

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 060014

JAN - 4 2005

CITY OF PORTLAND

This is to certify that Portland Housing Authority/ & M Industries
 has permission to Renovate the 1st floor unit bedroom & kitchen
 AT 39 Godfrey St Call 274 1001001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the 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.

Classification of inspection must be given and when permission proceeds before this building or part thereof is started or service closed-in. 4 HOUR NOTIFICATION 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 _____

Jamie Bouke 1/4/06
 Director Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



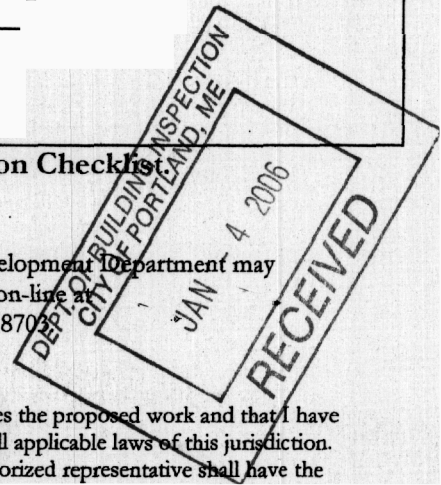
General Building Permit Application

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: <u>39 Godfrey</u>		
Total Square Footage of Proposed Structure <u>1,000±</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>274</u> Block# <u>I</u> Lot# <u>111</u>	Owner: <u>PORTLAND HOUSING AUTHORITY 14 SATEL BLD. PORTLAND, ME 04102</u>	Telephone: <u>207-773-4753</u>
	<u>CHAPEL</u> <u>SOUTH PORTLAND, ME</u>	<u>02</u> <u>102</u> C of O Fee: \$ _____
Current Specific use: <u>RESIDENTIAL</u>	<u>04106</u>	
If vacant, what was the previous use? _____	_____	
Proposed Specific use: <u>SAM</u>	_____	
Project description: <u>INTERIOR RENOVATIONS: INCLUDING NEW BATHROOM, KITCHEN, FLOORING, DOORS & PAINT. GENERAL REHAB. AND ELECTRICAL PANEL</u>		
Contractor's name, address & telephone:	<u>M & M INDUSTRIES 33 CHAPEL ST #1 ME 04106</u> <u>MARU</u>	
<u>AS</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 874-8700.



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

Signature of applicant: <u>[Handwritten Signature]</u>	Date: <u>02</u> / <u>03</u> / <u>06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

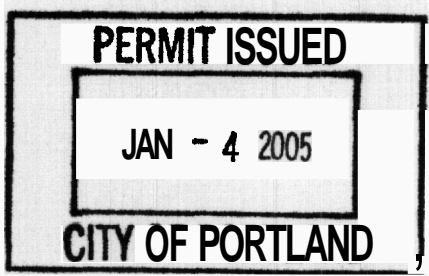
City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-0014	Issue Date: 01/04/2006	CBL: 274 I001001
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Location of Construction: 39 Godfrey St		Owner Name: Portland Housing Authority		Owner Address: 14 Baxter Blvd		Phone:	
Business Name:		Contractor Name: M & M Industries		Contractor Address: 33 Chapel Street #1 So. Portland		Phone: 2073294875	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Duplex			Zone: R5
Past Use: Two Family		Proposed Use: Two Family w/interior renovations of the 1st floor unit bathroom & kitchen		Permit Fee: \$174.00	Cost of Work: \$16,100.00	CEO District: 3	
Proposed Project Description: Renovate the 1st floor unit bathroom & kitchen				FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SB	
				Signature:		Signature: JMB 1/4/06	

Permit Taken By: jmb		Date Applied For: 01/04/2006		Zoning Approval			
<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan		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		Historic Preservation <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	
		Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: JMB 1/4/06		Date:		Date: JMB	



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

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0014	Date Applied For: 01/04/2006	CBL: 274 1001001
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Location of Construction: 39 Godfrey St	Owner Name: Portland Housing Authority	Owner Address: 14 Baxter Blvd	Phone:
Business Name:	Contractor Name: M & M Builders	Contractor Address: 16 Tenney Street Yarmouth	Phone (207) 846-0774
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	

Proposed Use: Two Family w/interior renovations of the 1st floor unit bathroom & kitchen	Proposed Project Description: Renovate the 1st floor unit bathroom & kitchen
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noted on plans.

Need PDF file

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.

<input type="checkbox"/>	Footing/Building Location Inspection:	Prior to pouring concrete
<input type="checkbox"/>	Re-Bar Schedule Inspection:	Prior to pouring concrete
<input type="checkbox"/>	Foundation Inspection:	Prior to placing ANY backfill
<input checked="" type="checkbox"/>	Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
<input checked="" type="checkbox"/>	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.

N/A **CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

<u>[Signature]</u>	<u>1/9/06</u>
Signature of Applicant/Designee	Date
<u>[Signature]</u>	<u>1/4/06</u>
Signature of Inspections Official	Date

CBL 2747-1 Building Permit # 06-0014

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 2 of 2
 Parcel ID 274 1001001
 Location 23 GODFREY ST
 Land Use GOVERNMENTAL
 Owner Address PORTLAND HOUSING AUTHORITY
 14 BAXTER BLVD
 PORTLAND ME 04101

R5

Book/Page
 Legal 274-I-1 GODFREY ST 23-
 41 GORGES 2-20 JOSSLYN
 ST bl-79 808955F

#14

Current Assessed Valuation For Fiscal Year 2006

Land	Building	Total
\$82,010	\$390,910	\$472,920

Estimated Assessed Valuation For Fiscal Year 2007"

Land	Building	Total
\$78,100	\$372,300	\$450,400

* Value subject to change based upon review of property status as of 4/1/06.
 The tax rate will be determined by City Council in May 2006.

Building information

Bldg #	Year Built	# units	Bldg Sq. Ft.	Identical Units
2	1944	2	2040	5

Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
1.857	4350		APARTVENT - GARDEN	SAGAMORE VILLAGE

Exterior/Interior Information

Section	Levels	size	Use
1	B1/B1	408	MULTI-USE STORAGE
1	01/01	816	APARTVENT
1	02/02	816	APARTVENT

Height	Walls	Heating	A/C
8		NONE	NONE
8	FRAME	HOT AIR	NONE
8	FRAVE	HOT AIR	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE

Building Other Features

Line	Structure Type	Identical Units
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Yard Improvements

Year Built	Structure Typo	Length or Sq. Ft.	# units
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Sales Information

Date	Type	Price	Book/Page
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Picture and Sketch

<u>Picture</u>	<u>Sketch</u>	<u>Tax Map</u>
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[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!