

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

Permit No: 07-0213	Issue Date:	CBL: 109A B006001
------------------------------	--------------------	-----------------------------

Location of Construction: 0 ISLAND AVE CLIFF ISLAND	Owner Name: MASON BARBARA MACLEAN LI	Owner Address: 42 FOUR SEASONS DR	Phone:
Business Name:	Contractor Name: David Crowley	Contractor Address: P.O. Box 11 Cliff Island	Phone 2077662651
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - Change style and pitch of roof no additional living space	Permit Fee: \$260.00	Cost of Work: \$24,000.00	CEO District: 1
Proposed Project Description: Change style and pitch of roof no additional living space		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 02/28/2007	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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landma
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Revie
<input type="checkbox"/> Flood Zon	<input type="checkbox"/> Conditional Us	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretatio	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Condition
Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date:	Date:	Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

Location of Construction: 0 ISLAND AVE CLIFF ISLAND	Owner Name: MASON BARBARA MACLEAN LI	Owner Address: 42 FOUR SEASONS DR	Phone:
Business Name:	Contractor Name: David Crowley	Contractor Address: P.O. Box 11 Cliff Island	Phone 2077662651
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 03/30/2007

Note: **Ok to Issue:**

- 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.
- 3) This permit is being approved on the basis of revised plans submitted. Any deviations shall require a separate approval before starting that work.
- 4) This property is located within 75' of the Highest Spring Tide and is legally none conforming. By ordinance this structure is allowed to increase the footprint AND volume not more than 30% during the lifetime of the building. Your current proposal is showing a 27.91% increase in the volume and no increase in the footprint. This structure is essentially at the maximum 30% increase of volume that is allowed.

Dept: Building **Status:** Pending **Reviewer:** Residential Plan Revie **Approval Date:**

Note: **Ok to Issue:**

Comments:

2/28/2007-mes: This building is within 75' of the Highest Spring Tide and therefore is regulated under Shoreland Zone requirements which state that no more than 30% increase of footprint or volume is allowed once in the lifetime of the building. I need more plans to determine especially volume. I called the contractor applicant.

3/1/2007-mes: the contractor e-mailed me information. The information needs to be clarified - I e-mailed him back.

3/30/2007-mes: I reviewed the figures sent - There is no increase in footprint. Dave Crowley is showing 27.91% volume increase for this new roof structure.

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 APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO