Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIP	AL F	RONT	4GE	OF	WORK	C	
Please Read	\neg		YTIC	OI	F PO	RTL	ANI) [P	ERMIT I	SSUED	-
Application And Notes, If Any, Attached	i		BU	P	ERM		ON	Perm	it Numl	9EP91208	9 2009	
This is to certify	that FRENC	CH_RUSSE	LL D & MA	AN	NL	property			CIT	V OE DO	DT! \NI	<u> </u>
has permission	toRenew	permits 07	0387 & 030	- 18		n and 8'	Deck	& Add F	amity	Chom to bar	The Police	
AT _147 WOL	COTT ST		1			CJ	192 k	4 044001				
of the prov	hat the perso visions of th uction, main tment.	e Statut	es of Ma	e ai f bi	nd of the		ces of	the Ci	ty of	Portland	d regula	ting
	blic Works for s f nature of work ation.		Not give befo lath HOl	ation nd w this or o	ritte permiss builing or p	hereo sed-in.	red f is	procui	ed by		ancy must ore this bu cupied.	
	REQUIRED APPR									-		
•							M		64	11	,	,
Other	Department Name					í	//hom	as/h Director	- Building 8	Inspection Servi	9/24/	109

PENALTY FOR REMOVING THIS CARD

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: (4	7 WOLCOTT ST.					
Total Square Footage of Proposed Structure/A 18' \ 11' 6' ADDITION + 8x8 TE	rea Square Footage of Lot	Number of Stories				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buye					
192 KO44001	Name RUSSEU FRENCH	773.4987				
192 2047001	Address 147 WOLCOTT ST.	w 874.0011				
	City, State & Zip PORTIAND O 4	,				
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$				
	Name	WOLK: 1				
	Address	C of O Fee: \$				
	City, State & Zip	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: SINGLE FAM. Number of Residential Units If yes, please name Project description:						
AM FAMILY ROOM TO BACK OF HOUSE						
Contractor's name:						
Address:						
City, State & Zip						
Mailing address: 147 wolco	TT ST. POZZZANO MI	E 04102				

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.

Signature: Date: 9, 14, 09

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

Revised 07-11-08

Location of Construction:	Owner Name:	97) 874-8703, Fax: (207) 874-8716		09-1003 Owner Address:		Ona:		
147 WOLCOTT ST		SSELL D & MARY A	147 WOLCOT	T ST	riid	Phone:		
Business Name:	Contractor Name		Contractor Addre		Pho	Phone		
	property owne	er						
Lessee/Buyer's Name	Phone:		Permit Type:	Single Family	,	Zone: R-3		
Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	: CEO D			
Single Family Home - Rene		Home - Renew	\$30.00			3		
permits 070387 & 030636		Single Family Home - Renew permits 070387 & 030636 - 18'			INSPECTION:	CTION:		
		on and 8' x 8' Deck &		Denied	Use Group: 2	Group: 23 Type: 53		
		oom to back of house to previous permit to		Demed	1			
		ad of frostwall			IRC	INC 2003		
Proposed Project Description:					Use Group: \$\beta 3 Type 5B \text{TMC 2003} \text{Signature: } \qq \qq \qq \qq \q			
Renew permits 070387 & 0			Signature:		Signature:	m 9/24/09		
& Add Family Room to bac use piers instead of frostwal		to previous permit to	PEDESTRIAN AC	TIVITIES DISTR	RICT (P.A.D.)	AICT (P.A.D.) oved w/Conditions Denied		
p	•		Action: App	roved Appro	oved w/Conditio			
			Signature:		Date:	Date:		
Permit Taken By: Ldobson	Date Applied For: 09/14/2009		Zonii	ıg Approval	<u> </u>			
		Special Zone or Revie	ws Zo	ning Appeal	Histo	oric Preservation		
 This permit application Applicant(s) from meet Federal Rules. 	ing applicable State and	Shoreland		☐ Variance		Not in District or Landmar		
Building permits do not septic or electrical work		Wetland	☐ Misc	Miscellaneous		☐ Does Not Require Review		
3. Building permits are vo	id if work is not started	Flood Zone	Cond	Conditional Use		uires Review		
within six (6) months of False information may i permit and stop all worl	nvalidate a building	Subdivision	Interp	☐ Interpretation		Approved		
		Site Plan	☐ Appr	oved	□ Арр	proved w/Conditions		
PERI	MIT ISSUED	Maj Minor MM	Denie	ed	☐ Den	uied		
		Or w/ cordinar			1 1	BUN.		
SEF	2 9 2009	Date: 9/18/07 /1911	Date:		Date:	F -		
CITY	F PORTLAND							
	TONILAND							
		CERTIFICATION)N					
I hereby certify that I am the	owner of record of the na			is authorized b	ov the owner.	of record and that		
have been authorized by the								
urisdiction. In addition, if a								
shall have the authority to en- such permit.	ter all areas covered by su	ich permit at any reason	able hour to enfo	orce the provisi	ion of the coc	le(s) applicable to		
SIGNATURE OF APPLICANT		ADDRESS	DATE			PHONE		
RESPONSIBLE PERSON IN CHA	RGE OF WORK, TITLE			DATE		PHONE		

	ty of Portland, Maine - I Congress Street, 04101 T	•		4-8 71 <i>6</i>	Permit No: 09-1003	Date Applied For: 09/14/2009	CBL:	: 2 K044001	
			Owner Address: Phone:						
14′	7 WOLCOTT ST	WOLCOTT ST FRENCH RUSSELL D & MARY A 1			147 WOLCOTT ST				
Bus	iness Name:	Contractor Name: property owner			Contractor Address:			e	
Less	see/Buyer's Name	Phone:			Permit Type:				
					Amendment to Si	ngle Family			
Pro	Proposed Use: Proposed Project Description:								
	nmendment to previous permit	to use piers instead of frost			us permit to use pions of the second of the	ers instead of frostwa		09/18/2009	
N	ote:						Ok to	Issue: 🔽	
1)	This is NOT an approval for not limited to items such as st	•			•		nt inclu	ıding, but	
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.									
3)	This permit is being approved work. Any deviations shall re 0636 and #07-0387. This per	equire a separate approval be	efore star	ting tha	t work. This permi	t is based upon previ	ous per	rmits #03-	
D	ept: Building Status	s: Approved with Condition	ns Re	viewer:	Tom Markley	Approval D	ate:	09/24/2009	

1) The design load spec sheets for any engineered beam(s) / Trusses must be submitted to this office.

Note:

2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.

Ok to Issue:

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

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 pl	ace upon receipt of your building permit.					
X Footing/Building Location Inspecast piers	Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers					
X Framing/Rough Plumbing/Ele	Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling					
X Final inspection required at completion of work.						
	or certain projects. Your inspector can advise you if pancy. All projects <u>DO require</u> a final inspection.					
If any of the inspections do not occur, the REGARDLESS OF THE NOTICE OR	he project cannot go on to the next phase, CIRCUMSTANCES.					
	UST BE ISSUED AND PAID FOR, BEFORE					
THE SPACE MAY BE OCCUPIED.	9.29.09					
Signature of Applicant/Designee	Date					
Monash Marketing Signature of Inspections Official	9/24/09					
Signature of Inspections Official Date						

CBL: 192 K044001 **Building Permit #**: 09-1003