Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

ECTION

PERMI

This is to certify that ______MANZI DIANE K /Hap Clea

has permission to _____Construct back dormer for see _____d bath a bedroo

m or

Permit Number: 071512
PERMIT ISSUED

DEC 1 9 200/

epting this permit shall comply with all

ances of the City of Portland regulating

AT 39 EDWARDS ST

provided that the person or persons, of the provisions of the Statutes of I the construction, maintenance and I this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication of inspect on must gen and wen permit on procu be re this ding or of thereon and or of the solution of the JR NOTICE IS REQUIRED.

ine and of the

ation

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. ______

Appeal Board ______Other _____

Department Name

Director - Building Inspection Services

of buildings and state ctures, and of the application on file in

PENALTY FOR REMOVING THIS CARD

CBL: Permit No: Issue Date: City of Portland, Maine - Building or Use Permit Application 07-1512 187 D006001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 **Location of Construction:** Owner Name: Owner Address: Phone: 39 EDWARDS ST MANZI DIANE K 39 EDWARDS ST 797-0219 **Business Name:** Contractor Name: Contractor Address: Phone Hap Cleary 40 Aldworth St. Portland 2077970219 Permit Type: Lessee/Buyer's Name Phone: Additions - Dwellings Proposed Use: Cost of Work: CEO District: Past Use: Permit Fee: Residential Single Family Residential Single Family with back \$440.00 \$42,000.00 dormer for second bath, closet and FIRE DEPT: INSPECTION Approved alterations. Denied Proposed Project Description: Construct back dormer for second bath and bedroom renovations Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Date: Signature: Date Applied For: Permit Taken By: **Zoning Approval** lmd 12/18/2007 Historic Preservation Zoning Appeal Special Zone or Reviews 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Not in District or Landmark Shoreland Variance Federal Rules. 2. Building permits do not include plumbing, Wetland Miscellaneous Does Not Require Review septic or electrical work. Flood Zone Requires Review Building permits are void if work is not started Conditional Use within six (6) months of the date of issuance. False information may invalidate a building Interpretation Approved permit and stop all work.. Site Plan Approved Approved w/Conditions Denied Maj Minor MM Denied

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:	Date Applied For:	CBL:
07-1512	12/18/2007	187 D006001

Location of Construction:	Owner Name:	Owner Address:	Phone:
39 EDWARDS ST	MANZI DIANE K	39 EDWARDS ST	() 797-0219
Business Name:	Contractor Name:	Contractor Address:	Phone
	Hap Cleary	40 Aldworth St. Portland	(207) 797-0219
Lessee/Buyer's Name	Phone:	Permit Type:	
		Additions - Dwellings	

Proposed Use:	Proposed Project Description:
Residential Single Family with back dormer for second bath, closet and alterations.	Construct back dormer for second bath and bedroom renovations

Dept: Zoning Status: Approved with Conditions Reviewer: Ann Machado Approval Date: 12/19/2007

Note: Using section 14-436(b) since meets land area per dwelling unit but does not meet front yard setback. First Ok to Issue: ✓

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

floor footprint is 1073sf. 80% is 858.4 sf. Dormer is adding 147 sf which is 17% of allowable 80% increase.

Dept: Building Status: Approved with Conditions Reviewer: Chris Hanson Approval Date: 12/19/2007

Note: Ok to Issue: ✓

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) The attic scuttle opening must be 22" x 30".
- 4) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.

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: 39 EDWARDS STREET				
Total Square Footage of Proposed Structure/A	Square Footage of Lot	898 + S4 FT		
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	* Telephone:		
Chart# Block# Lot#	Name HAP CLEARY			
	Name FINE CLEARICE	332-2793 cel		
187 D 6	Address 40 ALIDWORTH ST			
	City, State & Zip Porthand O4113			
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of		
	Name DIANE MANZI	Work: \$ 42,000		
	Address 39 EDWARDS ST	C of O Fee: \$		
; ;	City, State & Zip	Total Fee: \$		
*	PORTLAND MAINE	10tai 1 cc. \$		
Current legal use (i.e. single family)	SiNgle FAMILY			
If vacant, what was the previous use?				
Proposed Specific use:	1 + Closat + Bedika	<u> </u>		
Is property part of a subdivision?	If yes, please name			
Project description: MDV DORMET	e to Back of My	Msc.		
Project description: ADD DORMER TO BACK OF House Cor Second BATH, Closet, ENLARGE BOUROUM 1 230				
Contractor's name: LAP CLEARY				
Address: 40 ALD WORTH ST				
City, State & Zip POrthAIVD MALINE Telephone: 332-2793				
Who should we contact when the permit is ready: HAP CLEURY Telephone: 797 ONG				
Mailing address:				
Please submit all of the information outlined on the applicable Checklist. Failure to				

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, 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.

