

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

Permit Number: 070173
FEB 16 2007

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

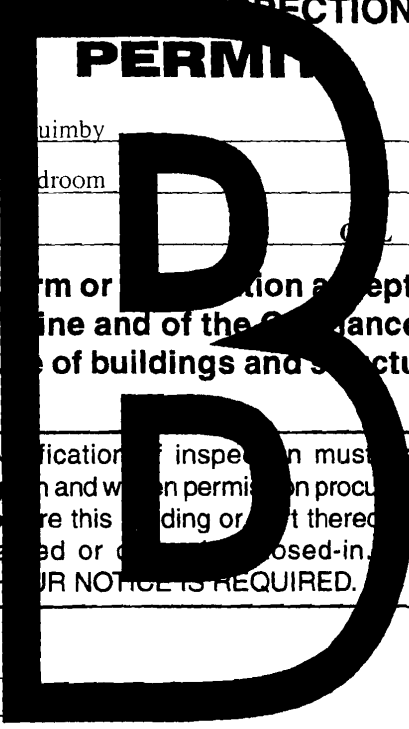
This is to certify that MCGANN MICHAEL J /Tim Quimby

has permission to Add 24x 12 Dormer bath and bedroom

AT 114 CAPISIC ST

195 B039001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of this State 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 procured before this building or part thereof is loaded 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

2/16/07 *Christopher R. [Signature]*
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 No: 07-0173	Issue Date: 02/16/2007	CBL: 195 B039001
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Location of Construction: 114 CAPISIC ST	Owner Name: MCGANN MICHAEL J	Owner Address: 114 CAPISIC ST	Phone:
Business Name:	Contractor Name: Tim Quimby	Contractor Address: PO Box 153 East Baldwin	Phone: 2076254637
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone:

Past Use: Single Family	Proposed Use: Single Family w/ Dormer	Permit Fee:	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB FRC 2003	

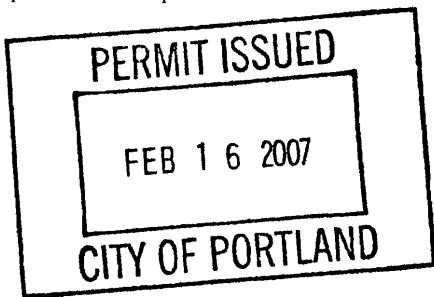
Proposed Project Description: Add 24x 12 Dormer bath and bedroom	Signature:	Signature: <i>1/16/07 CSH</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: csh	Date Applied For: 02/16/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<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: <i>N/A CSH</i>	<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: <i>N/A</i>	<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: <i>2/16/07 CSH</i>

*O.K. w/ Canal
14-436 A
Less than
50%*



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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.

- N/A Footing/Building Location Inspection: Prior to pouring concrete
N/A Re-Bar Schedule Inspection: Prior to pouring concrete
N/A Foundation Inspection: Prior to placing ANY backfill
X Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
X Final/Certificate 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

✓ 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

Justin Smith 2-16-07
Signature of Applicant/Designee Date
Cheryl Smith 2/16/07
Signature of Inspections Official Date

CBL: 195-B-039 Building Permit #: 070173

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0173	Date Applied For: 02/16/2007	CBL: 195 B039001
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Location of Construction: 114 CAPISIC ST	Owner Name: MCGANN MICHAEL J	Owner Address: 114 CAPISIC ST	Phone:
Business Name:	Contractor Name: Tim Quimby	Contractor Address: PO Box 153 East Baldwin	Phone: (207) 625-4637
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	

Proposed Use: Single Family w/ Dormer	Proposed Project Description: Add 24x 12 Dormer bath and bedroom
-------------------------------------------------	----------------------------------------------------------------------------

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 02/16/2007**Note:** **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.
- 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 02/16/2007**Note:** **Ok to Issue:**

