

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT

This is to certify that GLENN E MITCHELL

Located At 29 DAVID RD

Job ID: 2011-12-2899-ALTR

CBL: 259-A-031-001

has permission to install Handicap ramp

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Final Inspection Required

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2011-12-2899-ALTR

Located At: 29 DAVID RD

CBL: 259- A-031-001

Conditions of Approval:

Zoning

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. The proposed ramp does not meet the front yard setback of 25'. Since it is a handicap ramp, the permit is being issued with the condition that the owner must apply for a disability variance from the Zoning Board of Appeals within thirty days of the date the permit is issued.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

*Penny St. Louis Littell - Director of Planning and Urban Development
Marge Schmuckal, Zoning Administrator*

December 13, 2011

Mr. & Mrs. Glenn Mitchell
29 David Road
Portland, ME 04103

Re: 29 David Road – 259 A031 - R-3 – disability variance – Permit #2011-12-2899

Dear Mr. & Mrs. Mitchell,

You applied for a permit to build a handicap accessible ramp to access the front door of your property. 29 David Road is located in the R-3 residential zone. The required front yard setback is twenty-five (25) feet [section 14-90(d)(1)]. The plot plan submitted with the permit showed the setback to the proposed ramp as five (5) feet. Since the ramp had to be installed immediately, the permit to build the ramp was issued. Now you need to apply for a disability variance within thirty days of the date the permit was issued, since the ramp does not meet the required front setback of twenty-five feet.

I have enclosed the disability variance application and the information about the appeal process. Please feel free to contact me at 874-8709 if you have any questions.

Yours truly,

A handwritten signature in black ink, appearing to read "Ann B. Machado".

Ann B. Machado
Zoning Specialist
(207) 874-8709

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-12-2899-ALTR	Date Applied: 12/9/2011	CBL: 259- A-031-001	
Location of Construction: 29 DAVID RD	Owner Name: GLENN E MITCHELL	Owner Address: 29 DAVID RD PORTLAND, ME 04102	Phone: 207-772-8002
Business Name:	Contractor Name: Chris Goodell	Contractor Address: 11 Lexington St., NH 03820	Phone: 603-674-3939
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: R-3
Past Use: Single family	Proposed Use: Same - Single family - install a handicap ramp for wheelchair access (207 sf).	Cost of Work: 1000.00	CEO District:
		Fire Dept: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 09</i>
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Proposed Project Description: Add Handicap Ramp		Pedestrian Activities District (P.A.D.)	

Permit Taken By:	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK w/ condition 12/15/11</i>	Zoning Appeal <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:	Historic Preservation <input checked="" type="checkbox"/> Not in Dist 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 appication 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

R-3



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>29 DAVID RD., PORTLAND</u>		
Total Square Footage of Proposed Structure/Area <u>207 SF</u>	Square Footage of Lot	Number of Stories <u>N/A</u>
Tax Assessor's Chart, Block & Lot Chart# <u>259</u> Block# <u>A</u> Lot# <u>31</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>Cheryl Mitchell</u> Address <u>29 David Rd.</u> City, State & Zip <u>Portland, ME 01402</u>	Telephone: <u>207-772-8002</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>SAME</u> Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ <u>30</u>
Current legal use (i.e. single family) <u>SINGLE FAMILY</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: _____ Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>ERECT A TEMPORARY HANDICAP RAMP FOR LIVE-IN RELATIVE TO ENTER FRONT DOOR</u>		
Contractor's name: <u>CHRIS GOODELL</u> Address: <u>11 LEXINGTON ST.</u> City, State & Zip <u>DOVER, N.H. 03820</u> Telephone: <u>603-674-3939</u> Who should we contact when the permit is ready: <u>HOMEOWNER</u> Telephone: <u>207-772-8002</u> Mailing address: <u>29 David Rd., Portland, ME 01402</u>		

