

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Permit Number: 100189

Please Read Application And Notes, if Any, Attached

This is to certify that Haskell Jeanette R./Window Technicians Inc

has permission to Install five Anderson replacement windows in unit #46.

AT 46 Glenridge Dr CBL 183B A001046

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 lathed or otherwise closed-in. 24 HOUR 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 \_\_\_\_\_

CITY OF PORTLAND

Department Name \_\_\_\_\_

PERMIT ISSUED

MAR 23 2010

*[Signature]* 3/23/10  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

|                       |             |                      |
|-----------------------|-------------|----------------------|
| Permit No:<br>10-0189 | Issue Date: | CBL:<br>183B A001046 |
|-----------------------|-------------|----------------------|

|  |  |  |                        |
|--|--|--|------------------------|
| Location of Construction:<br>46 Glenridge Dr | Owner Name:<br>Haskell Jeanette R          | Owner Address:<br>46 Glenridge Dr                    | Phone:<br>207-879-0248 |
| Business Name:                               | Contractor Name:<br>Window Technicians Inc | Contractor Address:<br>17 Broadturn Road Scarborough | Phone:<br>8004711200   |
| Lessee/Buyer's Name                          | Phone:                                     | Permit Type:<br>Alterations - Dwellings              | Zone:<br>R-3           |

|  |   |  |   |                    |      |
|--|---|--|---|--------------------|------|
| Past Use:<br>Condominiums / Unit #46                               | Proposed Use:<br>Condominium / Install five Anderson replacement windows in unit #46. | Permit Fee:<br>\$50.00   | Cost of Work:<br>\$2,400.00                         | CEO District:<br>5 | PRUD |
| <p><i>Legal Use of Entire Property - 100 Res. Condominiums</i></p> |   | FIRE DEPT:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: <i>R2</i> Type: <i>5B</i> |                    |      |
|  |   | Signature:   | Signature: <i>JMB 3/23/10</i>                       |                    |      |

Proposed Project Description:  
Install five Anderson replacement windows in unit #46.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: *gg* Date Applied For: *03/02/2010*

| Zoning Approval   |   |   |
|---|---|---|
| <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> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>3/2/10</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p> |
|   | <p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>9</i></p>     |   |



**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 |

**City of Portland, Maine - Building or Use Permit**

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

|                       |                                 |                      |
|-----------------------|---------------------------------|----------------------|
| Permit No:<br>10-0189 | Date Applied For:<br>03/02/2010 | CBL:<br>183B A001046 |
|-----------------------|---------------------------------|----------------------|

|  |  |  |                         |
|--|--|--|-------------------------|
| Location of Construction:<br>46 Glenridge Dr | Owner Name:<br>Haskell Jeanette R          | Owner Address:<br>46 Glenridge Dr                    | Phone:<br>207-879-0248  |
| Business Name:                               | Contractor Name:<br>Window Technicians Inc | Contractor Address:<br>17 Broadturn Road Scarborough | Phone<br>(800) 471-1200 |
| Lessee/Buyer's Name                          | Phone:                                     | Permit Type:<br>Alterations - Dwellings              |                         |

|   |   |
|---|---|
| Proposed Use:<br>Condominium / Install five Anderson replacement windows in unit #46. | Proposed Project Description:<br>Install five Anderson replacement windows in unit #46. |
|---|---|

Dept: Zoning      Status: Approved with Conditions      Reviewer: Marge Schmuckal      Approval Date: 03/02/2010

Note: Ok to Issue:

- 1) 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.
- 2) This entire property shall remain 100 residential condominiums.. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building      Status: Approved with Conditions      Reviewer: Jeanine Bourke      Approval Date: 03/23/2010

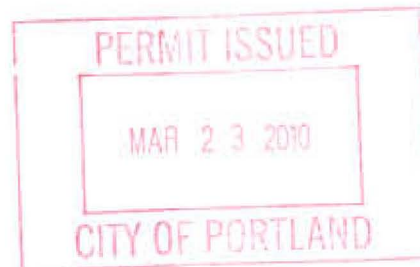
Note: Ok to Issue:

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Comments:**

3/22/2010-jmb: Left vmsg with Mike S. To verify if any windows are required egress and will remain so.

3/23/2010-jmb: Mike S. Called, the window size will not change, these are conversion kits to allow for tilt sash and the sashes will be replaced.



## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

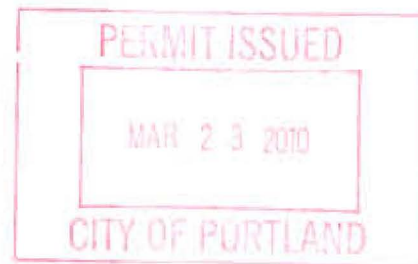
With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.

  X   Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.





