Form # P 04 DISPLAY THIS C	ARD ON PRINCIPAL	FRONTAGE OF WORK
Please Read Application And Notes, If Any, Attached		Permit Number: 090724
This is to certify thatSCIPIONE TOBIN &	SOREN	
has permission to Alteration to Existing	Detached grage - A ition of 16"X	K8' H ie Office.
AT _43 WELLWOOD RD		<b>CI</b> 160 H021001
provided that the person or pers		popting this permit shall comply with al
Apply to Public Works for street line and grade if nature of work requires such information.	Not ation on spectic and give nd writte permission pro- befor this building or pro-une lath or oth HOL NOTICE IS REQUIRED	ereof i procured by owner before this build- in. 2 ing or part thereof is occupied.
OTHER REQUIRED APPHOVALS 2009		
<sup>=</sup> ire Dept Health Dept		
Appeal Board		NI IN. An - Co-L
Other	randina (provent 4	Alongh Making 11/5/0
Other Department Name		<i>HATMIN IN IN CLART INS O</i> Director · Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED	
JUL 1 7 2009	
CITY OF PORTLAND	

City of Portland, Maine	- Building or Use	Permit Applicatio		Issue Date:	CBL:		
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-871	6 09-0724		160 H	021001	
Location of Construction:	Owner Name:		Owner Address:		Phone:		
43 WELLWOOD RD SCIPIONE TO		DBIN & SOREN DEN	43 WELLWOOD	O RD	207-899	207-899-3518	
Business Name:	siness Name: Contractor Name:		Contractor Address:		Phone		
Lessee/Buyer's Name Phone:			Permit Type: Alterations - Dwellings			Zone:	
	Proposed Use:	Pronosed Lice:		Permit Fee: Cost of Work: CEO District:			
· · · ·		Home - Alteration to	\$40.00	\$2,000			
					NSPECTION:		
	Addition of 11	'6"X8' Home Office.			Use Group: R3	Group: R3 Type: 5B	
					IRC 2 Signature: M	003	
Proposed Project Description:					7	m li -la c	
Alteration to Existing Detache Office.	ed Garage - Addition of	11'6"X8' Home	Signature:		Signature:	<u>7 0/2/17</u>	
onice.			PEDESTRIAN ACT				
			Action: Appro	ved Appro	oved w/Conditions	] Denied	
	<b>1</b>		Signature:		Date:		
Permit Taken By: lmd	Date Applied For: 07/09/2009		Zoning	g Approval			
1. This permit application d	oes not preclude the	Special Zone or Reviews Zo		ng Appeal	peal Historic Preservati		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Shoreland	oreland Variance		Not in Dist	Not in District or Landmar	
		Wetland	Miscell	Miscellaneous		Loes Not Require Review	
			Conditi	onal Use	Requires R	eview	
		Subdivision		Interpretation		Approved	
		Site Plan	Д Арргоу	ed	Approved v	v/Conditions	
		Maj 🗌 Minor 🗌 MM	Denied		Denied		
		Date: Jun 7/15	Date:		Date:		
JUL PI		l	<b></b>	PFRM	T ISSUED	7	
		CERTIFICATI	ON	JUL	1 7 2009		
I hereby certify that I am the ov I have been authorized by the c jurisdiction. In addition, if a p shall have the authority to enter	owner to make this appl ermit for work describe	ication as his authorize d in the application is i	d agent and I agree ssued, I certify t <del>hat</del>	to Continent to	all applicable law	s of this presentative	
such permit.							