- 1) The attic scuttle opening must be 22" x 30".
- 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) 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.
- 4) Fastener schedule per the IRC 2003
- 5) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 6) There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each level
- 7) 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: <u>114 CAPISIC ST</u>		
Total Square Footage of Proposed Structure <u>336</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>195</u> Block# <u>B</u> Lot# <u>39</u>	Owner: <u>MIKE MCGANN</u>	Telephone: <u>853-5245</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>15,000.</u> Fee: \$ <u>170.⁰⁰</u> C of O Fee: \$ <u>170.⁰⁰</u>
Current legal use (i.e. single family) <u>Single family</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Single family w/ 24" Dormer</u> Is property part of a subdivision: <u>NO</u> If yes, please name _____ Project description: <u>24' Dormer 1 BR 1 BATH</u>		
Contractor's name, address & telephone: <u>Baldwin Builders 625-4637</u>		
Who should we contact when the permit is ready: <u>Tim Quimby</u> Mailing address: _____ Phone: <u>239-1521</u> <u>Po Box 153</u> <u>E. Baldwin ME 04024</u>		

Please submit all of the information outlined in the Commercial Application 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 visit us on-line at www.portlandmaine.gov, 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>Timothy Quimby</u>	Date: <u>2-16-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

This data is provided by the Assessor's Office and is current as of February 11, 2007 Fees

CBL	195 B039001	Acct No	28480	Property Address	114 CAPISIC ST	Zone	R3	LCI:	R
Owner Name 1	MCGANN MICHAEL J			Property Type	RESIDENTIAL	Dist#:	3		
Name 2				Description	195-B-39 CAPISIC ST 112-114 6100 SF				
Mailing Address	114 CAPISIC ST								
City, State, Zip	PORTLAND	ME	04102						
Prop Info	Inspections	Site Plans	Permits	Complaints	Food/Water Cmpl.	Documents	Letters	Pro	

Land Use	SINGLE FAMILY	Nbr of Units	1	Click Here to View:			
Zone	R3	Neighborhood		Picture	Sketch	I	
District	DEERING-ROSEMONT	Historic District	No				
Yr Built	1955	House Style	CAPE				
Total Rms	6	Baths	1	1/2 Baths	0	Bedrms	3
Heat Type	BASIC	Basement	FULL				
Fuel Type	OIL	Attic	FULL FINSH				
System Type	WARM AIR						

Property Search Detailed Results

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	1 of 1
Parcel ID	195 B039001
Location	114 CAPISIC ST
Land Use	SINGLE FAMILY
Owner Address	MCGANN MICHAEL J 114 CAPISIC ST PORTLAND ME 04102
Book/Page	22634/304
Legal	195-B-39 CAPISIC ST 112-114 6100 SF

Current Assessed Valuation

Land	Building	Total
\$55,700	\$110,800	\$166,500

Property Information

Year Built 1955	Style Cape	Story Height 1	Sq. Ft. 1492	Total Acres 0.14	
Bedrooms 3	Full Baths 1	Half Baths	Total Rooms 6	Attic Full Finsh	Basement Full

Outbuildings

Type GARAGE-WD/CB	Quantity 1	Year Built 1955	Size 12X22	Grade C	Condition A
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Sales Information

Date 05/13/2005	Type LAND + BLDING	Price \$226,000	Book/Page 22634-304
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Picture and Sketch

[Picture](#) [Sketch](#) [Tax Map](#)

[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!

Applicant:

Date: 2/16/07

Address: 114 Capisic ST

C-B-L: 195-13-039

CHECK-LIST AGAINST ZONING ORDINANCE

Date -

NOTE: NON-Conforming lot of Record

Zone Location - R-3

Interior or corner lot -

Proposed Use/Work - Dormer

Sewage Disposal - Public

Lot Street Frontage - 61' (Min 50')

Front Yard - ~~Min 50'~~ 25' req. setback

Rear Yard - 25' setback

Side Yard - 1.5 story 8' 2 story - 14'

Projections -

Width of Lot - 61' req. (45')

Height -

Lot Area - 6100 Actual # 6500 # required.