RECEIVED
DEC - 9 2011
Dept. of Building Inspections
City of Portland, Maine

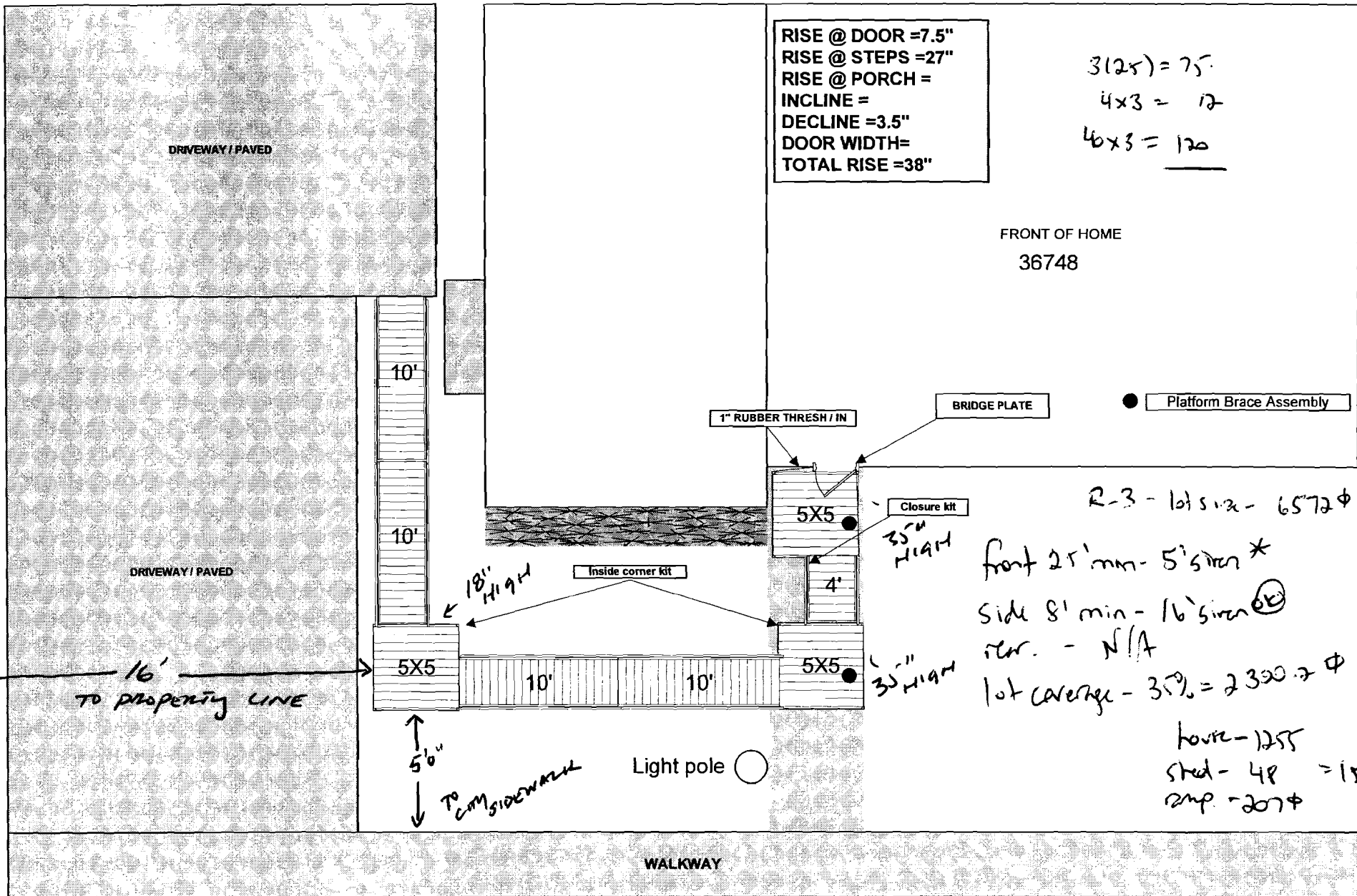
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

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: [Signature] Date: 12/9/11

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



RISE @ DOOR = 7.5"
 RISE @ STEPS = 27"
 RISE @ PORCH =
 INCLINE =
 DECLINE = 3.5"
 DOOR WIDTH =
 TOTAL RISE = 38"

3(25) = 75
 4x3 = 12
 4x3 = 120

FRONT OF HOME
 36748

1" RUBBER THRESH / IN BRIDGE PLATE Platform Brace Assembly

Closure kit

Inside corner kit

R-3 - lot size - 6572 φ
 front 25' min - 5' side *
 side 8' min - 16' side
 rear - N/A
 lot coverage - 35% = 2300 φ
 house - 1255
 shed - 48 = 1510
 ramp - 207 φ

