Form # 61 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any. Attached

BUILDING INSPECTION

PERMIT

Permit Number: 100260

This is to certify thatLATHAM LAURIES	/Thomas Carpentry Services/ Herb	
has permission tointerior_renovations_ren	nove & install 2 new windows, level floors, insta	Il new cabinets
AT 118 COLONIAL RD	CBI 192	2 K073001
of the provisions of the Statutes	ons, firm or corporation accepting of Maine and of the Ordinances of duildings and structures	f the City of Portland regulating
Apply to Public Works for street line and grade if nature of work requires such information. PERMIT ISSUED	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. MAR 1 7 2010 Health Dept.		
Other Cepaniment Name		Practor - Building & Inspection Services
PE	NALTY FOR REMOVING THIS CAR	D

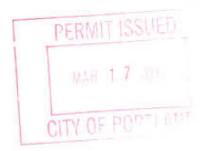
City of Portland, Main	ne - Buile	ding or Use	Permi	t Application	1 Permit No:	Issue Date:	:	CBL:	
389 Congress Street, 0410	01 Tel: (2	207) 874-8703	, Fax:	(207) 874-871	6 10-0260			192 K0	73001
Location of Construction:		Owner Name:			Owner Address:			Phone:	
118 COLONIAL RD		LATHAM LA	URIE S	3	118 COLONIAL	RD			
Business Name:		Contractor Name	:		Contractor Address:			Phone	
		Thomas Carpe	ntry Se	rvices/ Herb	39 Grove Ave So	outh Portland	l	20774942	229
Lessee/Buyer's Name		Phone:			Permit Type:			•	Zone:
					Alterations - Dw	ellings			R-3
Past Use:		Proposed Use:			Permit Fee:	Cost of Wor	k:	CEO District:	1
Single Family Home		Single Family	Home -	interior	\$170.00	\$14,70	00.00	3	
		renovations re windows, leve cabinets		O MANAGESTANCONSIS DATA SECURE SEC	FIRE DEPT:	Approved Defied	Use Gre	THE	Type: 54
						A	_	IRC :	2003
Proposed Project Description:					1/		(A	
interior renovations remove	& install 2	2 new windows,	level f	loors, install	Signature:		Signatu	1110	
new cabinets					PEDESTRIAN ACT	IVITIES DIST	RICT (E	P.A.D.)	
					Action: Appro	ved App	roved w/	Conditions	Denied
					Signature.			Date:	
Permit Taken By: ldobson	03/17	plied For: /2010			Zoning	g Approva	ıl		
			Spe	cial Zone or Revie	ws Zoni	ing Appeal	T	Historic Pres	ervation
 This permit application Applicant(s) from meet Federal Rules. 			11	noreland	Variand			Not in Distri	
Building permits do no septic or electrical wor.		lumbing,	□w	etland	Miscell	an c ous		Does Not Re	quire Review
3. Building permits are vowithin six (6) months o			☐ FI	ood Zone	Conditi	onal Use		Requires Rev	view
False information may permit and stop all wor	invalidate		☐ Su	ıbdıvısion	Interpre	tation		Approved	
			□ Si	te Plan	Approv	red		Approved w	Conditions (
			Maj [Minor MM	Denied			Denied	0
	PERMI	ISSUED	al	Wilhcon	ditty				(
		JOULE	Date	021	Date.		D	ate.	\supset
1.1	1750 J	7 200		77 7	116				7
l cn	TYDED	ODTIAND							
	TOFF	UNILAND			nation to				
				CERTIFICATI					
I hereby certify that I am the I have been authorized by th jurisdiction. In addition, if a shall have the authority to er	e owner to a permit for	make this appl r work describe	ication : d in the	as his authorized application is is	dagent and I agree ssued, I certify that	to conform the code off	to all ap ficial's a	oplicable laws authorized rep	of this resentative
such permit.									
SIGNATURE OF APPLICANT		-		ADDRES	S	DATE		PHO)NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Por	rtland, Maine - Bu	illding or Use Permi	t		remui No:	Date Applied For:	CRT:	
889 Congre	ss Street, 04101 Tel:	(207) 874-8703, Fax: ((207) 87	4-8716	10-0260	03/17/2010	192 K07300	1
Location of Co	nstruction:	Owner Name:			Owner Address:		Phone:	
118 COLON	NIAL RD	LATHAM LAURIE S	;		118 COLONIAL F	RD		
Business Name	:	Contractor Name:	_	(Contractor Address:		Phone	
		Thomas Carpentry Ser	rvices/ He	erb	39 Grove Ave Sou	th Portland	(207) 749-422	9
Lessee/Buyer's	Name	Phone:		F	Permit Type:			
					Alterations - Dwe	llings		
Proposed Use:				Proposed	Project Description:			
	ly Home - Interior reno vel floors, install new c	vations remove & Install 2 abinets	? new	1.5	r renovations remo new cabinets	ve & install 2 new v	vindows, level flo	ors.
Dept: Zor Note:	•	Approved with Condition interior work except for n			Marge Schmucka		Ok to Issue: 8	
2) This is N	√OT an approval for an	additional dwelling unit. /es. microwaves, refrigera	You SH	ALL NO	T add any additio	nal kitchen equipme	nt including, but	
 This pro approval 		gle family dwelling. Any	change o	t use sha	III require a separa	e permit application	i for review and	
Dept: Bu	ilding Status:	Approved with Condition	ns Re	viewer:	Tammy Munson	Approval D	Date: 03/19/20	010
Note:							Ok to Issue:	<u> </u>
		or any electrical, plumbing al as a part of this process		er, fire a	larm or HVAC or o	exhaust systems. Sep	parate plans may	
2) Applicat	ion approval based upo		12	· ·				