Lot Coverage/ Impervious Surface - Max coverage 35%

Area per Family -

Off-street Parking -

Loading Bays -

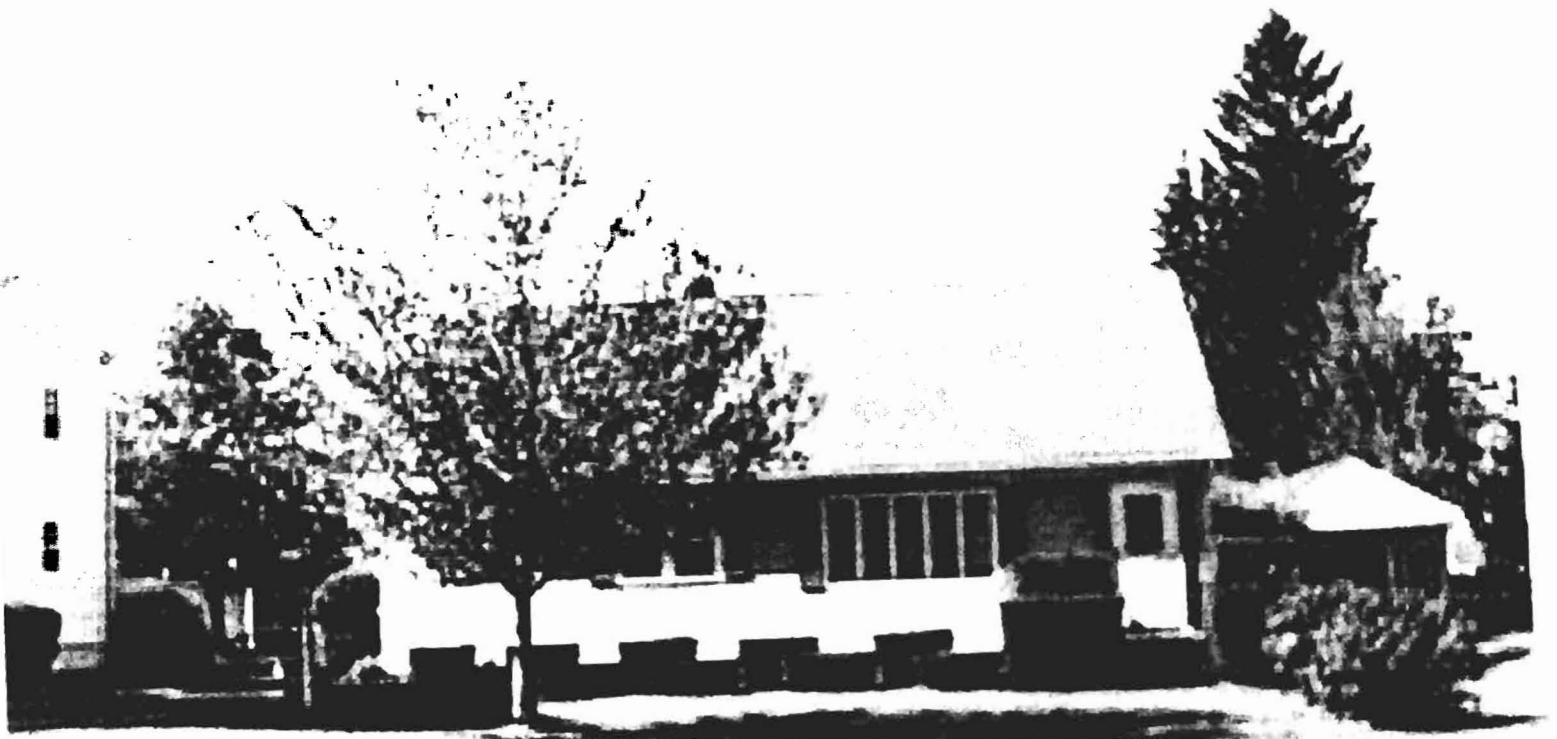
Site Plan -

Shoreland Zoning/ Stream Protection -

Flood Plains -

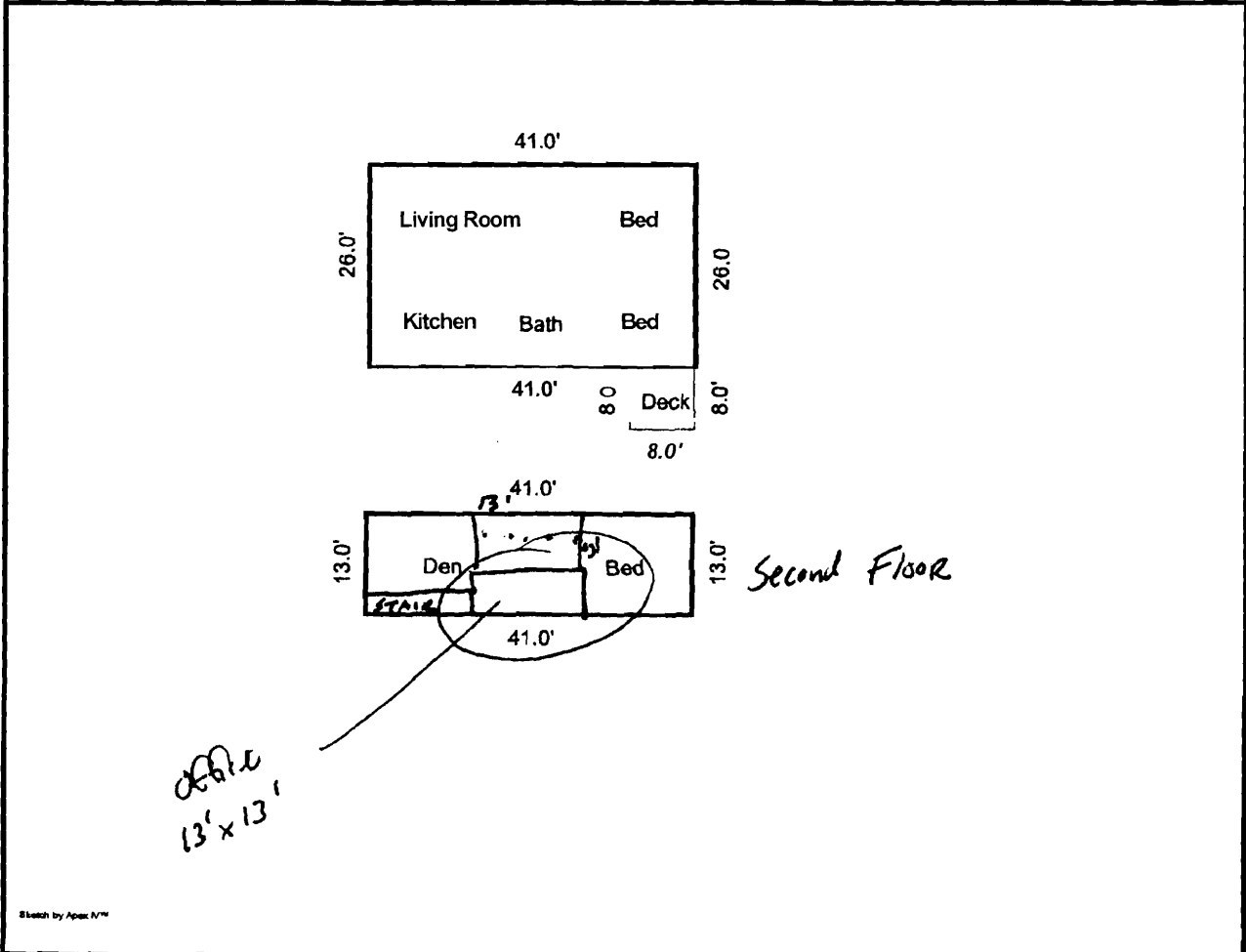