		\bigcirc				_ '	
Signature:	the		Date:	Dec.	18,	2007	
	This is not a permi	t: you may not co	mmence AN	Work until	the per	rmit is issue	

Cass

PLANS FOR

DIANEMANZI

39 EDWARDS STREET

PORTLAND, MAINE

CONTENTS

- 1 PLOT PLAN
- 2 WINDOW AND DOOR SCHEDULE
- 3 TAX PHOTO
- 4 SIDE ELEVATIONS
- **5 REAR ELEVATIONS**
- 6 EXISTING- SECOND FLOOR
- 7 NEW WORK- SECOND FLOOR
- 8 SECTION
- 9 ROOF FRAMING
- 10 DETAILS
- 11-14 ZONING CALCULATIONS

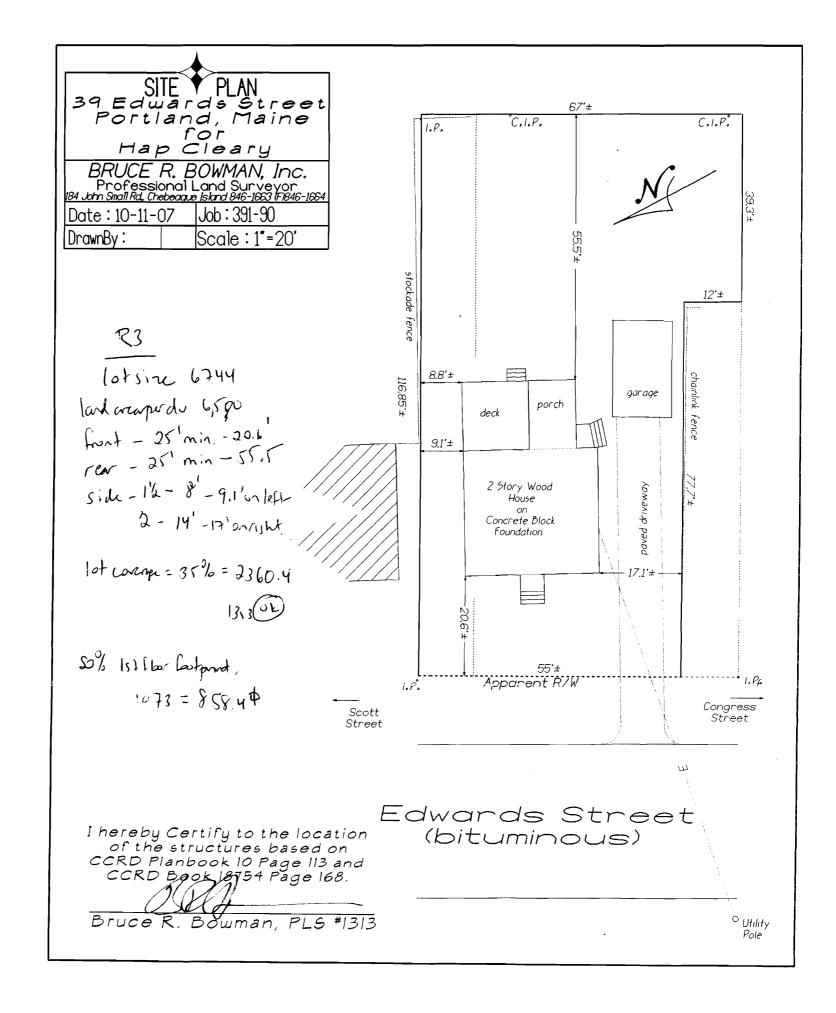
SUBMITED BY

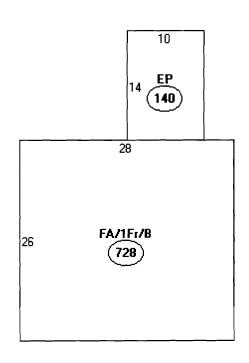
HAP CLEARY

40 ALDWORTH STREET

PORTLAND, MAINE

DECEMBER 18, 2007





Descriptor/Area

A:FA/1Fr/B
728 sqft

B:EP - enclosed pool
140 sqft

140 sqft

SX 6 front styr=33

4x2.5 backster = 10

5x 5 sim = 25

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.

