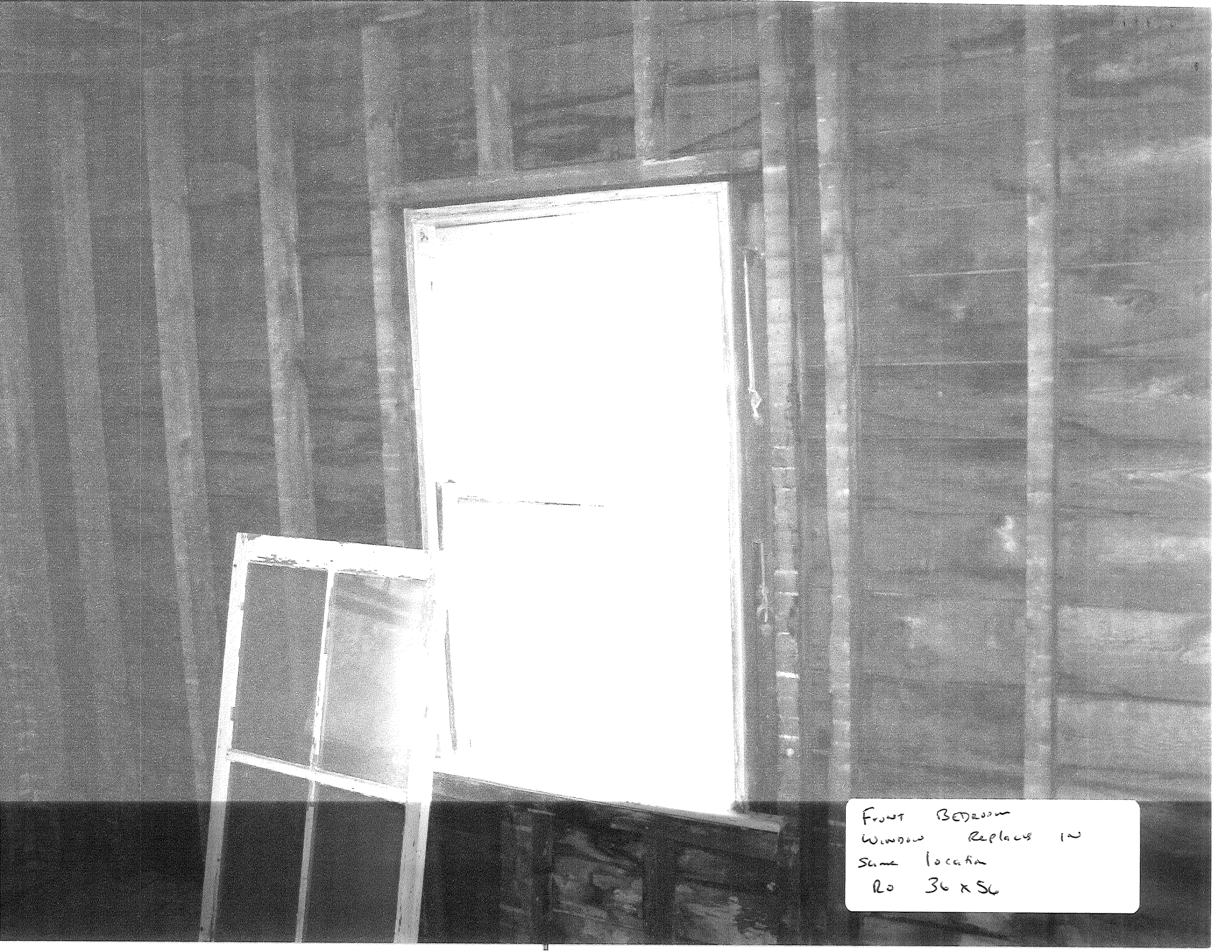
Rear Den Side  
Wall Replaced  
Same location  
Cypress L. 38x63