+8 24' +8 -

- Bath + Bedroom -
12x7 10x12



Building Sketch (Page - 1)

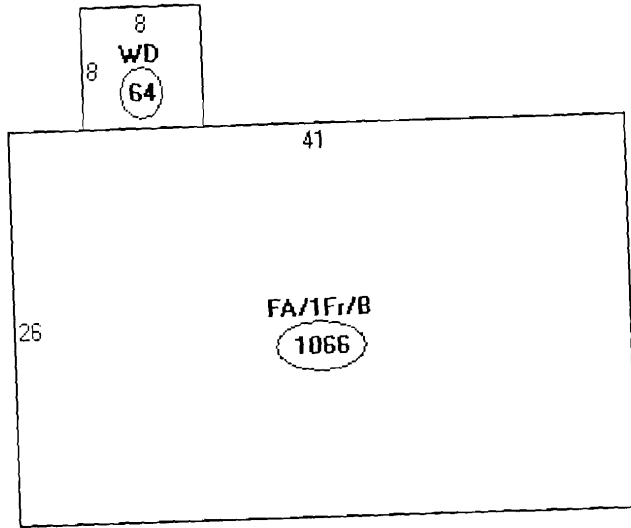
Borrower/Client McGann			
Property Address 114 Capisic St			
City Portland	County Cumberland	State ME	Zip Code 04102-2247
Lender CWSOM/Landsafe			