Current Owner Information

Card Number
Parcel ID
Location
Land Use

1 of 1 187 D006001 39 EDWARDS ST SINGLE FAMILY

Owner Address

MANZI DIANE K 39 EDWARDS ST PORTLAND ME 04102

Book/Page Legal 18754/168 187-D-6-7 EDWARDS ST 37-39

6744 SF

Current Assessed Valuation

Land \$88,100

Building \$91,500 Total \$179,600

Property Information

Year Built 1952 **Style** Cape Story Height

Sq. Ft. 1019

Total Acres
0.155

Bedrooms 3 Full Baths

Half Baths

Total Rooms

Attic Full Finsh Basement Full

Outbuildings

Type GARAGE-WD/CB Quantity

Year Built 1952 **Size** 12X20 **Grade** C Condition A

Sales Information

Date 01/01/2003

Type
LAND + BLDING

Price \$158,000

Book/Page 18754-168

Picture and Sketch

Picture

Sketch

Tax Map

<u>Click here</u> to view Tax Roll Information.

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

New Search!



WINDOW AND DOOR SCHEDULE

- A 2-6 X 6-6 TWO PANEL DOOR MATCHING EXISTING STYLE
- **B** 3-0 X 6-6 TWO PANEL POCKET DOOR MATCHING EXISTING STYLE
- C PARADIGM EGRESS CASEMENT WITH GRILLS REPLACEMENT STYLE, TIP TO TIP 30 1/4" X 48 1/2" LEFT HAND
- D PARADIGM EGRESS CASEMENT WITH GRILLS REPLACEMENT STYLE, TIP TO TIP 30 1/4" X 48 1/2" RIGHT HAND
- E PARADIGM NEW CONSTRUCTION DOUBLE
 HUNG WINDOW WITH GRILLS 29 1/2" X 35 1/2"

ZONING SQUARE FOOTAGE CALCULATIONS

MEASURMENTS TO OUTSIDE OF STUDS ON NEW WORK AND OUTSIDE OF SHEATHING ON OLD WORK AREA CALCULATED IN INCHES

EXISTING AREAS ROUNDED DOWN NEW AREAS ROUNDED UP

A=28'-3"	339	DECK
B=26'-2"	314	14'-2" X 15'
C=13'-5"	161	212.5 SQ.FT.
D=5'-10"	70	
E=19'-1"	229	GARAGE
F=10'-8"	128	12'-6" X 20'-3"
G=14'-2"	170	253.125 SQ.FT.

FIRST FLOOR AREA=(AXB)+(FXG) (339X314)+(128X170)=128206 SQ. IN.=890.3SQ. FT.

FIRST FLOOR AREA UNDER SECOND FLOOR=(AXB) (339X314)=106446 SQ. IN.=793.2 SQ. FT.

