	y of Portland, N						ermit No:	Issue Date	:	CBL:	T001001
	Congress Street,	04101 Tel: (8, Fax:	(207) 874-871		07-1142				E021001
	tion of Construction:		Owner Name:	TION	A		er Address:			Phone:	
	BANCROFT ST		US BANK NA Contractor Name		AL ASSOCIA	3 A	DA ractor Address:			Phone	
Dusii	ness name.		homeowner	;•			Bancroft St. Po	ortland		Phone	
Lesse	ee/Buyer's Name		Phone:		T		nit Type:	or traine			Zone:
							terations - Dwe	ellings			1R3
Past	Use:		Proposed Use:		-	Pern	nit Fee:	Cost of Wor	k:	CEO Distri	ct:
Sin	gle Family		Single Family					\$	0.00	3	
						FIR	E DEPT:	Approved	1	CTION:	-~
								Denied	Use G	roup: [23	Type: T
									.	TRC.	2013
Prop	osed Project Description	on:	L						-	The	000-
_	d closet and non bea					Sign	ature:		Signat	ure:	2D13 2/10/107
						PED	ESTRIAN ACTI	VITIES DIST			71.70
						Actio	on: Approv	ed App	roved w	/Conditions	Denied
						Cian	ature:			Date:	
Pern	nit Taken By:	Date Ar	oplied For:	1		Sign		Annuova	.1	Date.	
tm	-	l l	7/2007				Zoning	Approva	IJ		
1.	This permit applica	ation does not	preclude the	Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic	Preservation
•	Applicant(s) from Federal Rules.		•	☐ St	oreland		☐ Variance	:		Not in I	District or Landma
2.	Building permits d septic or electrical	-	olumbing,	│ □ w	etland)	☐ Miscella	neous		Does No	ot Require Review
3.	Building permits a within six (6) month	re void if work		☐ FI	☐ Flood Zone ☐ Conditional Use		nal Use	Requires Review			
	False information repermit and stop all	may invalidate		☐ Sı	bdivision		[Interpreta	ation		Approv	ed
				☐ Si	te Plan		Approve	d		Approve	ed w/Conditions
	PERMI	r issued		Maj [Minor MM		☐ Denied			Denied	
	The Control of the Co	nerskille, predicego undekle ktolistiskille (*). F ed lik		Date:	h. 6/ /	_	Date:			Date:	9/10/10
	SEP 1	7 1000		Dute.	1/1-7/		Dute.			Tale. Jyrc	41707
		ь									
	CITY OF	PORTLANI	1								
	UTTOF	TUNI LANG									
				(CERTIFICATION) NI					
I her	eby certify that I an	the owner of	record of the na				mosed work is	authorized	by the	owner of r	ecord and that
	ve been authorized b										
	diction. In addition										
	have the authority permit.	to enter all area	as covered by st	ıcıı perr	ını aı any reason	avie	nour to enforc	e me provi	SIOH OI	the code(s) applicable to
	•										
SIGN	NATURE OF APPLICA	NT			ADDRESS			DATE			PHONE
RES	PONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE			PHONE

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.

Footing/Building Location Inspection: Prior to pouring concrete Re-Bar Schedule Inspection: Prior to pouring concrete Foundation Inspection: Prior to placing ANY backfill Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling Final/Gertificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection XCS 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 Inspections Official CBL: 185 E 021 Building Permit #: 07-1142

City of Portland, M	laine - Building or Use Perm	nit	Permit No:	Date Applied For:	CBL:
389 Congress Street, (04101 Tel: (207) 874-8703, Fax:	: (207) 874-8716	07-1142	09/17/2007	185 E021001
Location of Construction:	Owner Name:		Owner Address:		Phone:
33 BANCROFT ST	US BANK NATION	NAL ASSOCIA	3 ADA		
Business Name:	Contractor Name:	- 0	Contractor Address:		Phone
	homeowner]:	33 Bancroft St. Po	rtland	
Lessee/Buyer's Name	Phone:	P	ermit Type:		
		1	Alterations - Dwe	llings	
Proposed Use:	<u> </u>	Proposed	Project Description		
Single Family Interior re	enovations Add closet and non beari	ing wall Add clo	oset and non beari	ng wall	
Dept: Zoning	Status: Not Applicable	Reviewer:		Approval D	——————————————————————————————————————
Note:	••			••	Ok to Issue:
Dept: Building	Status: Approved with Condition	ons Reviewer:	Tom Markley	Approval D	Date: 09/17/2007
Note:	• •		-		Ok to Issue: 🗹
	required for any electrical, plumbir need to be submitted for approval as				
2) Application approva	l based upon information provided to work.	by applicant. Any o	leviation from app	proved plans requires	s separate review

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.

	Bonorett ST.	
Total Square Footage of Proposed Structure/	/Area Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 1 85 - E - 2	Applicant *must be owner, Lessee or Buyer* Name Address	* Telephone:
/	City, State & Zip	
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Christopher Williams Address 2 & winter St. City, State & Zip Portland	Cost Of Work: \$ C of O Fee: \$ Total Fee: \$
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: extend wall of the company wall in kitchen	of If yes, please name of floor by about 22 oset in 2 "I floor bedrown about 3" long. Building Ki	feet by ibit., fixe 2'x 4'.4" noe walls on 3
Contractor's name: o veneur	7	
		elephone:
City, State & Zip	Te	_
City, State & Zip Who should we contact when the permit is re	Te	_
Who should we contact when the permit is re Mailing address: Please submit all of the information		lephone:
City, State & Zip Who should we contact when the permit is re Mailing address: Please submit all of the information do so will result in the order to be sure the City fully understands the y request additional information prior to the is form and other applications visit the Inspect	n outlined on the applicable Checklisme automatic denial of your permit. e full scope of the project, the Planning and Decissuance of a permit. For further information outions Division on-line at www.portlandmaine.gov , or	st. Failure to evelopment Department r to download copies of
City, State & Zip	n outlined on the applicable Checklisme automatic denial of your permit. e full scope of the project, the Planning and Decissuance of a permit. For further information outions Division on-line at www.portlandmaine.gov , or	evelopment Department r to download copies of or stop by the Inspections rizes the proposed work and a conform to all applicable that the Code Official's
Who should we contact when the permit is re Mailing address: Please submit all of the information do so will result in the order to be sure the City fully understands the sy request additional information prior to the it se form and other applications visit the Inspect vision office, room 315 City Hall or call 874-8703. Percept certify that I am the Owner of record of the t I have been authorized by the owner to make this s of this jurisdiction. In addition, if a permit for we horized representative shall have the authority to e visions of the codes applicable to this permit.	n outlined on the applicable Checkliste automatic denial of your permit. e full scope of the project, the Planning and Decissuance of a permit. For further information outions Division on-line at www.portlandmaine.gov , or named property, or that the owner of record author is application as his/her authorized agent. I agree to work described in this application is issued, I certify the	evelopment Department or to download copies of or stop by the Inspections rizes the proposed work and a conform to all applicable that the Code Official's ole hour to enforce the

#30/ #10 Add . #1,000

1 & Floor in exist, wall thomeouther wall. 2"x4" 16"oc. constrution with (dogwell. f(sor c (oset 2'X 4" constation 16" o.c. W/ 5" daywell 2'X4" to vy ply wood headers toripples above for doors; doubled up styls for backs flocks flocking door way 3 rd floor 4) kneewells about 12'long 2'X4' coastection of 5' drywall 1 & floor & itchen