Rear Den  
Rear wall  
Same locat'n Replaced  
20 32x48





FRONT Bedroom  
Window Replaces in  
Same location  
Ro 36 x 56

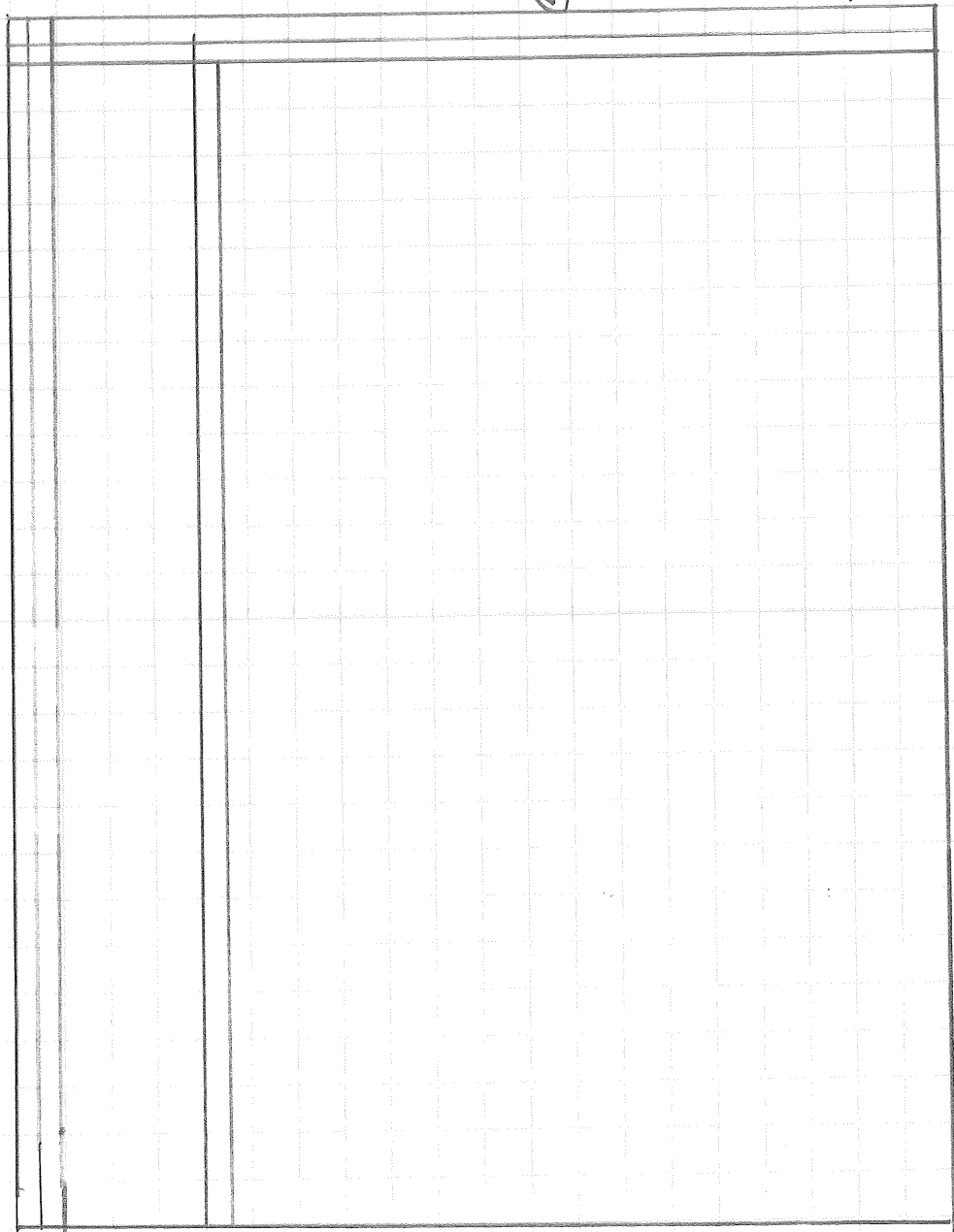


Bath wall Framing

2x4 16" OC



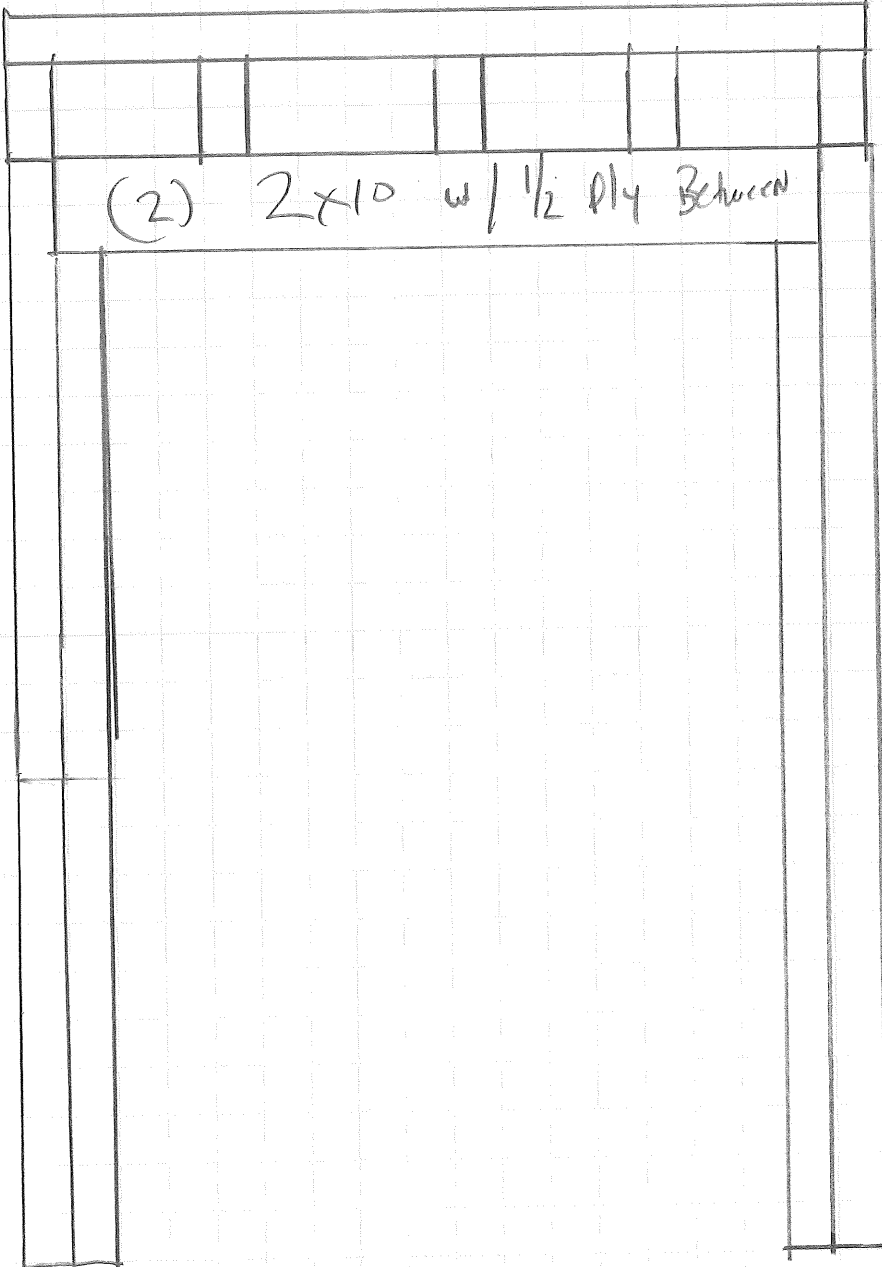
↓ Double 2x4 top plate



New Window / Door Headers

