THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND**

Please Read Application And

Notes, If Any, Attached	PERMIT	PERMIT Permit Number: 071208			
This is to certify thatMAHN TERRY M & I	, the second sec	PERMIT ISSUED			
has permission to Kitchen remodel_re-de. AT 398 BRIGHTON AVE		SEP 2 8 2007			
provided that the person or person of the provisions of the Statutes the construction, maintenance a this department.	of I line and of the lances of	this pe <u>rmit shall comply</u> with a the C (t) Twi (Population yequ lation and of the application on file			
Apply to Public Works for street line and grade if nature of work requires such information.	n dication inspect in must grand with a permission procuble re this bliding or the thereofold and or dispersions and the procure of the procu	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

PENALTY FOR REMOVING THIS CARD

Permit No: CBL: Issue Date: City of Portland, Maine - Building or Use Permit Application 07-1208 177 1019001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: Owner Name: Owner Address: Phone: 398 BRIGHTON AVE MAHN TERRY M & RICHARD W 398 BRIGHTON AVE Contractor Name: **Business Name:** Contractor Address: Phone The Cabinet Shop / John 16 South Street Yarmouth 2078468710 Lessee/Buyer's Name Phone: Permit Type: Alterations - Dwellings Past Use: Proposed Use: Permit Fee: Cost of Work: **CEO District:** \$140.00 Single Family Home - Kitchen \$12,000.00 Single Family Home remodel re-design floor layout FIRE DEPT: INSPECTION: Approved change bathroom placement Denied Proposed Project Description: Kitchen remodel re-design floor layout change bathroom placement Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved Approved w/Conditions Denied Date: Signature: Permit Taken By: Date Applied For: **Zoning Approval** ldobson 09/28/2007 Historic Preservation Special Zone or Reviews **Zoning Appeal** 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Not in District or Landmark Shoreland Variance Federal Rules. 2. Building permits do not include plumbing, Wetland Miscellaneous septic or electrical work. Flood Zone Conditional Use Requires Review Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building Subdivision Interpretation Approved permit and stop all work.. Site Plan Approved Approved w/Conditions **PERMIT ISSUED** Denied Denied Maj Minor MM SEP 2 8 2007 CITY OF PORTLAND 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 PHONE** DATE RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 07-1208 09/28/2007 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 177 I019001 **Location of Construction:** Owner Name: Owner Address: Phone: 398 BRIGHTON AVE MAHN TERRY M & RICHARD W 398 BRIGHTON AVE Business Name: Contractor Name: Contractor Address: Phone The Cabinet Shop / John 16 South Street Yarmouth (207) 846-8710 Lessee/Buyer's Name Permit Type: Phone: Alterations - Dwellings Proposed Use: **Proposed Project Description:** Single Family Home - Kitchen remodel re-design floor layout Kitchen remodel re-design floor layout change bathroom placement change bathroom placement Status: Approved 09/28/2007 Dept: Zoning Reviewer: Tom Markley **Approval Date:** Ok to Issue: Note: 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals. Dept: Building **Status:** Approved with Conditions Reviewer: Tom Markley **Approval Date:** 09/28/2007 Ok to Issue: Note: 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approrval prior to work. 2) Separate permits are required for any electrical, plumbing, or HVAC systems.

Separate plans may need to be submitted for approval as a part of this process.

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.

Location/Address of Construction: 394	3467Hou AVE.	TOX/LAND				
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	V				
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buye	r* Telephone:				
Chart# Block# Lot#	Name					
117 1 19						
1771	Address					
	City, State & Zip					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of				
, 11	Name VERN MALLOCA	Work: \$ 22,000				
	an trucastal AVE	C of O Fee: \$				
	Address 4 6 BRIGHTON AVE	C of O Felt: M				
	City, State & Zip Frehm, Mb.	Total Fee: \$ 140 100				
	rate pany	l				
Current legal use (i.e. single family) If vacant, what was the previous use?	Transport of the state of the s					
Proposed Specific use:						
Is property part of a subdivision?	If yes, please name					
Project description: 1						
KIRHEN REMODEL Receign of Floor Lapoint						
Contractor's name: THE CABINE	400					
Address: 16 4NH 4.	i j					
Year A A A A	B DAMIC	ed6971D				
City, State & Zip		Telephone: 9469 HD				
Who should we confact when the permit is read	ну: УОНУ Т	elephone: 3468710				
Mailing address:						
DI 1 '- 11 C.1 '- C						

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

Signatura		Data	4 1 2 . 19	
Signature:		Date:	7.00.01	
	This is not a permit you may	not commence ANY	work until the permit is issue	

PLANS PROVIDED BY:

Jeanne Rapone, CKD 250 Hillside Street Yarmouth, Maine 04096 207.847.3034 jrapone@maine.rr.com

PLANS DATED: MAY 31, 2007

PACKARD/MALLOCH RESIDENCE 396 BRIGHTON AVENUE PORTLAND, MAINE

3299850(C)

775 7187 H) CANDY CGWI. HET

- DETAILED FLOOR PLAN
- DETAILED ELEVATIONS
- RECOMMENDATIONS AND SPECIFICATIONS

IMPORTANT NOTE:

FINAL SITE MEASUREMENTS ARE THE RESPONSIBILITY OF THE CARPENTER, CONTRACTOR, FLOORING SPECIALIST, PLUMBER, ELECTRICIAN, CABINET MANUFACTURER, AND/OR MILLWORK SPECIALIST. THE PARTY SUPPLYING THE CABINETRY, FIXTURES OR FITTINGS IS RESPONSIBLE FOR EXACT PLACEMENT OF THEIR PRODUCT. SPECIFIC DESIGN QUESTIONS CAN BE DIRECTED TO JEANNE RAPONE, CKD OR THE HOMEOWNER.

ALL APPLIANCE MODEL NUMBERS MUST BE PROVIDED PRIOR TO CONSTRUCTION OF CABINETRY.

- MICEO?

WINTHOF WINDOW CASING

CABINETRY SPECIFI

NOTES:

- PLAN REFLECTS MOLDING TO CEL
- SPECIFICATIONS
- SUGGESTED: A
- RECOMMENDED:
- RECOMMENDED:
- STANDARD TOE MOLDING IN MUI
- WALL CABINETR' TASK LIGHTING.
- ELEVATIONS ARI DETAILS SHOUL!
- W944 WAI
- W36 WALL AND SPECIFI
- з. W24.7544
- BCW49 BI 36" WIDE FA
- OPEN SHELF BOARD BACK
- AW1313 / MULLION DO
 - W4244 W DOORS.
- 89 BASE (8.
- 9. CTB36 - Cc COOKTOP TO
- 10. CORNER SUS
- 11. PULL OUT TR 12.
- SINGLE DISH
- SINK BASE 3 AND RIGHT.
- SINGLE DISH STILE.
- 15. FHB24 - FL
- MICROWAVE MICROWAVE ! OVERALL.
- AB1818 /
- 18. B42 - BASE
- PULL OUT PA
- REFRIGERATI
- 21. DOUBLE OVE TO BE DIVIDE EXACT OVEN

EXACT MODE

MUDROOM CABINET LOCKERS LEFT AND INSIDE TALL CABINE BENCH WITH LIFT TO WIDE X 18" DEEP.













