Form # P 04 DISPLAY THIS CA	RD ON PR	NCIPAL FRO	NTAGE OF WORK			
Please Read Application And Notes, If Any, Attached			Permit Number: 081077-			
			PERMIT ISSUED			
This is to certify thatMCNEILL THERESE W	/ID WII VET & IC	UN MCNEILI RUS				
has permission toInstall Replacement Patie	D D (Same I nin	g)				
AT _12 GLENRIDGE DR			83B A001012			
provided that the person or persor	ns. m or	ion a septir	ig this permit shall comply with all			
of the provisions of the Statutes of the construction, maintenance and this department.		the ances	of the City of Portland regulating es, and of the application on file in			
Apply to Public Works for street line and grade if nature of work requires such information.	g nandwinp berethisIdir la ∋d or c	bermis in procu og or it thereo osed-in. S REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.			
OTHER REQUIRED APPROVALS						
Fire Dept						
Health Dept			n n			
Appeal Board	·		h h Ma // 2/20/07			
Other Department Name		-AI	Director - Building & Inspection Services			
PENALTY FOR REMOVING THIS CARD						

. .

City	y of Portland, Maine - Bi	uilding or Use	Permit	Application		ermit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703,				* *		08-1077			183B A(001012
Location of Construction: Owner Name:					Owner Address:			Phone:		
12 GLENRIDGE DR MCNEILL TH			HERESE	RESE WID WWII 12 GLENRIDGE DR				207-772-4627		
Business Name: Contractor Name		e:	Contractor Address:			Phone				
Maine Propert		ties, Inc.	ies, Inc. PO Box 368 Scarborough		borough		2078833753			
Lessee/Buyer's Name Phone:		Phone:			Permit Type:				Zone:	
					Alterations - Dwellings				$\mathcal{I}\mathcal{O}$	
Past Use: Propos		Proposed Use:	•					O District:	7	
			Residential Condo - Install		\$40.00 \$2,000.00			5		
ł		Replacement I	Patio Do	or (Same	FIRE DEPT: Approved INSPECT				-m	
		Framing)						Use Group	: K)	Type: SB
ĺ							-	IRC 2003 gnature: Im , 8/29/08		
-	osed Project Description:	ma Fromina)			o :			G: (h. a	1001.50
	all Replacement Patio Door (Sa	ine rianing)		Signature: PEDESTRIAN ACTIVITIES D Action: Approved						
						red 🗌 Appi	proved w/Conditions Denied			
					Signature: D			Da	ite:	
Perm		Applied For:			Zoning Approval					
lmc	108/	/28/2008								
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zonir	ig Appeal		Historic Press	ervation	
		Shoreland			Variance			Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland			Miscellaneous			Does Not Require Review		
				/						
3. Building permits are void if work is not started			Flood Zone NH		Conditional Use			Requires Review		
within six (6) months of the date of issuance.										
False information may invalidate a building permit and stop all work		Subdivision			Interpretation					
			Site	e Plan			d		Approved w/C	Conditions
			1							
			Maj 🗌	Minor MM [Denied			Denied	
PERMIT ISSUED										,
			Date:	~ 8/29/03		Date:		Date	In 8/2	<u>i/08</u>
				,					. ,	

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

Mail primit





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: 12 G	enridge Drive Portlan	nd, Mc 04103				
Total Square Footage of Proposed Structure/Area Square Footage of Lot						
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buy	er* Telephone:				
Chart# Block# Lot#	Name Therese McNeil	772-4627				
183B-A-001012	Address 12 Glenridge Dr. 112-962					
	City, State & Zip Portland, MaOllo3					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$ 2000				
•	Name	Work: \$				
	Address Gune	C of O Fee: \$				
AUG 28 2003	City, State & Zip	Total Fee: \$40				
Current legal use (i.e. single family) Corbo Single Family						
Proposed Specific use: <u>Changing</u>	If yes please name					
Is property part of a subdivision? If yes, please name Project description:						
Remove old patro door install new andersen Slider and						
trim						
Contractor's name: Marine Properties Inc						
Address: PO BOX 368						
City, State & Zip Schuebeoug H, M	e 04070	Telephone: <u>883-3153</u>				
Who should we contact when the permit is read		Telephone: <u>415-3450</u>				
Mailing address: POBOX 368 SCHRBBROUGH, Me 04070						

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 <u>www.portlandmaine.gov</u>, 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.

Signature: Date:

This is not a permit; you may not commence ANY work until the permit is issue

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X____ Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designer

Signature of Inspections Official

Date

Date

City of Portland, Ma 389 Congress Street, 04	e	6 Permit No:	Date Applied For: 08/28/2008	CBL: 183B A001012			
Location of Construction:		Owner Name:		Owner Address: Phone:			
12 GLENRIDGE DR		MCNEILL THERESE	E WID WWII	12 GLENRIDGE	207-772-4627		
Business Name:		Contractor Name:		Contractor Address:	Phone		
		Maine Properties, Inc.		PO Box 368 Scarborough		(207) 883-3753	
Lessee/Buyer's Name Phone:				Permit Type:			
				Alterations - Dwellings			
Proposed Use:			Propos	ed Project Description			
Dept: Zoning	Status:	Not Applicable	Reviewer	:	Approval D	Pate:	
Note:						Ok to Issue: 🗹	
Dept: Building	Status:	Approved with Condition	ns Reviewer	: Tom Markley	Approval D		
Note:						Ok to Issue: 🗹	
 Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. 							