

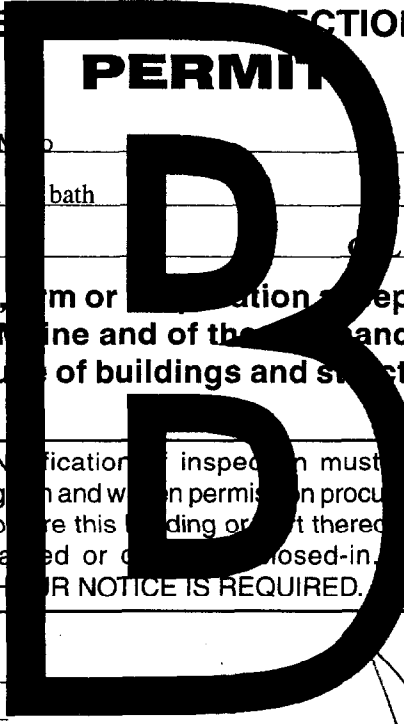
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

PERMIT ISSUED
FEB 25 2004
Permit Number: 040154
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT



This is to certify that Myers Candace M &/Gerry M
has permission to Renovate a closet to create a bath
AT 9 Kenilworth St 185 F015001

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 when permission is procured before this building or part thereof is altered or 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 _____
Department Name

Jamie Bouke 2/25/04
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 ISSUED

Permit No: 04-0154	Issue Date: FEB 25 2004	CBL: 185 F015001
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Location of Construction: 9 Kenilworth St	Owner Name: Myers Candace M &	Owner Address: 387 Island Ave	Phone: 761-5840
Business Name:	Contractor Name: Gerry Muto	Contractor Address: 30 Stovers Point Road Harpswell	Phone: 2077514382
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: RS

Past Use: Single Family	Proposed Use: Single Family w/1/2 bathroom addition	Permit Fee: \$48.00	Cost of Work: \$3,000.00	CEO District: 3
Proposed Project Description: Renovate a closet to create a 1/2 bath		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SB BOCA 1999 Signature: JMB 2/25/04
		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: jmb	Date Applied For: 02/25/2004	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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: JMB	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: JMB
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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



Residential 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>9 Kenilworth Street</u>		
Total Square Footage of Proposed Structure <u>Existing</u>	Square Footage of Lot <u>4800 sq. Ft.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>185</u> Block# <u>F</u> Lot# <u>15</u>	Owner: <u>Michael and Candace Myers</u>	Telephone: <u>761-5840</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>Michael Myers</u> <u>9 Kenilworth St.</u> <u>Portland, ME 04102</u>	Cost Of Work: <u>\$3,000</u> Fee: <u>\$48.00</u>
Current Specific use: <u>Closet</u>	<u>Single Family</u>	
Proposed Specific use: <u>1/2 Bathroom</u>		
Project description: <u>Conversion of small closet into a 1/2 bath (toilet and sink).</u>		
Contractor's name, address & telephone: <u>Gerry Muto</u> <u>30 Stovers Point Road</u> <u>751-4382</u> <u>Harpwell, ME 04079</u>		
Who should we contact when the permit is ready: <u>Michael Myers</u>		
Mailing address: <u>9 Kenilworth St.</u> <u>Portland, ME 04102</u>		Phone: <u>761-5840</u>

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections 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 of applicant: <u>Michael P. Myers</u>	Date: <u>2/13/04</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

2/25
11030

Current Owner Information

Card Number	1 of 1
Parcel ID	185 F015001
Location	9 KENILWORTH ST
Land Use	SINGLE FAMILY
Owner Address	MYERS CANDACE M & MICHAEL JTS 387 ISLAND AVE PEAKS ISLAND ME 04108
Book/Page	11753/1
Legal	185-F-15 KENILWORTH ST 9-11 4800SF

04-0154

Valuation Information

Land	Building	Total
\$30,030	\$78,540	\$108,570

Property Information

Year Built	Style	Story Height	Sq. Ft.	Total Acres	
1932	Old Style	2	1494	0.11	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement
3	1		6	Unfin	Full

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
SHED-FRAME	1	1950	12X20	C	A

Sales Information

Date	Type	Price	Book/Page
12/16/1994	LAND + BLDING		11753-001
11/04/1992	LAND + BLDING		10392-020

