

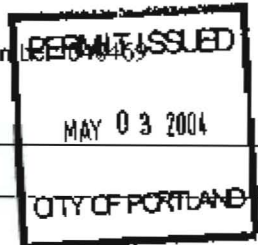
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number 180 E006001



Please Read Application And Notes, If Any, Attached

This is to certify that Simpson Martin & /Applicant has permission to build a 10x10 shed AT 59 Mabel St 180 E006001

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 given and when permission procured before this building or part thereof is occupied or enclosed-in. **HEAR 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

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0469	Issue Date: PERMIT ISSUED MAY 09 2004 CITY OF PORTLAND	CBL: 180 E006001
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Location of Construction: 59 Mabel St	Owner Name: Simpson Martin &	Owner Address: 59 Mabel St	Phone:
Business Name:	Contractor Name: Applicant <i>Davis Woodworking</i>	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Sheds	Zone: <i>R5</i>

Past Use: single family Home	Proposed Use: single family home / build a 10x10 shed	Permit Fee: \$48.00	Cost of Work: \$2,450.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>Accessory</i>	

Proposed Project Description: build a 10x10 shed	Signature:	Signature: <i>JMB 4/29/04</i>
PEDESTRIAN 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: Idobson	Date Applied For: 04/26/2004	Zoning Approval
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<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>	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: <i>4/29/04</i>	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: <i>JMB</i>
	<i>approved</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

3/09 no records of requested inspection
SMA

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0469	Date Applied For: 04/26/2004	CBL: 180 E006001
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Location of Construction: 59 Mabel St	Owner Name: Simpson Martin &	Owner Address: 59 Mabel St	Phone:
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: Sheds	

Proposed Use: single family home / build a 10x10 shed	Proposed Project Description: build a 10x10 shed
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 04/29/2004

Note: **Ok to Issue:**

1) It is the responsibility of the owner to locate the property lines for the setback inspection

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 04/29/2004

Note: **Ok to Issue:**

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>59 LABEL ST PORTLAND ME 04103</u>		
Total Square Footage of Proposed Structure <u>100 sq. ft.</u>	Square Footage of Lot <u>10,000 sq. ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>180</u> <u>E</u> <u>6</u>	Owner: <u>MARTIN + STEFANIE SIMPSON</u>	Telephone: <u>253-5112</u>
Lessee/Buyer's Name (if Applicable) <u>MARTIN</u>	Applicant name, address & telephone: <u>MARTIN SIMPSON</u> <u>STEFANIE SIMPSON</u>	Cost Of Work: \$ <u>2450.00</u> Fee: \$ <u>4800.00</u>
Current use: <u>BACK YARD</u>		
If the location is currently vacant, what was prior use: <u>BARN</u>		
Approximately how long has it been vacant: <u>APPROX 5 YRS.</u>		
Proposed use: <u>GARDEN SHED</u>		
Project description:		
Contractor's name, address & telephone: <u>DAVIS WOODWORKING</u>		
Who should we contact when the permit is ready: <u>MARTIN OR STEFANIE SIMPSON (SEE ABOVE)</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>253-5112</u> <u>233-2438</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.

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: <u>[Signature]</u>	Date: <u>4/22/04</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**