16' TO PROPERTY LINE

5'6" TO CURB SIDEWALK

Light pole

WALKWAY

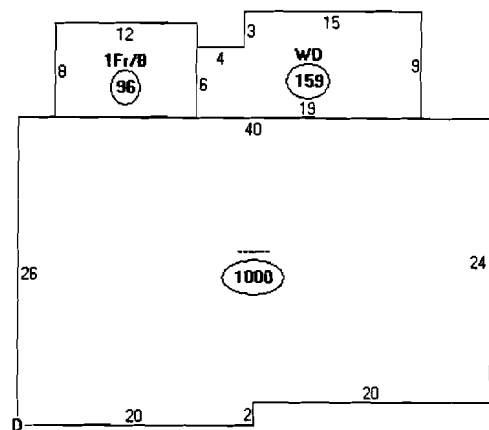
Friday, November 18, 2011



Prepared for		
DRAWN BY	Project ID	

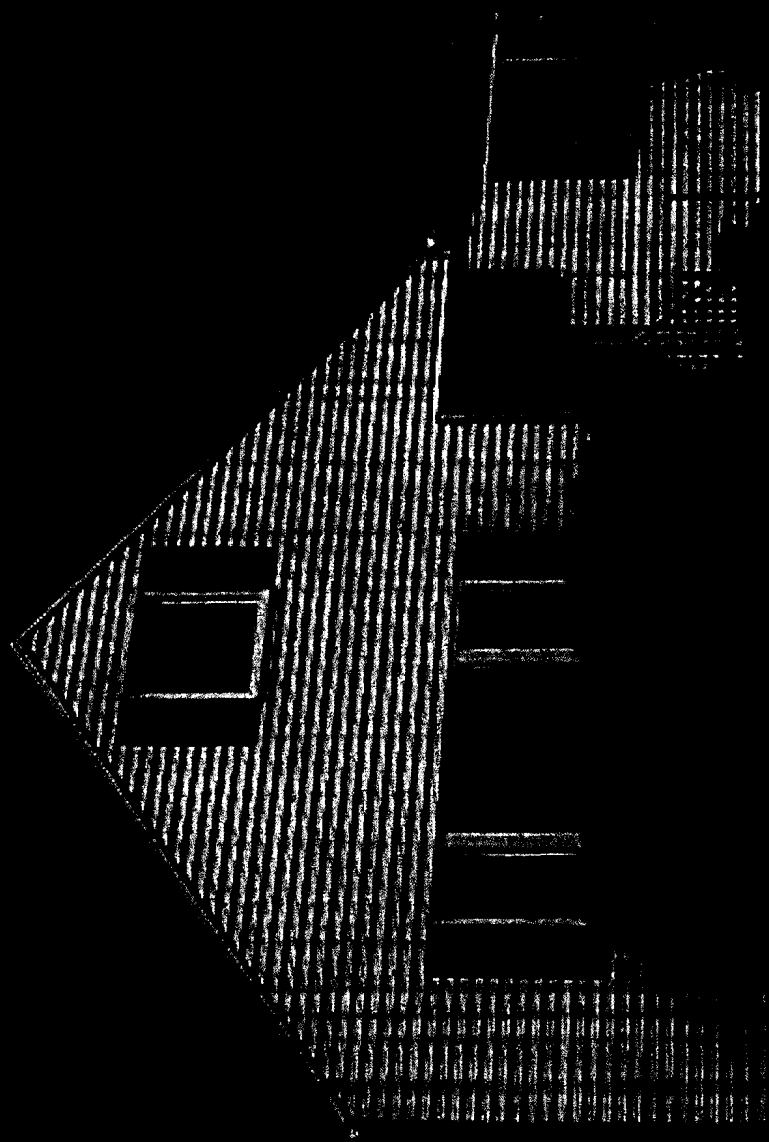
All text and images contained on this document are proprietary and confidential and may not be shared, modified, distributed, reproduced, or reused, in part or whole without express written permission of EZ-ACCESS, a division of Homecare Products, Inc.

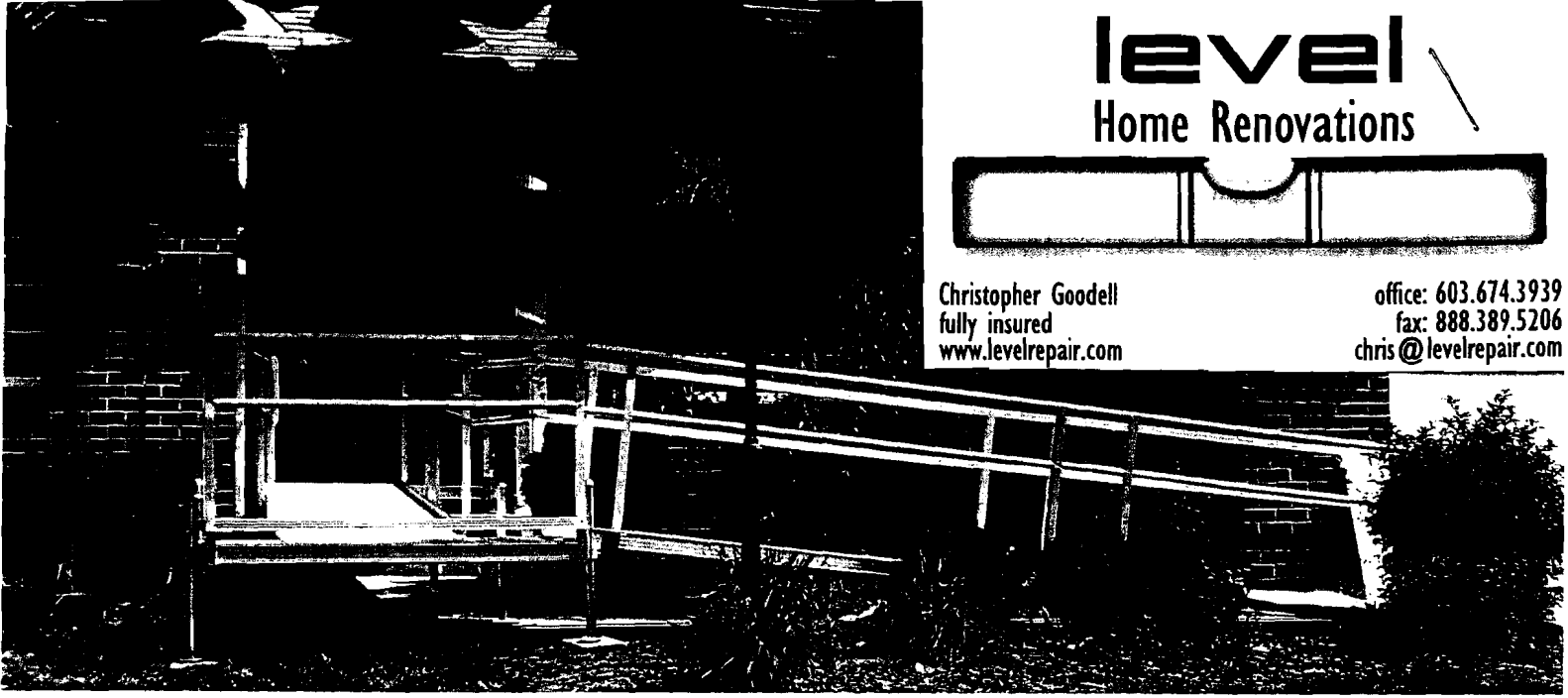
© 2005 Homecare Products, Inc All rights reserved



Descriptor/Area

- A: -----
1000 sqft
- B: 1Fr/B
96 sqft
- C: WD
159 sqft
- D: RS1
48 sqft





level
Home Renovations



Christopher Goodell
fully insured
www.levelrepair.com

office: 603.674.3939
fax: 888.389.5206
chris@levelrepair.com

Your local VA has given us authorization to quote a ramp for your residence.

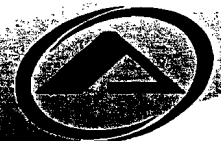
Before we get started, EZ-ACCESS would first like to thank you for serving our country. We appreciate your personal sacrifice and commitment which have allowed our country to remain free. We consider it an honor and a privilege to work with the VA in helping you acquire a ramp.

What to expect during the VA ramp process:

- ✓ We may be one of multiple vendors that will be contacting you for a ramp.
- ✓ No need to worry! EZ-ACCESS will take care of your ramp needs and oversee the entire project from start-to-finish.
- ✓ One of our contractors, many of whom are Veterans Serving Veterans, will perform our two step process:
 1. A site evaluation to gather measurements and get a "lay of the land." Obstacles such as trees and shrubs will be noted in the evaluation to help decide the best layout for your needs.
 2. If the VA chooses EZ-ACCESS to provide your ramp, we will call you to let you know the ramp has been authorized. Our contractor will then contact you to set an installation appointment.

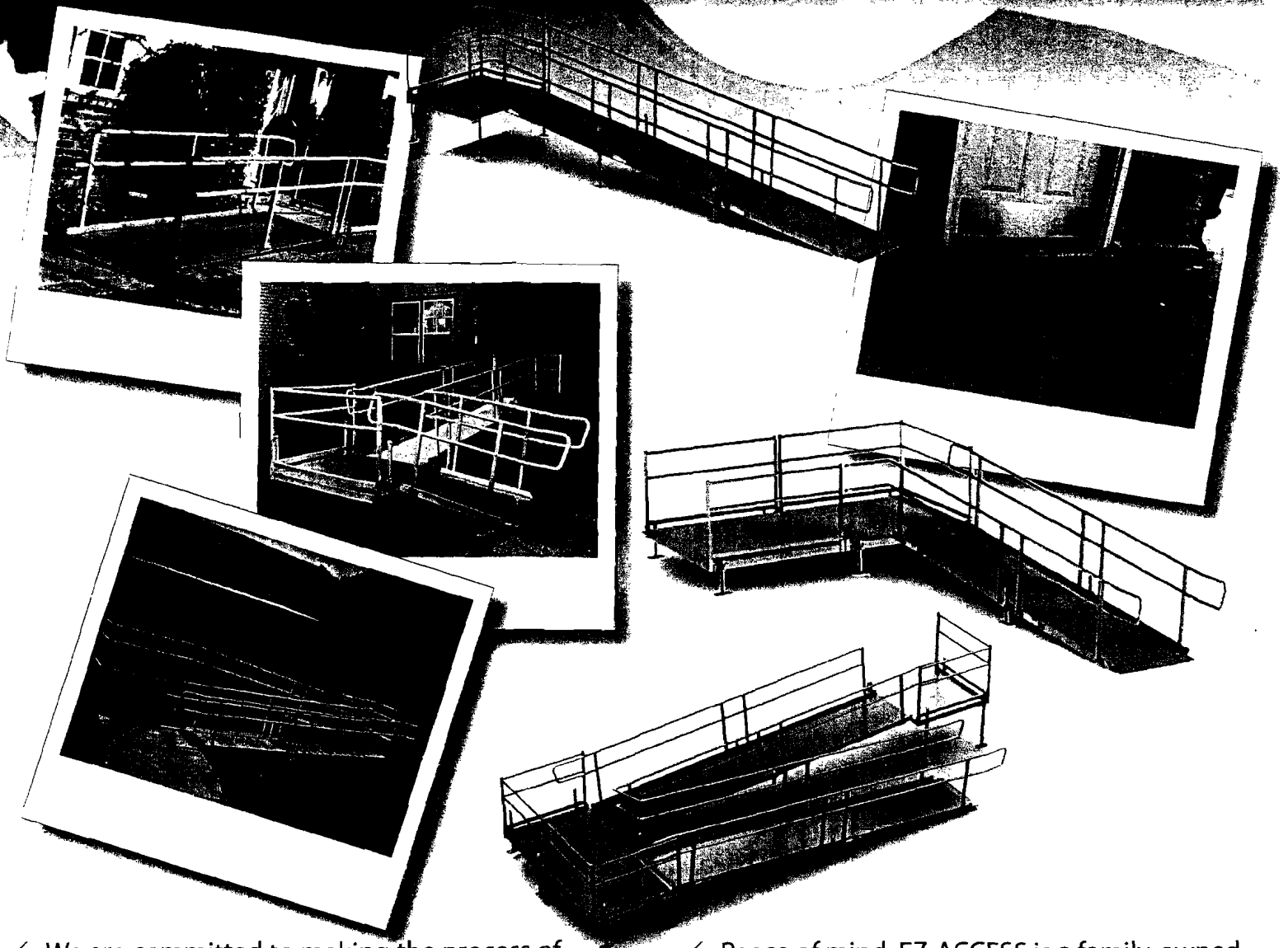
Thank you for allowing us to come to your home and work with you on your VA ramp project. If you have any questions, please feel free to talk to the contractor performing the evaluation or call us toll-free at 1-877-233-6592. Our friendly and knowledgeable customer service staff will be happy to guide you through the process and talk to you about your particular layout.

**Have questions? We're happy to help.
Call us toll-free: 1-877-233-6592**



EZ-ACCESS®
Moving you forward™

A ramp configuration will be designed specifically for your residence.
Below are a few examples of typical layouts:



- ✓ We are committed to making the process of installing the best ramp solution for you as worry-free as possible. With EZ-ACCESS, you can be confident that your accessibility needs will be resolved correctly, completely, and safely, utilizing ADA Guidelines.
- ✓ EZ-ACCESS ramps are made of aluminum and are modular in design. Unlike wood ramps, they require no footings, which means there is little or no long-term impact on your home's property value.
- ✓ Quick installation (usually less than 1 day) means minimal disruption for you and your family.
- ✓ Peace of mind. EZ-ACCESS is a family-owned company with over 25 years of experience in designing and manufacturing high quality aluminum ramps.
- ✓ Many federal and state agencies, including the US Department of Veterans Affairs benefits program, use EZ-ACCESS ramps due in part to their superior quality, safety, and responsive customer service.
- ✓ Made in the USA by American workers.

Have questions? We're happy to help.
Call us toll-free: 1-877-233-6592



EZ-ACCESS®

Moving you forward™

Insp 12/13/11

7:15 A

Ramp installed as per plan

cond
3

Subgrade non compliant variance needed

*