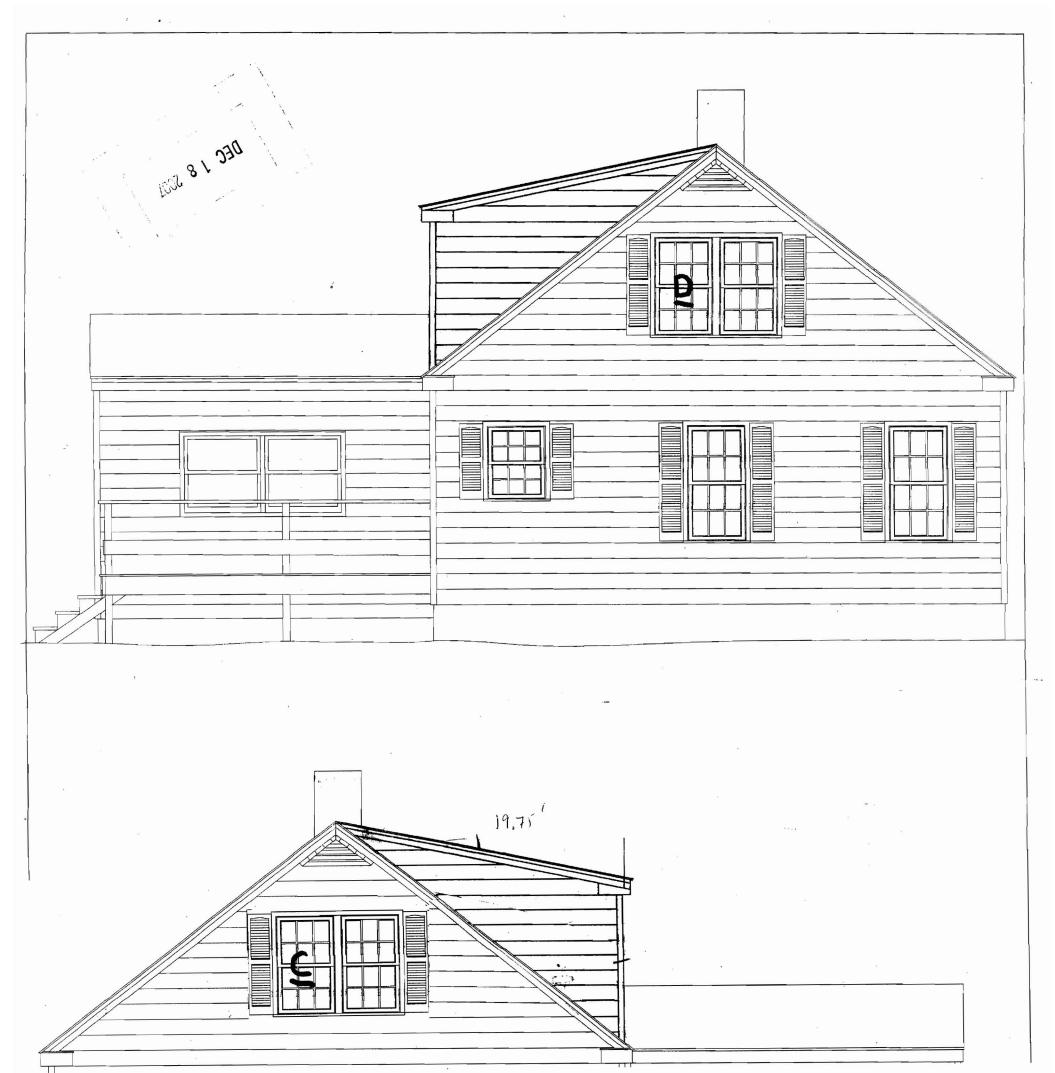
EXISTING SECOND FLOOR AREA=(AXC) (339X161)=54579 SQ. IN.=397 SQ. FT.

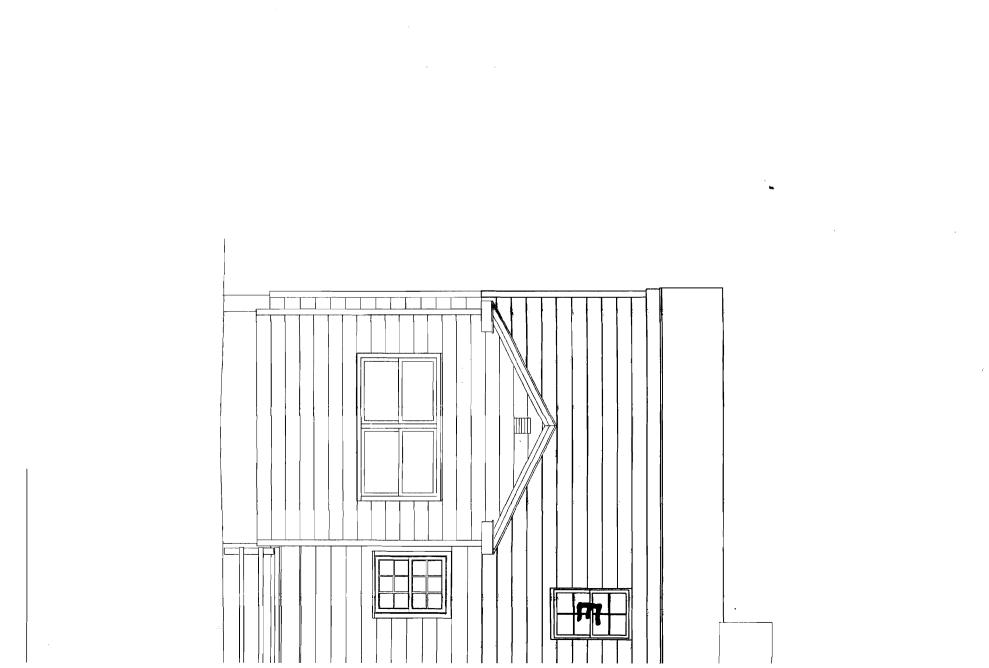
PROPOSED ADDITIONAL SECOND FLOOR AREA=(AXD) (339X70)=23730 SQ. IN.=164.8 SQ. FT.