Comments:

AREA CALCULATIONS SUMMARY			
code	Description	Net Size	Net Totals
GLA1	First Floor	1066.0	1066.0
GLA2	Second Floor	533.0	533.0
P/P	Deck	64.0	64.0

LIVING AREA BREAKDOWN		
	Breakdown	Subtotals
First Floor		
	26.0 x 41.0	1066.0
Second Floor		
	13.0 x 41.0	533.0



Descriptor/Area

A: FA/1Fr/B
1066 sqft

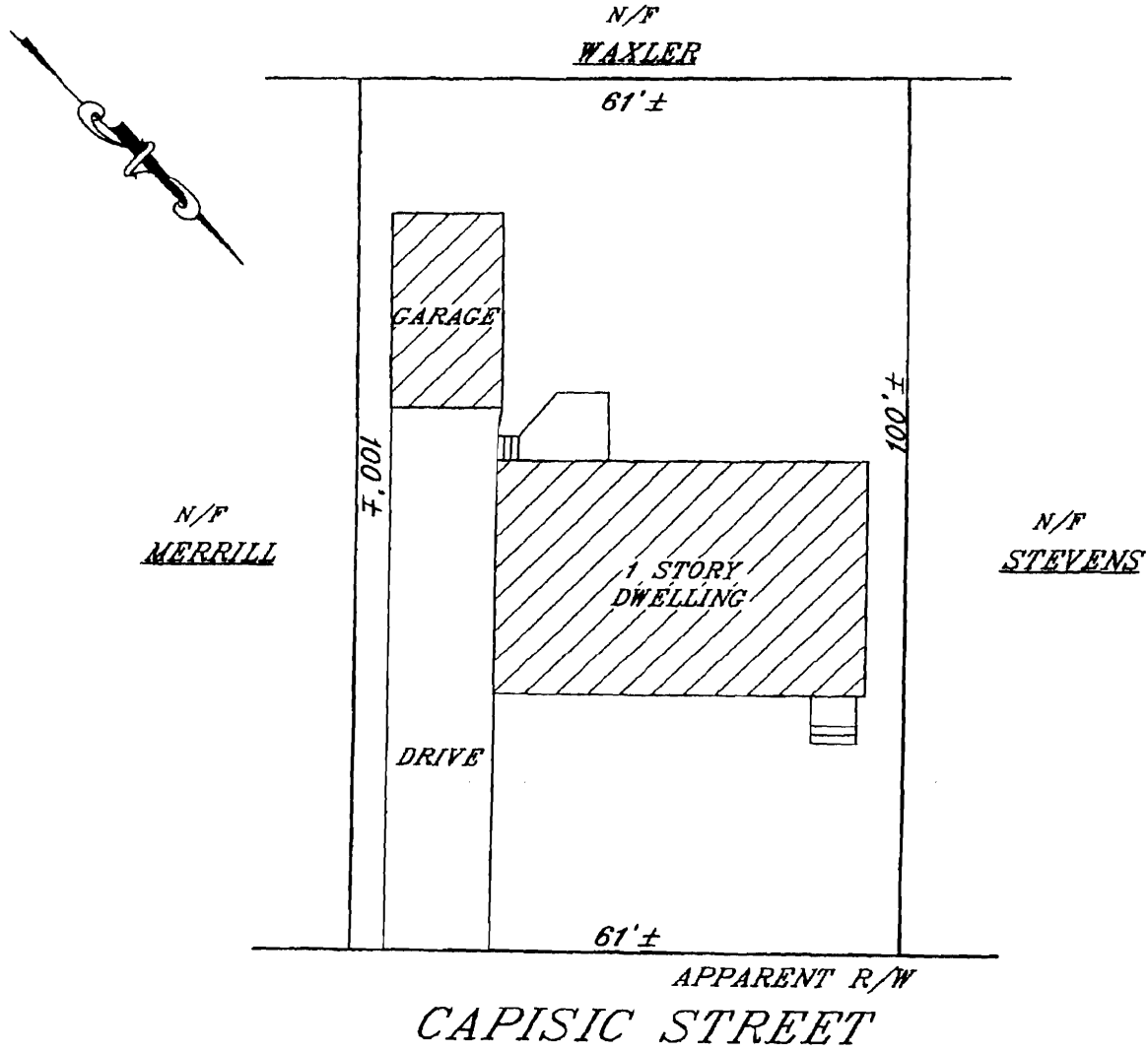
B: WD
64 sqft

FOR MORTGAGE LENDER USE ONLY

GENERAL NOTES: (1) DISTANCES SHOWN ARE TAKEN FROM PROVIDED TITLE REFERENCES SHOWN BELOW. (2) THE PURPOSE OF THIS INSPECTION IS TO RENDER AN OPINION AS FOLLOWS: A) DWELLING AND ACCESSORY STRUCTURE'S COMPLIANCE WITH RESPECT TO MUNICIPAL ZONING SETBACKS; AND B) FLOOD ZONE DETERMINATION BY HORIZONTAL SCALING ON BELOW REFERENCED FEMA MAP. (3) THIS INSPECTION EXCEPTS OUT ALL TECHNICAL STANDARDS CURRENTLY SET FORTH BY STATE OF MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS. (4) THIS INSPECTION