

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030324

Please Read Application And Notes, If Any, Attached

This is to certify that Montefusco Amy M &/Appl
has permission to Add dormer and skylights for new bathr Permit # 01-0296: (6 month time frame expired)
AT 57 Vera St 162 B026001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

Notification inspection must be given and when permission is procured before this building or part thereof is altered or otherwise used-in. HOUR NOTICES REQUIRED.

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

OTHER REQUIRED APPROVALS
Fire Dept. **PERMIT ISSUED**
Health Dept.
Appeal Board **APR 24 2003**
Other
Department Name

[Signature]
Director - Building & Inspection Services

CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0324	Issue Date: APR 24 2003	CBL: 162 B026001
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Location of Construction: 57 Vera St	Owner Name: Montefusco Amy M &	Owner Address: 57 Vera St CITY OF PORTLAND	Phone: 671-5326
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	Zone: R-3

Past Use: Single Family	Proposed Use: Single Family with added dormer and skylights for new bathroom	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
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FIRE DEPT: <i>N/A</i>	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB BOCA 99
Signature:		Signature:

Proposed Project Description:
Add dormer and skylights for new bathroom: Amendment to Permit # 01-0296: (6 month time frame expired)

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 04/11/2003	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 4/23/03	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: 4/23/03
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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: 03-0324	Date Applied For: 04/11/2003	CBL: 162 B026001
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Location of Construction: 57 Vera St	Owner Name: Montefusco Amy M &	Owner Address: 57 Vera St	Phone: () 671-5326
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	

Proposed Use: Single Family with added dormer and skylights for new bathroom	Proposed Project Description: Add dormer and skylights for new bathroom: Amendment to Permit # 01-0296: (6 month time frame expired)
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Dept: Zoning **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 04/23/2003

Note: **Ok to Issue:**

1) Any conditions from original permit are applicable.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 04/23/2003

Note: **Ok to Issue:**

1) Any deviations from the original permits require an ammendment.

Comments:

4/16/03-gg: Call Cresey Mollison @ 8622 when ready to be issued. /gg

03-0324


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: <u>57 VERA ST,</u>		
Total Square Footage of Proposed Structure <u>10' DORMER, 2 SKYLIGHTS</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>162</u> Block# <u>B</u> Lot# <u>26</u>	Owner: <u>MONTEFASCO, Amy M.</u>	Telephone: <u>671-5326</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>-</u> Fee: \$ <u>30.00</u>
Current use: <u>RESIDENTIAL</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		Permit # <u>01-0296</u>
Proposed use: <u>RESIDENTIAL</u> (re-apply b.c. period invalid)		
Project description: <u>addition of 10' dormer for bathroom + 2 skylights</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>JOE 8486th Call</u>		
Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: 	Date: <u>4/11/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED		CBL:
Permit No: 02-0905	Issue Date: 8/16/2002	162 B026001

Location of Construction: 57 Vera St	Owner Name: Montefusco Amy M &	Owner Address: 57 Vera St	Phone: 671-5326
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-3

Past Use: Single Family	Proposed Use: Single Family	Permit Fee: \$37.00	Cost of Work: \$2,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: 5B BOCA 99 <i>M</i>	

Proposed Project Description:
Addition of 10' Dormer for Bathroom and 2 Skylights.

Signature: _____ Date: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 08/12/2002	Zoning Approval
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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 <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 8/15/02	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: 8/15/02
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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE