

**City of Portland, Maine - Building or Use Permit Application**

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

<b>Permit No:</b> 10-0387	<b>Issue Date:</b>	<b>CBL:</b> 223 B006001
------------------------------	--------------------	----------------------------

<b>Location of Construction:</b> 176 CAPISIC ST	<b>Owner Name:</b> LABOMBARD CURTIS D & JEN	<b>Owner Address:</b> 176 CAPISIC ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Porperty Owner	<b>Contractor Address:</b>	<b>Phone</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Dwellings	<b>Zone:</b>

<b>Past Use:</b> Single Family Home	<b>Proposed Use:</b> Single Family Home - addition to side of house to access attic, add closet space, install knee walls, dormer for stair clearance	<b>Permit Fee:</b> \$80.00	<b>Cost of Work:</b> \$6,000.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> addition to side of house to access attic, add closet space, install knee walls, dormer for stair clearance		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type:	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 04/20/2010	<b>Zoning Approval</b>		
------------------------------------	--	------------------------	--	--

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <input 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:
---	---	---	---

**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

<b>Location of Construction:</b> 176 CAPISIC ST	<b>Owner Name:</b> LABOMBARD CURTIS D & JEN	<b>Owner Address:</b> 176 CAPISIC ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Porperty Owner	<b>Contractor Address:</b>	<b>Phone</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Dwellings	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 04/21/2010

**Note:** **Ok to Issue:**

- 1) The rear setback shall be no less than the required 25' from the new structure to the property line.
- 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 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.
- 4) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 5) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 05/17/2010

**Note:** **Ok to Issue:**

- 1) There must be 2 - LVL's installed at the base of the 2"x4" wall to carry the load.
- 2) There must be 6'-8" clear head room measured from the nosing of the tread.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 4) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

### 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