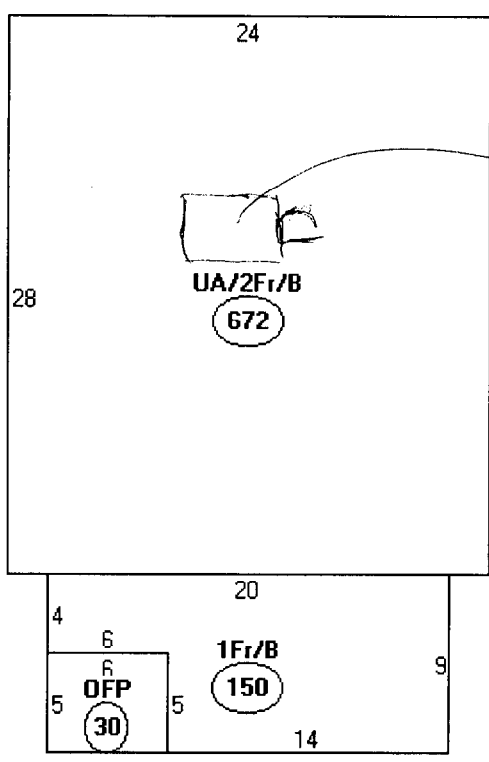
Picture and Sketch

Picture Sketch

[Click here to view Tax Roll Information.](#)

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.

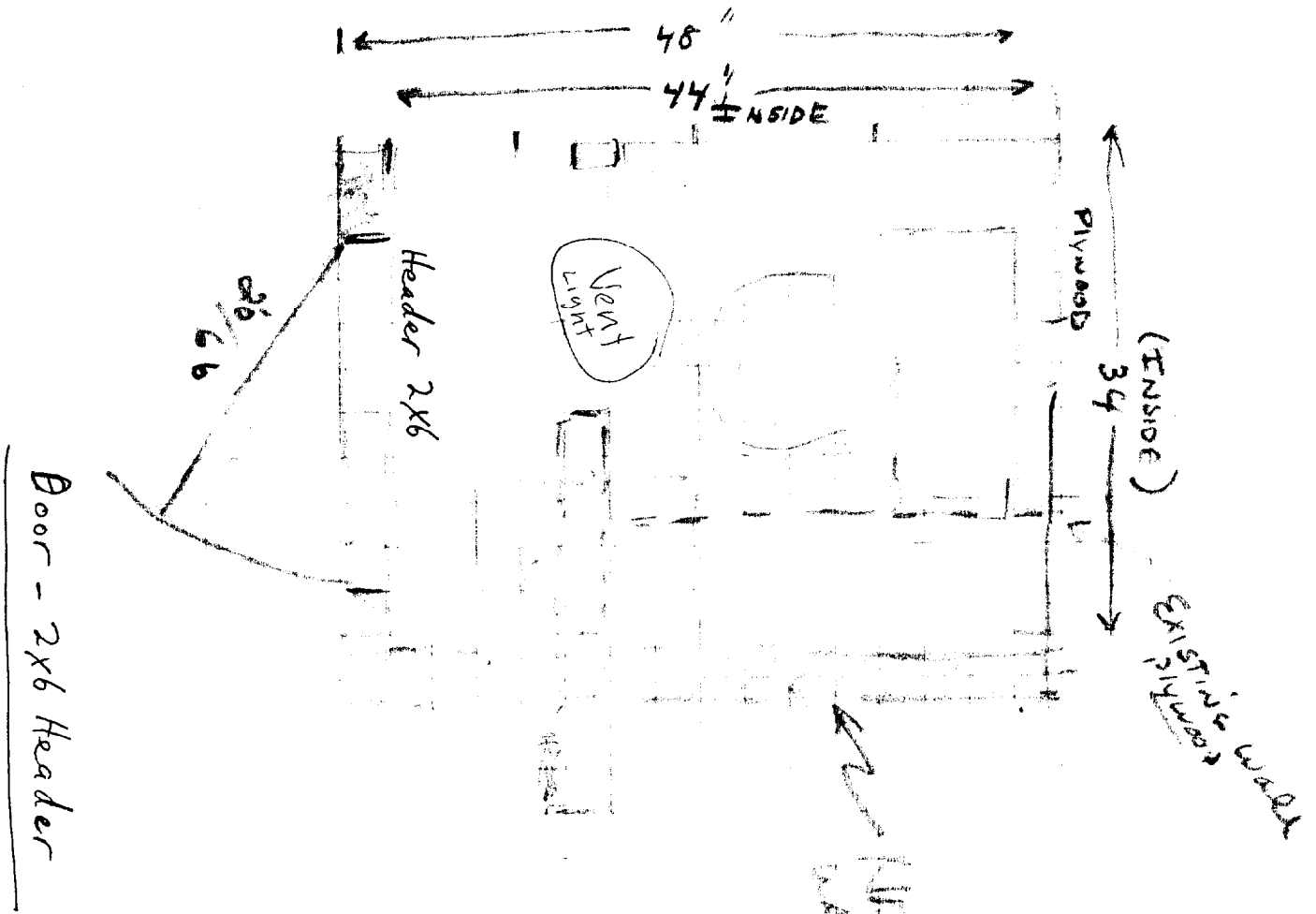
New Search!



Descriptor/Area
A: UA/2Fr/B
672 sqft
B: 1Fr/B
150 sqft
C: OFF
39 sqft

1/2 Bath Location





2x4 16 o.c.
1/2" Sheetrock