IS TO BE USED ONLY BY THE BELOW LISTED LENDER, TITLE ATTORNEY & TITLE INSURER AND IS NOT TO BE USED BY ANOTHER PARTY FOR BOUNDARY LINE LOCATIONS OR LAND TITLE OPINIONS. (5) A BOUNDARY SURVEY SHOULD BE PERFORMED TO RENDER A PROFESSIONAL OPINION PERTAINING TO BOUNDARY LINE LOCATIONS, EASEMENTS, RIGHTS OF WAY, ENCUMBRANCES, AND/OR ENCROACHMENTS.

THIS SKETCH IS NOT TO BE USED FOR CONSTRUCTION PURPOSES

ADDRESS: 114 CAPISIC STREET INSPECTION DATE: 4/20/05
PORTLAND, MAINE SCALE: 1" = 20'



INSP. BY HSJ

SEE PROVIDED TITLE REFERENCES FOR APPLICABLE APPURTENANCES, IF ANY.

APPLICANT: MICHAEL MCGANN REQ. PARTY: ATLANTIC TITLE COMPANY
OWNER: HOWARD & ANNETTE KELSEA ATTORNEY: _____
LENDER: COUNTRYWIDE HOME LOANS FILE No. 20517568 F.I.E. BOOR _____

TITLE REFERENCES:

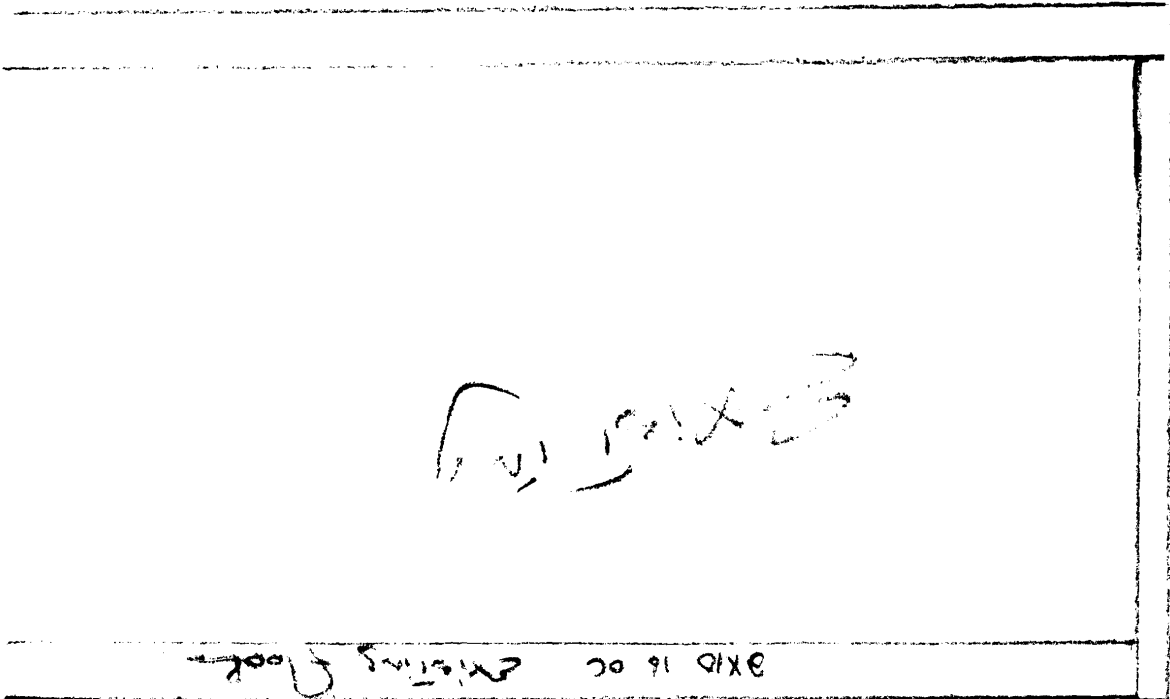
DEED BOOK: 3907 PAGE: 123
PLAN BOOK: _____ PAGE: _____ LOT: _____
COUNTY: CUMBERLAND