# 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.

*Unit 46*

|   |   |   |
|---|---|---|
| Location/Address of Construction: <u>46 Glenridge Drive, Portland ME</u>  |   |   |
| Total Square Footage of Proposed Structure/Area   |   | Square Footage of Lot   |
| Tax Assessor's Chart, Block & Lot<br>Chart#      Block#      Lot#<br><br><u>183B A00/046</u>  | Applicant * <b>must be owner, Lessee or Buyer</b> *<br>Name <u>Haskell, Jeanette</u><br>Address <u>46 Glenridge Drive</u><br>City, State & Zip <u>Portland, ME 04102</u>  | Telephone:<br><u>207-879-0248</u>   |
| Lessee, DBA (If Applicable)<br><br><b>RECEIVED</b><br><br><b>MAR - 2 2010</b><br><br><b>Dept. of Building Inspections</b><br><b>City of Portland Maine</b>  | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip   | Cost Of Work: \$ <u>2400.00</u><br>C of O Fee: \$ _____<br>Total Fee: \$ <u>50.00</u> |
|   | Current legal use (i.e. single family) <u>Condo Association</u><br>If vacant, what was the previous use? <u>N/A</u><br>Proposed Specific use: <u>N/A</u><br>Is property part of a subdivision? _____ If yes, please name _____<br>Project description:<br><u>Replacing 5 windows, no change in size</u><br><u>Condo Association - 100 units</u> |   |
| Contractor's name: <u>Window Technicians Inc</u><br>Address: <u>17 Broadturn Rd</u><br>City, State & Zip: <u>Scarborough ME</u> Telephone: <u>800-471-1200</u><br>Who should we contact when the permit is ready: <u>Jeanette Haskell</u> Telephone: <u>207-879-0248</u><br>Mailing address: <u>46 Glenridge Dr. Portland, ME 04102</u> |   |   |

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](http://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.

Signature: Jeanette Haskell Date: 3/1/10

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



WINDOW TECHNICIANS, INC.  
17 Broadturn Road  
Scarborough, ME 04074  
1-800-471-1200

Jeanette Haskell  
46 Glenridge Drive  
Portland, ME

Andersen conversion kits

*Installation of Andersen conversion kits in existing Andersen Narroline window units.*

Conversion Kit, Double Hung Window, White/PI White, (Top Sash) High Performance Low-E4 Glass, Finelight Grilles-Between-the-Glass, Colonial, 4W2H, White/White, 3/4" (Bottom Sash) High Performance Low-E4 Glass

Insect screen white pre 1980

Conversion kit with standard screen \$367.64 per unit

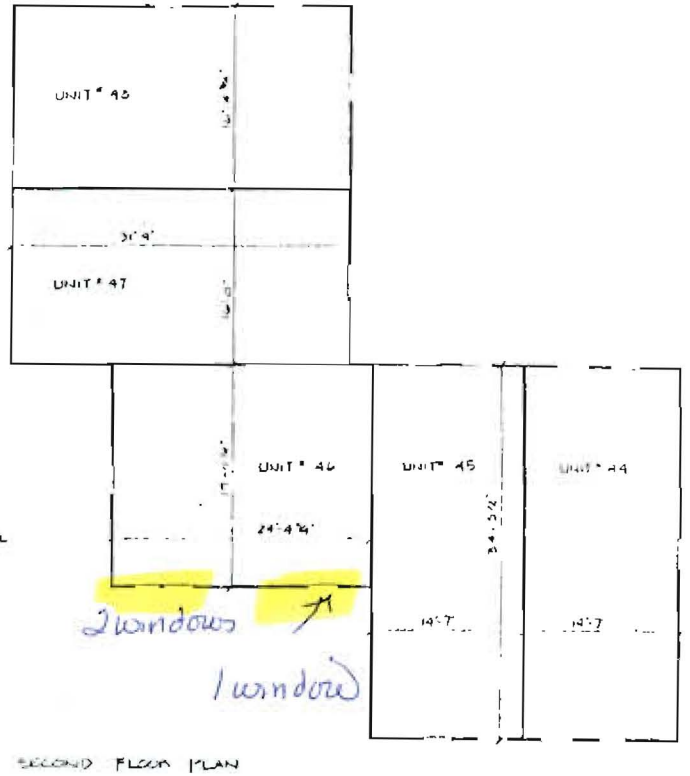
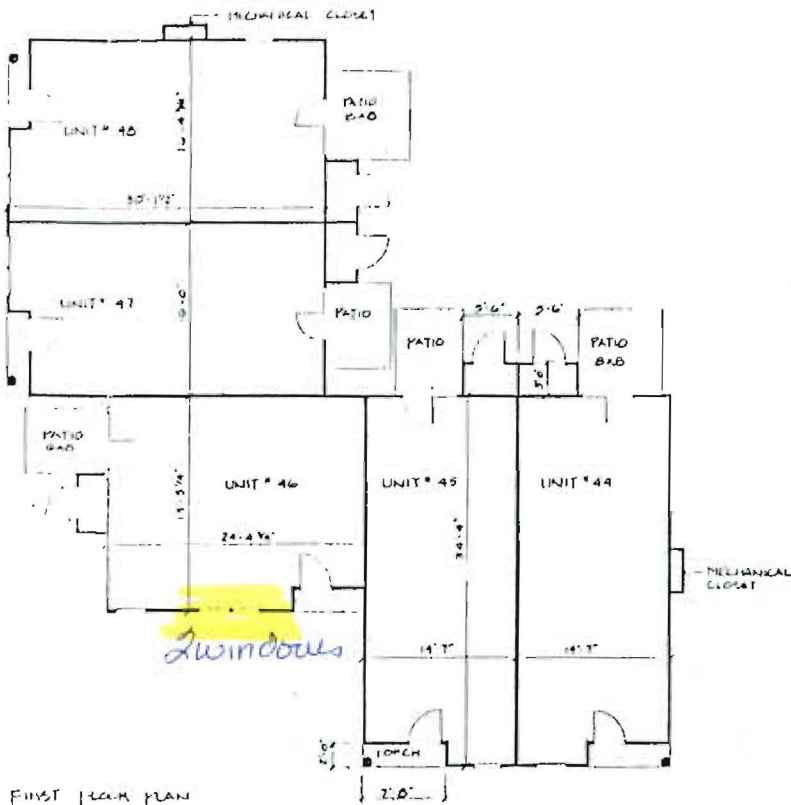
Labor to install conversion \$50.00 per unit