TOTAL LOT COVERAGE

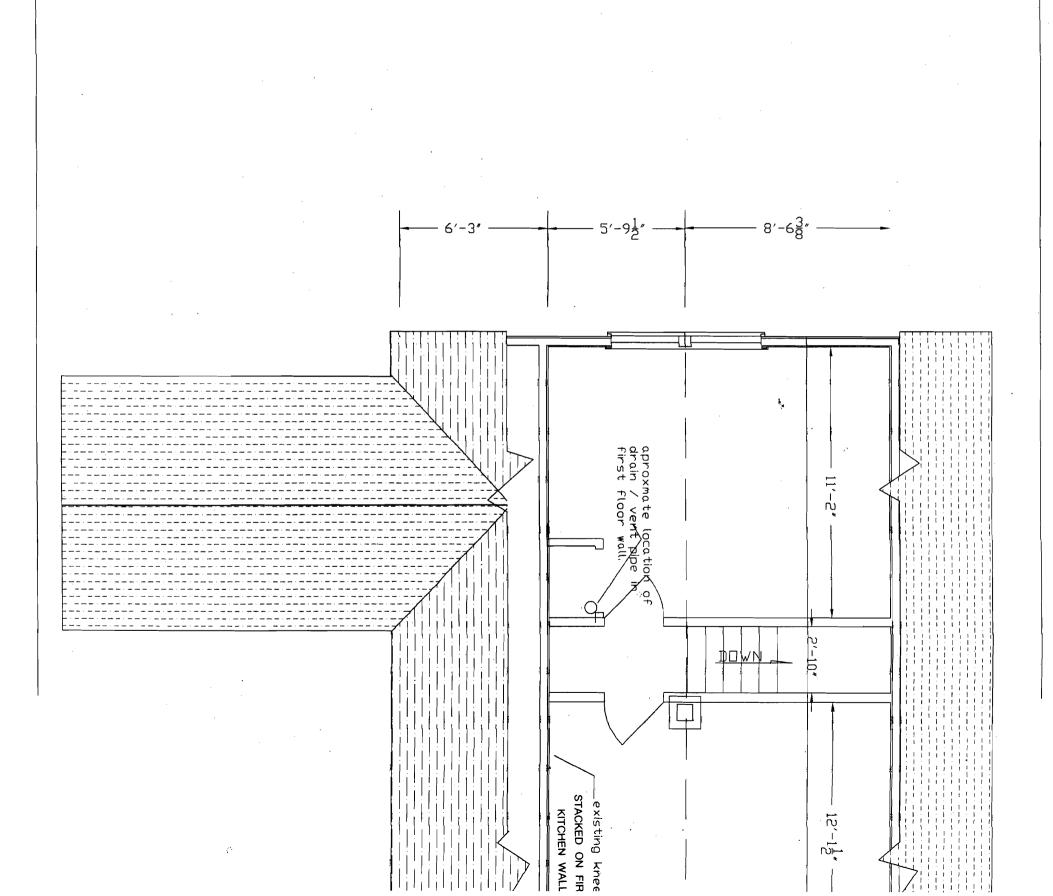
FIRST FLOOR AREA, DECK, GARAGE

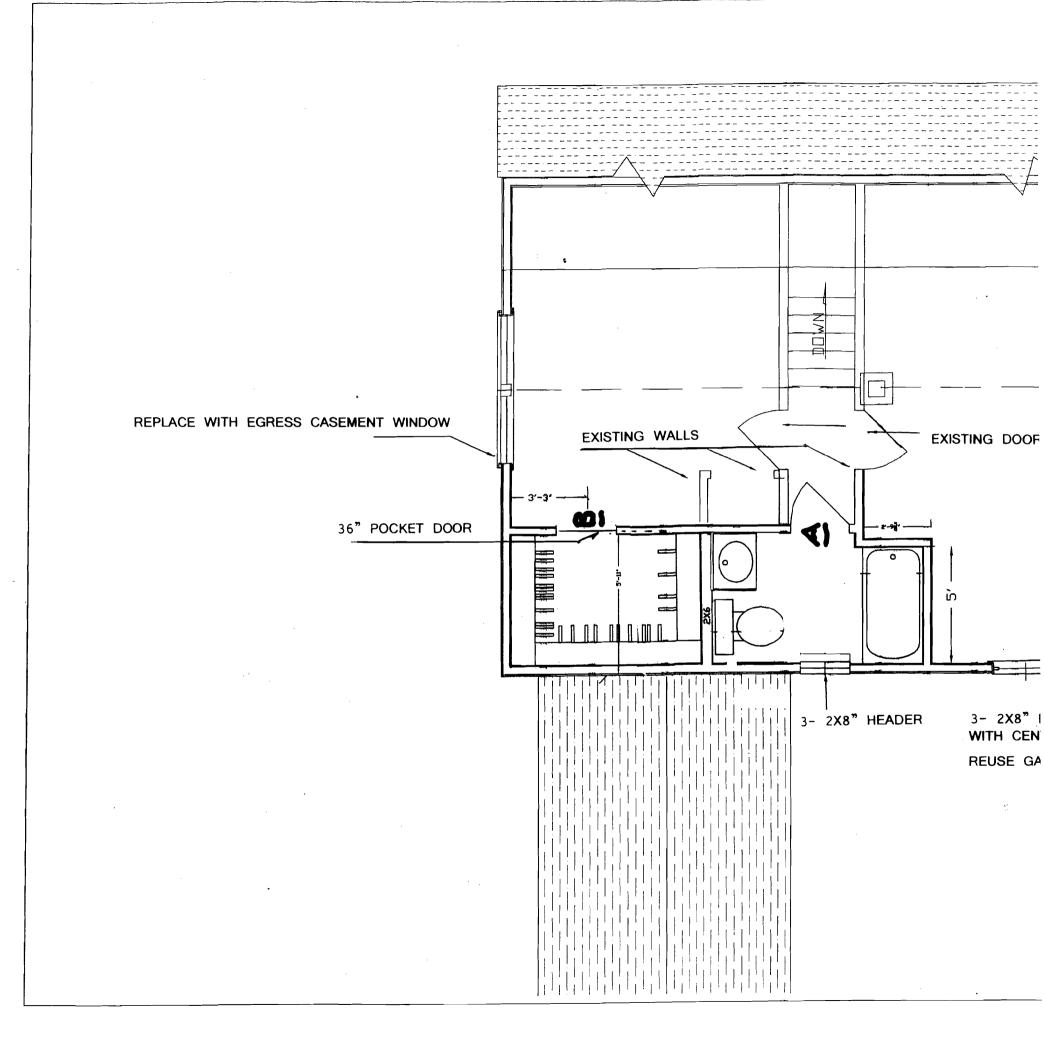
890.3+212.5+253.125= 1355.9 SQ. FT.





. . . .





NEW 2X10 TO BE ON THE OPPOSITE SIDE OF RAFTERS FROM EXISTING COLLAR TIES. AFTER IN PLACE STRUCTUALLY FASTEN OLD COLLAR TIE AND RAFTER TO NEW 2X10, CUT OUT LOWER RAFTER, AND REMOVE TEMPORARY STUDS 7 3/4" PLYSCORE AND WELDED RUBBER ROOFING EXISTING 2X10 RAFTERS--LINÉ UP WITH NAIL TE EXISTING 7110 2110 3- 2X8" HEADER FIGERGLASS INSULATION WITH CENTER POST NEW 2X6" STUD WALL 1/2" PLYSCORE T 1/2" SHEET-ROCK. & SHAKES TO TYPICAL MATCH EXISTING. -TO BE REMOVED. INSTALL TEMPOR HOLD FRONT ROC REMOVE REAR RA FIGERGLASS INSULATION IF JOIST RUN PERPINDICILAR USE A 2x6 BOTTOM PLATE ⊥F JC °TO D1 THE 1 LOAD TO TH REQUI