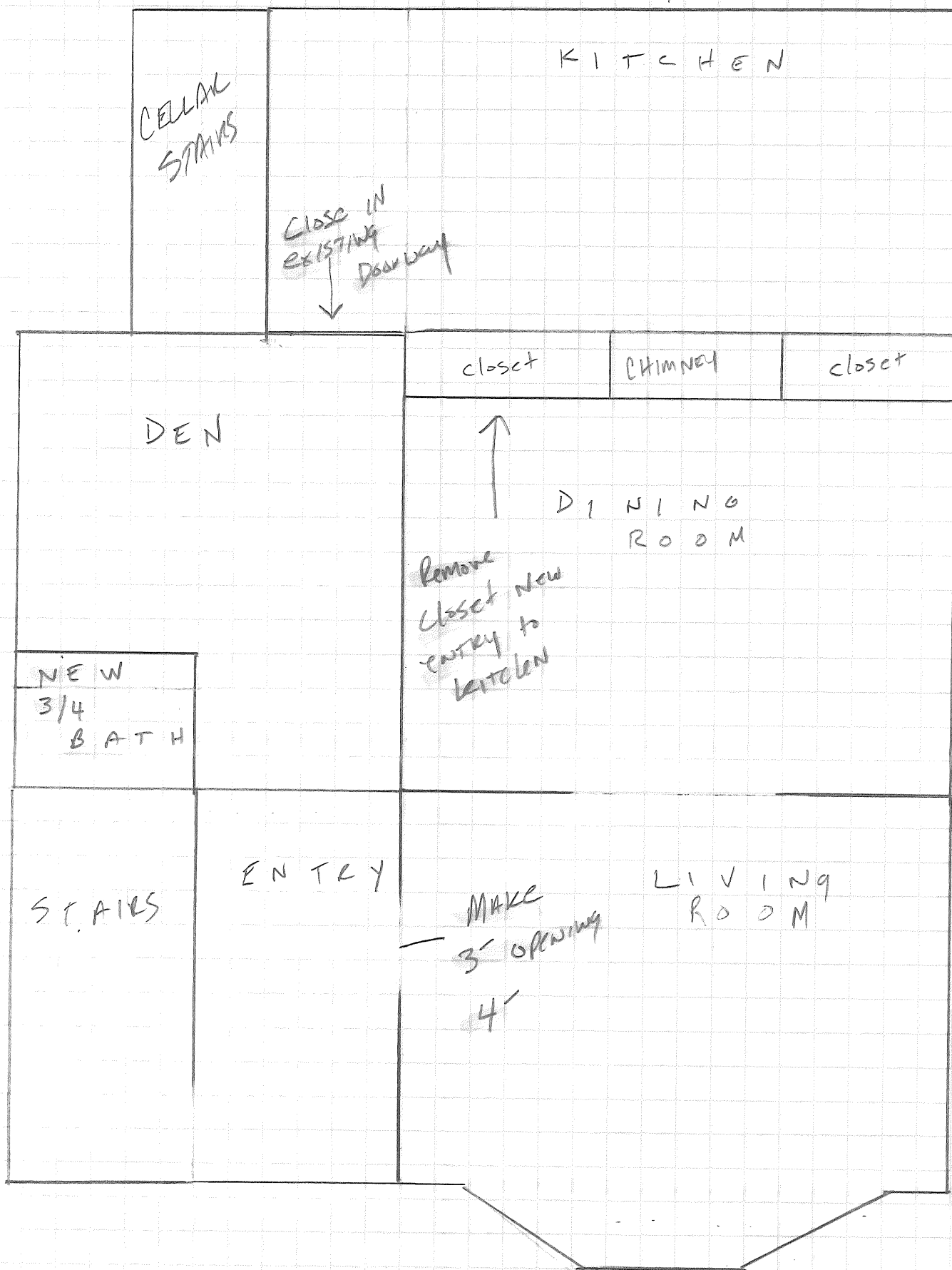
48" + UNDER

(2) 2x10 w 1/2 Ply Between



35 BAY ST

RENOVATIONS AFTER FIRE



NOTES:

BED ROOMS TO HAVE  
① EGRESS WINDOW

1ST FLOOR

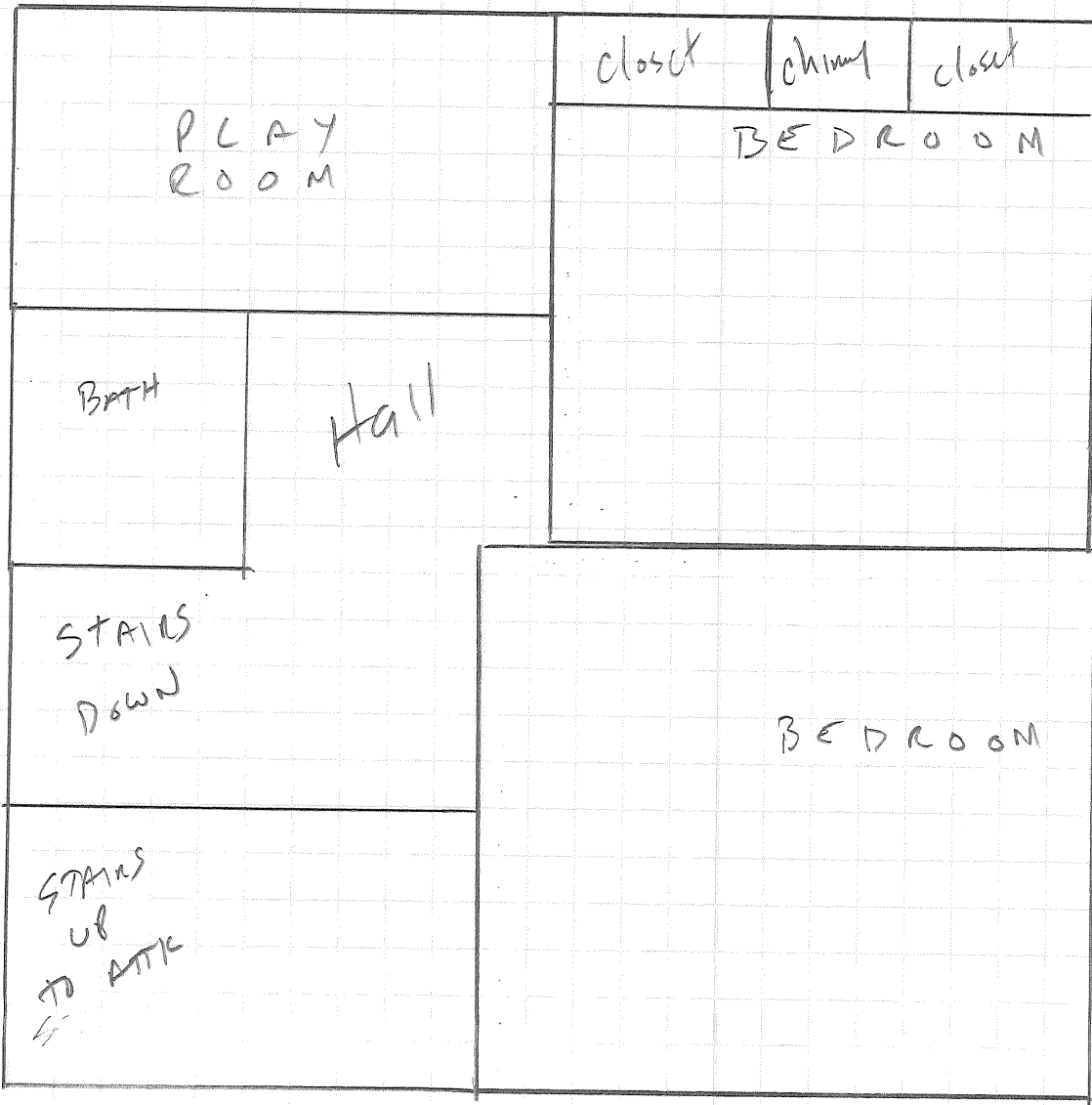
INSULATION TO  
MEET CURRENT CODE ✓

NEW DOOR OPENINGS  
4' AND UNDER (3) 2x10 ✓

SPRINKLER SYSTEM  
BY FREEDOM FIRE PROTECTION

35 BAY ST

RENOVATIONS AFTER FIRE



2ND FLOOR

NO CHANGES