Total install per unit \$417.64 per unit

*Standard low-e4 glass will qualify for the tax credit*

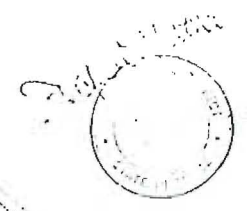
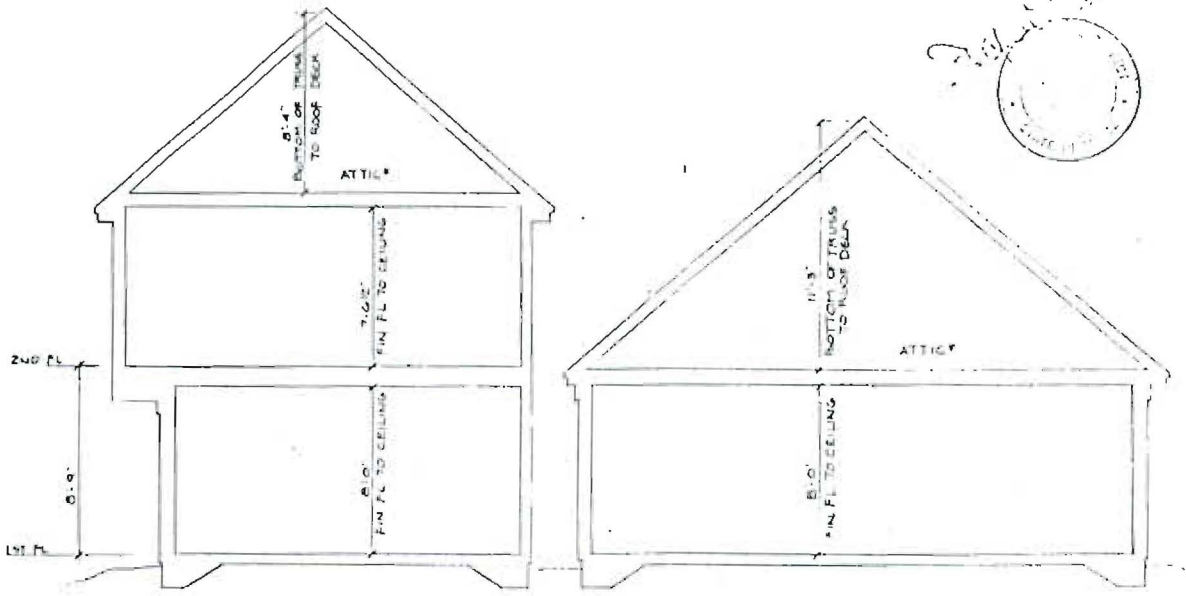
*Add \$61.00 per screen for the truscene screen product.*

*Mike Shaw*  
*Window Technicians, Inc,*  
[mshaw1@maine.rr.com](mailto:mshaw1@maine.rr.com)  
1-800-471-1200

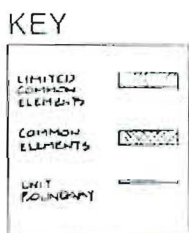


BUILDING 11  
FIRST FLOOR ELEV. 52.50

SCALE 1/8" = 1'-0"



- NOTES
1. ALL DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR WALLS AND CENTER LINE OF INTERIOR WALLS BETWEEN UNITS UNLESS NOTED AS OTHERWISE.
  2. REFER TO FLOOR PLANS FOR LOCATION OF BUILDINGS.
  3. FINISH FLOOR ELEVATION FOR ALL BUILDINGS IS REFERENCED FROM U.S.G.S. SEA LEVEL DATUM.



Third Amendment to floor plans of  
GLENRIDGE CONDOMINIUM  
By: THE DARTMOUTH COMPANY  
APRIL 15, 1987

UNITS  
DATE  
DRAWING  
A-7