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, N	laine - Buil	ding or Use Permit		Permit No:	Date Applied For:	CBL:
889 Congress Street, (	)4101 Tel: (2	207) 874-8703, Fax: (	207) 874-8	716 09-0724	07/09/2009	160 H021001
Location of Construction:		Owner Name:		Owner Address:		Phone:
43 WELLWOOD RD		SCIPIONE TOBIN &	SOREN DE	N 43 WELLWOOD	RD	207-899-3518
Business Name:		Contractor Name:	<u>-</u>	Contractor Address:		Phone
Lessee/Buyer's Name		Phone:		Permit Type:		
				Alterations - Dwe	ellings	
Proposed Use:			Pro	posed Project Description		
Single Family Home - A Addition of 11'6"X8' H		xisting Detached Garage		teration to Existing De ome Office.	stached Garage - Ado	lition of 11'6"X8'
Dente Zening	Statura A	pproved with Condition	s <b>Reviev</b>	ver: Tom Markley	Approval D	Date: 07/15/2009
Dept: Zoning	Status: A	pproved million		-		
Note:	Status: A			2	••	Ok to Issue: 🗹
Note: 1) This is NOT an app	roval for an ac	lditional dwelling unit.	You SHALI	NOT add any additio	nal kitchen equipme	Ok to Issue: 🗹
Note: 1) This is NOT an app not limited to items	roval for an ac such as stoves	lditional dwelling unit.	You SHALI ors, or kitch	NOT add any additio en sinks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue: 🗹 nt including, but
<ul><li>Note:</li><li>1) This is NOT an app not limited to items</li><li>2) This property shall a</li></ul>	roval for an ac such as stoves remain a single	lditional dwelling unit. , microwaves, refrigerat	You SHALI ors, or kitch change of use	NOT add any additio en sinks, etc. Without	nal kitchen equipme special approvals.	Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an app not limited to items</li> <li>2) This property shall approval.</li> </ul>	roval for an ac such as stoves remain a single	lditional dwelling unit. , microwaves, refrigerat e family dwelling. Any c	You SHALI ors, or kitch change of use	NOT add any additio en sinks, etc. Without e shall require a separa	nal kitchen equipme special approvals. te permit applicatior	Ok to Issue:
<ul> <li>Note:</li> <li>1) This is NOT an app not limited to items</li> <li>2) This property shall approval.</li> <li>Dept: Building Note:</li> <li>1) Separate permits are</li> </ul>	roval for an ac such as stoves remain a single <b>Status:</b> A e required for a	lditional dwelling unit. , microwaves, refrigerat e family dwelling. Any c	You SHALI ors, or kitch change of use s <b>Reviev</b> , sprinkler, f	NOT add any additio en sinks, etc. Without e shall require a separa ver: Tom Markley	nal kitchen equipme special approvals. te permit application Approval D	Ok to Issue: Int including, but In for review and Date: 07/15/2009 Ok to Issue: V

## **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 Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

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

Signature of Inspections Official

Date

7/15/09

Date

**CBL:** 160 H021001

Building Permit #: 09-0724



# 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.

The property within the endy, payment and		MAIL			
Location/Address of Construction: $43$	WELLWOOD Rd. Pol4				
Total Square Footage of Proposed Structure/4		Number of Stories			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 160 4 021	Applicant * <u>must</u> be owner, Lessee or Buye Name Tobin Sci PIONE Address 43 Wellword Pd	899-35-18			
Lessee/DBA (If Applicable) JUL 9 2009	City, State & Zip PoA. Me 04 Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ C of O Fee: \$ Total Fee: \$			
Current legal use (i.e. single family) <u>Single family</u> Number of Residential Units If vacant, what was the previous use? Proposed Specific use: Work Of Frue Is property part of a subdivision? If yes, please name Project description: Project description: Itome of fice for personal use in ganage					
Contractor's name: N/A					
City, State & Zip Who should we contact when the permit is read Mailing address: WUW50d		lephone: lephone: <u>0919-35518</u> C 01+1035			

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 amhority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.



Revised 07-11-08





## Permitting By Appointment

As part of Portland's city-wide effort to improve customer service and help streamline doing business within the City, the Inspections Division has developed a new permitting system for qualified properties and for specific construction projects.

This permitting program applies only to existing single family homes not located within a historic district or shoreland zone.

### **Eligible Projects**

Please submit a complete application with the required plans

- □ Interior renovations, gut rehabs including structural changes.
- □ Attached and detached garages.
- □ Additions, decks, sheds, pools dormers.
- **D** Rebuild of any exterior structure listed above.

#### Inspections are still required per City Code of Ordinance.

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 <u>www.portlandmaine.gov</u>, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that this project meets the above criteria and that the work performed will not go beyond these parameters.

Date: Signature of applicant:

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

Department of Planning and Development, Inspections Division ~ Portland City Hall, 389 Congress Street, Room 315 ~ Portland, Maine ()4101 ~ Phone (207) 874-8703