YOUR FILE #: 1032735

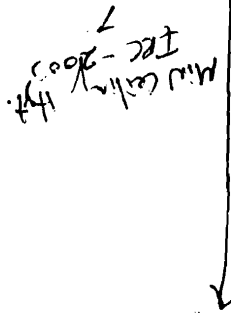
NADEAU & LODGE, INC.
PROFESSIONAL LAND SURVEYORS
918 BRIGHTON AVENUE 232 CLARKS WOODS ROAD

McBarrn

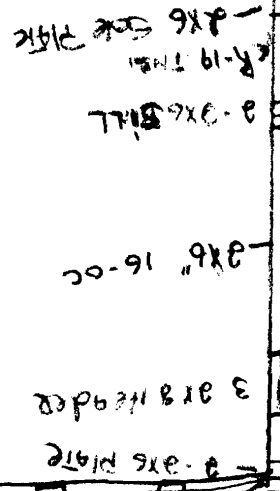
2x10



Now



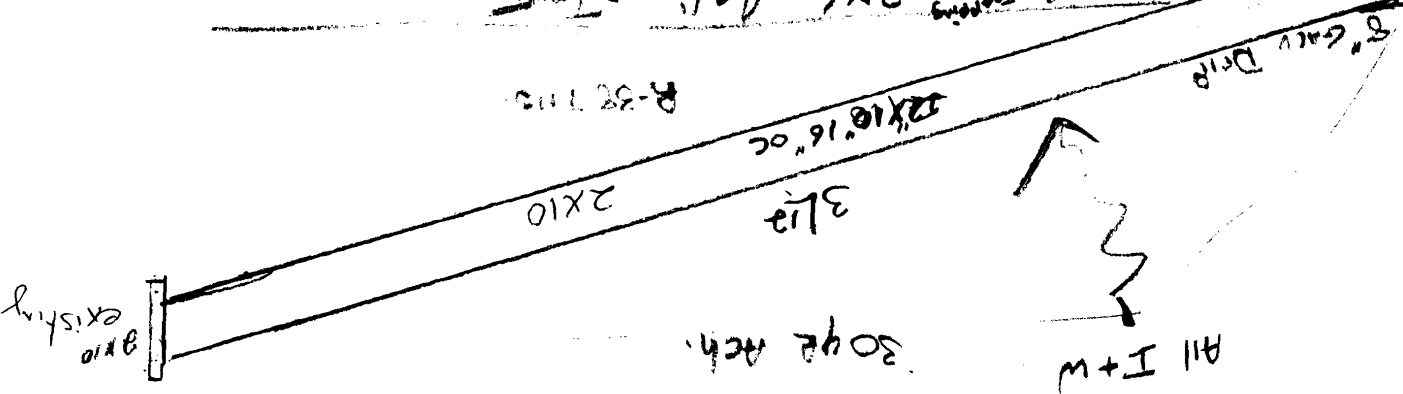
EXISTING



1/2" Wall Board

2x6 Ceiling Joist

Vertical
Siding
1/2" Wall Board



R-38 INS.

2x10 16" OC

2x10

3 1/2"

3092 Ach.

All I+W

2x10 existing

8" Gable Drip

McLean

CHINA STREET