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 up	on receipt of your building permit.
X Framing/Rough Plumbing/Electrica	l: Prior to Any Insulating or drywalling
X Final inspection required at complete	tion of work.
Certificate of Occupancy is not required for certa your project requires a Certificate of Occupancy.	
If any of the inspections do not occur, the proj REGARDLESS OF THE NOTICE OR CIRC	
CERIFICATE OF OCCUPANICES MUST B THE SPACE MAY BE OCCUPIED.	E ISSUED AND PAID FOR, BEFORE
Signature of Applicant/Designee	Date
Signature of Inspections Official	Date
	MAR 1 7 250 CITY OF PORTLAND

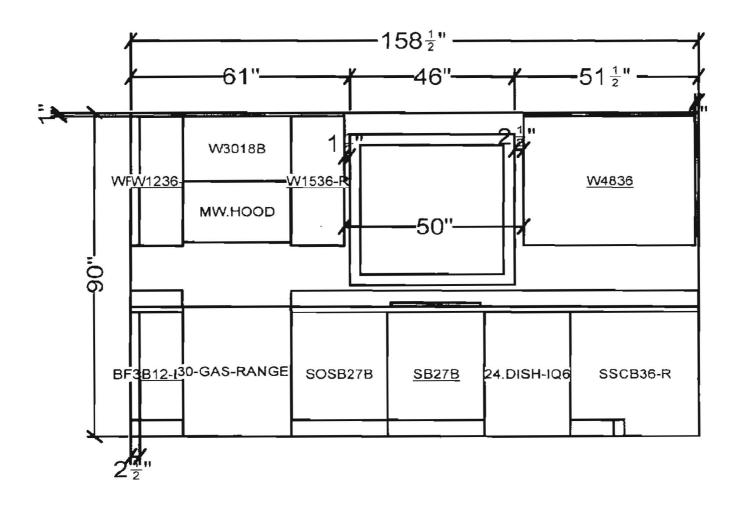
CBL: 192 K073001 Building Permit #: 10-0260

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: 118 Colonial Rd, Portland, Me. Total Square Footage of Proposed Structure/Area 135 59 ft. Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 192 Applicant *must be owner, Lessee or Buyer* Name Laurie Latham Address 118 Colonial Rd City, State & Zip Portland, ME. Lessee/DBA (If Applicable) Owner (if different from Applicant) Name Herbert Thomes Thomes Carpentry Services Address 39 Grave Ave. City, State & Zip South Portland, Me. 04104 Total Fee: \$ 170
Chart# Block# Lot# 73 Name Laurie Latham 175-6357 Address 118 Colonial Rd City, State & Zip Portland, ME. Lessee/DBA (If Applicable) Owner (if different from (Applicant) Work: \$ 26,700. Thomes Carpentry Services Address 39 Grave Ave. Cof O Fee: \$ City, State & Zip South Portland, Me. 04106 Total Fee: \$ 170
City, State & Zip Portland, ME. Dessee/DBA (If Applicable) Owner (if different from Applicant) Name Herbert Thomes Thomes Carpentry Services Address 39 Grave Ave. City, State & Zip South Portland, Me. 04104 Total Fec. \$
Dwner (if different from Applicant) Name Herbert Thomes Thomes Carpentry Services Address 39 Grave Ave. Cost Of 14,700 Work: \$ 26,700 Cost Of Of Cost Of Work: \$ 26,700 Total Fee: \$ 170
Name Herbert Thomes Thomes Carpentry Services Address 39 Grave Ave. City, State & Zip South Portland, Me. 04106 Total Fee: \$ 170
South Portland, Me. of the Total Fee: \$ 170
Current legal use (i.e. single family) Single family Number of Residential Units If vacant, what was the previous use? Proposed Specific use: Kitchen Is property part of a subdivision? No If yes, please name Project description: Remove existing cabinets and drywall. New insulation and sheetrock, Remove + install 2 new windows shorter than existing for countertops, Install new Cabinets and level flooring. Contractor's name: Thomes Carpentry Services (Herb Thomes) Address: 39 Grove Ave
City, State & Zip South Portland, ME 04106 Telephone: 799-285 Who should we contact when the permit is ready: Herb Thomes Telephone: 199-285 Mailing address: 39 Grove Ave . So. Portland, Me. 2006 F 749-4229
Please submit all of the information outlined on the applicable Checklist, Failure to do so will result in the automatic denial of you pharmail. 2010
In order to be sure the City fully understands the full scope of the project, the Plantaginal Bevelopine to 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.
Thereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work a 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. **Contractor**: Herbert** Thereby Contractor** **Date: March** 17th** 2010**
Signature: Date: March 17th 2010

NEW:



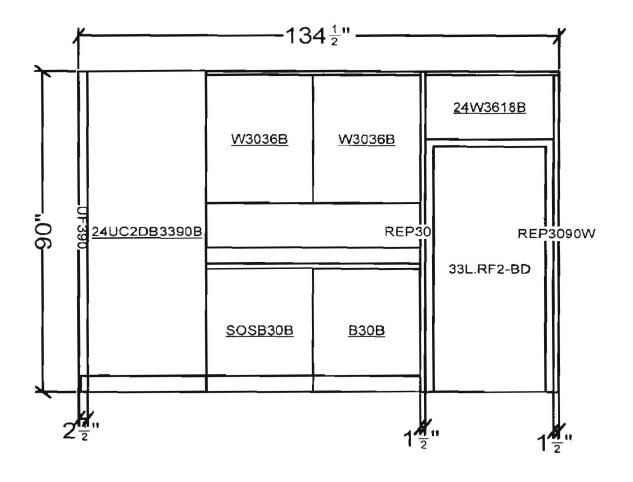
All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 12/17/2009 Printed: 2/24/2010

Printed: 2/24/2010

El 1 Drawing #: 1 Scale: 0 1/2" = 1'



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 12/17/2009 Printed: 2/24/2010

Printed: 2/24/2010

El 2 Drawing #: 1 Scale: 0 1/2" = 1'