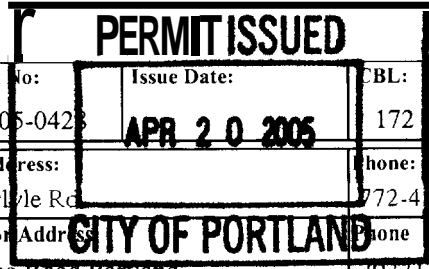


City of Portland, Maine - Building or Use Permit Application

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



Permit No: 05-0423	Issue Date: APR 20 2005	CBL: 172 F001001
Owner Address: 121 Carlisle Rd	Phone: 772-41256	
Contractor Address: 47 Canco Road Portland	Phone: 2077126613	Zone: R3

Location of Construction: 12 Joseph Ave	Owner Name: Selberg Carl E
Business Name:	Contractor Name: James Selberg
Lessee/Buyer's Name	Phone:

Past Use: Vacant Lot	Proposed Use: Single Family wiamentment to permit # 04-1585 to reverse layout
Proposed Project Description: Single Family wiamentment to permit # 04-1585 to reverse layout	

Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 4
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC-2003 Signature: JMB 4/20/05	
Signature: _____		
EDESTRIAN 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: imb	Date Applied For: 04/20/2005	Zoning Approval		
-------------------------	---------------------------------	------------------------	--	--

- 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 <i>N/A</i>
<input type="checkbox"/> Wetland
<input type="checkbox"/> Flood Zone <i>panel 7 zone X</i>
<input type="checkbox"/> Subdivision
<input checked="" type="checkbox"/> Site Plan <i># 2004-0217 same condit</i>
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/>
Date: <i>JMB 4/20/05</i>

Zoning Appeal
<input type="checkbox"/> Variance
<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Interpretation
<input checked="" 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>JMB</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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

PERMIT ISSUED
APR 20 2005
Permit Number: 200528
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

This is to certify that Selberg Carl E/James Selberg
has permission to Single Family w/amendment to permit # 0585 to reverse lay
AT 12 Joseph Ave C 172 E001001

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 of inspection must be given and written permission procured before this building or part thereof is altered or closed-in.
HEAVY NOTICE IS 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 _____
Department Name

Jeanne Bonte 4/20/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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>12 Joseph Ave</u>		
Total Square Footage of Proposed Structure <u>2080</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>172</u> Block# <u>F</u> Lot# <u>001</u>	Owner: <u>Carl Selberg</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>James Selberg</u> <u>712 6613</u>	Cost Of Work: \$ _____ Fee: \$ <u>20.00</u>
Current use: <u>Vacant lot.</u>		
If the location is currently vacant, what was prior use: <u>Vacant</u>		
Approximately how long has it been vacant: <u>Always</u>		
Proposed use: <u>Single family home Ammendment</u> Project description:		
Contractor's name, address & telephone: <u>Reversing Layout</u>		
Who should we contact when the permit is ready: <u>Moving garage from one side to other.</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: <u>712 6613</u>		



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.

Signature of applicant: <u>James E Selberg</u>	Date: <u>4-16-05</u>
--	----------------------

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

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

Permit No: 05-0428	Date Applied For: 0412012005	CBL: 172 F001001
------------------------------	--	----------------------------

Location of Construction: 12 Joseph Ave	Owner Name: Selberg Carl E	Owner Address: 121 Carlyle Rd	Phone: () 772-4256
Business Name:	Contractor Name: James Selberg	Contractor Address: 47 Canco Road Portland	Phone: (207) 712-6613
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Single Family	
Proposed Use: Single Family w/amendment to permit # 04-1585 to reverse layout		Proposed Project Description: Single Family w/amendment to permit # 04-1585 to reverse layout	

Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 0412012005**Note:** Ok to Issue:

- 1) All conditions apply from the previous approval

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 0412012005**Note:** Ok to Issue:

- 1) Reduced as built floor plans or pdf file shall be submitted to this office prior to the issuance of the CO