389 Congress Street, 0)4101 Tel:	(207) 874-870	3, Fax: ((207) 874-871	6	09-0988		277 G04	47001
Location of Construction:		Owner Name:			Owner	Address:		Phone:	
21 CANDLEWYCK TI	ER	DE OLIVEIRA		ARDO S & K	21 C.	ANDLEWYCK TER			
Business Name: Contractor Name property owner		ne:	e:		ctor Address:		Phone		
		property owr	ner						
Lessee/Buyer's Name		Phone:			Permit	Туре:			Zone
					Add	itions - Dwellings			<u> </u>
Past Use:		Proposed Use:			Permi	t Fee: Cost of Wo	rk: C	EO District:	7
Single Family Home			Single Family Home - 344 sq ft			\$820.00 \$80,0	00.00	3	<u> </u>
		addition (fan	nily room)	FIRE	DEPT: Approved	INSPEC	_	
		- [Denied	Use Grou	1p: L3	Type:
			חרח	MITICOUR		7	_ ا	- 00 5	-40
			PEK	<u>MIT ISSUE</u>	<u>၂</u>	1	-	TKC 2	∞
Proposed Project Descriptio		1	ŀ			1		IRC 2 2m 9	/
344 sq ft addition (fami	ıy room)	ł	SF	P 2 3 2009	Signat	ure STRIAN ACTIVITIES DIS	Signature	1m 9	122
		ł		0 2003			,	•	
		i	O.T.	\F DAD===	Action		proved w/C	Conditions	Denie
			CHY (OF PORTLA	$\mathbf{W}_{\mathbf{p}_{nat}}$	иге]	Date:	
Permit Taken By:	Date	Applied For:	T ====			Zoning Approv	 al		
Ldobson	1	09/2009				Zoning Approv	••• I	/	
1. This permit applica	tion does no	ot preclude the	Spe	cial Zone or Review	ws	Zoning Appeal		Historic Prese	rvatio
Applicant(s) from r Federal Rules.			☐ Sh	oreland		Variance		Not in Distric	t or La
2. Building permits do septic or electrical		e plumbing,	$ \square w$	etland	Miscellaneous			Does Not Req	uire R
	· · · · · · · · · · · · · · · · · · ·		☐ Fk	ood Zone	Conditional Use			Requires Revi	iew
False information may invalidate a building permit and stop all work		te a building	☐ Su	Subdivision Interp		Interpretation		Approved	
			Sit	te Plan	1	Approved		Approved w/C	Conditi
			Maj [Minor MM	ا ر ا	nied (Dy nied	[Denied	
			16	as Areco		WS			
			Date:	20 TO G1	Υ	Date:	Dat	e:	
				- M	0 0	<u> </u>			
				,	(
			r	ERTIFICATION)N				
I hereby certify that I am	the owner	of record of the				osed work is authorized	l by the o	wner of recor	d and
I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner if a permit	to make this app for work describ	olication a ed in the	as his authorized application is is	agent sued, l	and I agree to conform certify that the code of	to all app ficial's au	olicable laws of thorized repre	of this
SIGNATURE OF APPLICAN	łΤ			ADDRESS		DATI	3	PHON	NE

9/29/09- checked Forting forms of 1011.
9/29/09- Checked Footing forms & settreks - Ok to pour-doing in 2 phases Due to Lack of Epuco == > I DID Mis area
= 71 DID Misarea
Ctore c
12-15-09 OK- wough in place (AT) only, years also primit) by Ely 12-18-09 OK- wough in also (Wate: need AFCE as all new arrests. WEN
02-19-10 Final Okey-porter sie not in yet soursed owner
to call back, Jak
(w/in 6 menths!)
(w/in) to-tprint, no need to carl or goard JAR
Ourse will have else replace
06-07-10 Spoke al Am. Mzchado
este plan "Plot" for rear porch
needs anudaret Jak
Appen indicates " cine of existing Deck to be something

Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND** Please Read BU Application And Permit Number MINS SUED Notes, If Any, PERMIT Attached This is to certify that ____DE_OLIVEIRA EDUARDO S RISTE SEP 2 3 2009 perty ow has permission to _____344 sq ft addition (family room CITY OF PORTLAND 277 G0470 1 AT 21 CANDLEWYCK TER ting this permit shall comply with all provided that the person or persons, fi or cd andn ag e and of the concess of the City of Portland regulating of the provisions of the Statutes of Ma res, and of the application on file in the construction, maintenance and use of buildings and structure. this department. Not ation o spectio must b nd writte give

Apply to Public Works for street line and grade if nature of work requires such information.

Not ation of ispectic must be give and writte permissic procured before this but any or present in a sed-in. 2 HOL NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Thomas Markely 9/22/09
Director - Building & Inspection Services

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

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 upon re	eceipt of your building permit.					
X Footing/Building Location Inspection: P precast piers	rior to pouring concrete or setting					
X Foundation Inspection: Prior to placing a occupiable space	Foundation Inspection: Prior to placing ANY backfill for below grade occupiable space					
X Framing/Rough Plumbing/Electrical: Pri	ior to Any Insulating or drywalling					
X Final inspection required at completion of work.						
Certificate of Occupancy is not required for certain proyour project requires a Certificate of Occupancy. All p						
If any of the inspections do not occur, the project of REGARDLESS OF THE NOTICE OR CIRCUMS	• ,					
CERIFICATE OF OCCUPANICES MUST BE ISS THE SPACE MAY BE OCCUPIED.	SUED AND PAID FOR, BEFORE					
Ensten de C	9/23/09					
Signature of Applicant/Designee	, , ,					
Thomash Marle Can	Date 9/22/09					
Signature of Inspections Official	Date					

CBL: 277 G047001 **Building Permit #**: 09-0988

•	ne - Building or Use Permit 01 Tel: (207) 874-8703, Fax: (2		Permit No: 09-0988	Date Applied For: 09/09/2009	CBL: 277 G047001
Location of Construction:	Owner Name:	`	Owner Address:		Phone:
21 CANDLEWYCK TER	DE OLIVEIRA EDUA		21 CANDLEWY	1 none:	
Business Name:	Contractor Name: property owner		Contractor Address:		Phone
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwel	lings	
Proposed Use:		Propose	d Project Description		
Single Family Home - 344	sq ft addition (family room)	344 sq	ft addition (family		
Dept: Zoning	Status: Approved with Conditions	Reviewer:	Marge Schmuck	al Approvai D	
Note:					Ok to Issue:
	al for an additional dwelling unit. Yoh as stoves, microwaves, refrigerator				nt including, but
2) This property shall rem approval.	ain a single family dwelling. Any cl	hange of use sha	all require a separa	te permit application	ı for review and
3) This permit is being app work.	proved on the basis of plans submit	ted. Any deviat	ions shall require	a separate approval t	pefore starting that
Dept: Building	Status: Approved with Conditions	Reviewer:	Tom Markley	Approval D	Date: 09/22/2009
Note:					Ok to Issue:
	quired for any electrical, plumbing, r approval as a part of this process.		larm or HVAC or	exhaust systems. Sep	parate plans may
Application approval ba and approrval prior to v	ased upon information provided by work.	applicant. Any	deviation from app	proved plans requires	separate review

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.

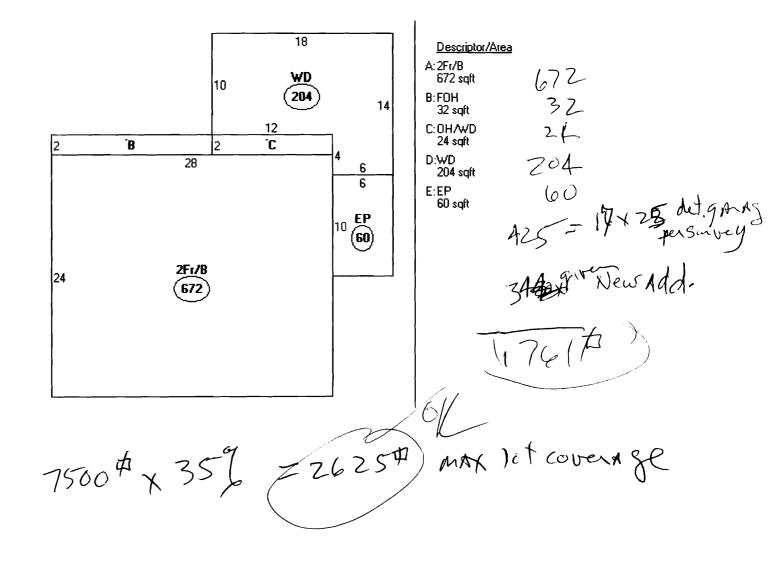
Location/Address of Construction: 21 CANPLE WYCK TERRACE, FORTLAND, ME 04102					
Total Square Footage of Proposed Structure/A	Square Footage of I	Square Footage of Lot 7,500 SF (.1721 ACRES)			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 277 6 47 Lessee/DBA (If Applicable)	Applicant *must be owner, Lessee	Telephone: KRISTEN PLUTS K TERRKE MAINE 04102 nt) Cost Of			
	Name Address City, State & Zip	Work: \$ 80,000 C of O Fee: \$ Total Fee: \$ 820.00			
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: 344 SF ADDITION (FAMILY ROOM)					
Contractor's name: ED AND LEIST Address: ZI CANDLE WYCK City, State & Zip PORTLAND, MAN Who should we contact when the permit is read Mailing address: SAME	TEAPACE INE	Telephone: <u>761.9257 home</u> 239-53/5 CP(
Please submit all of the information	andinad on the applicable (Charling Enilyments			

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

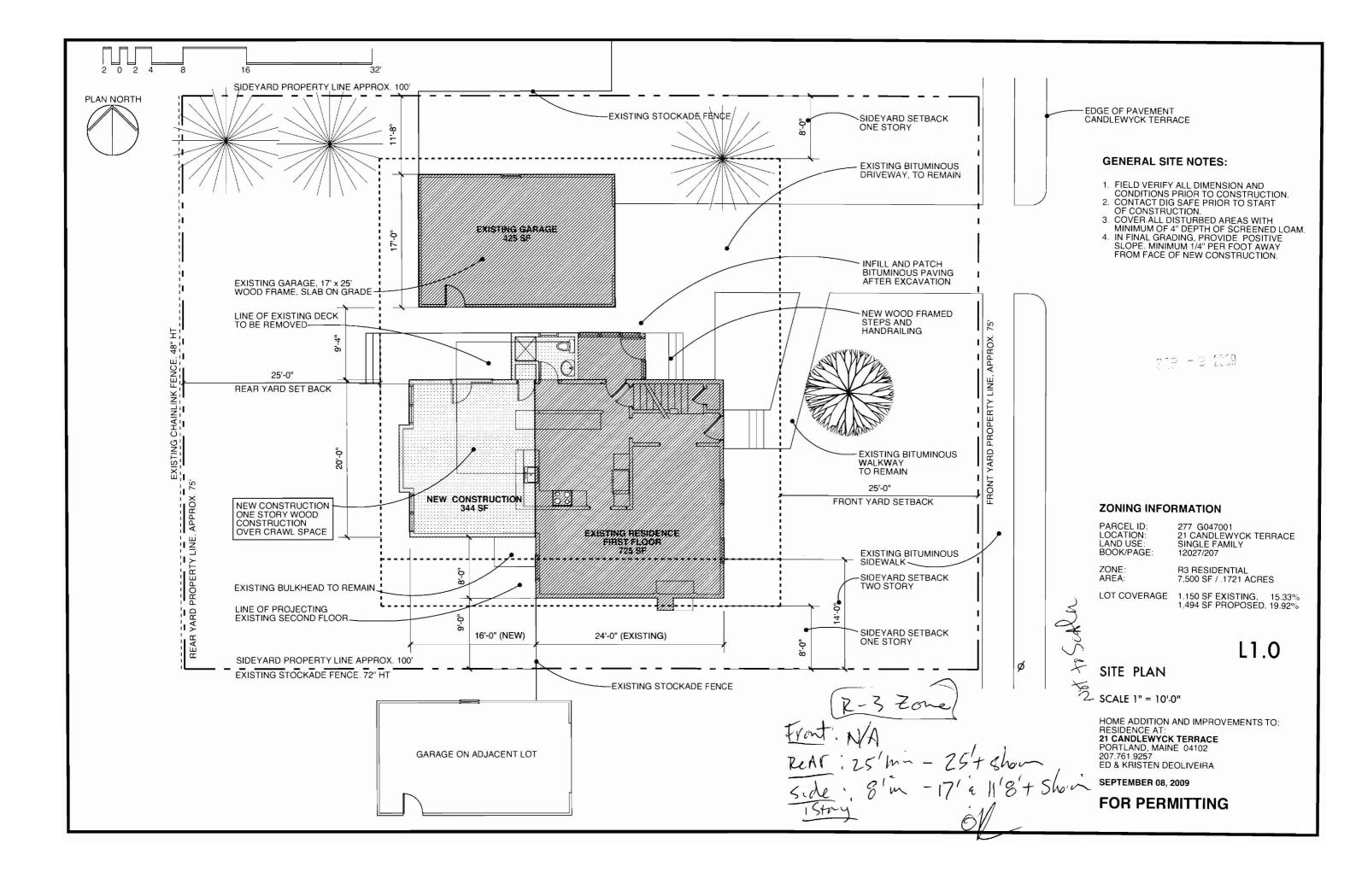
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

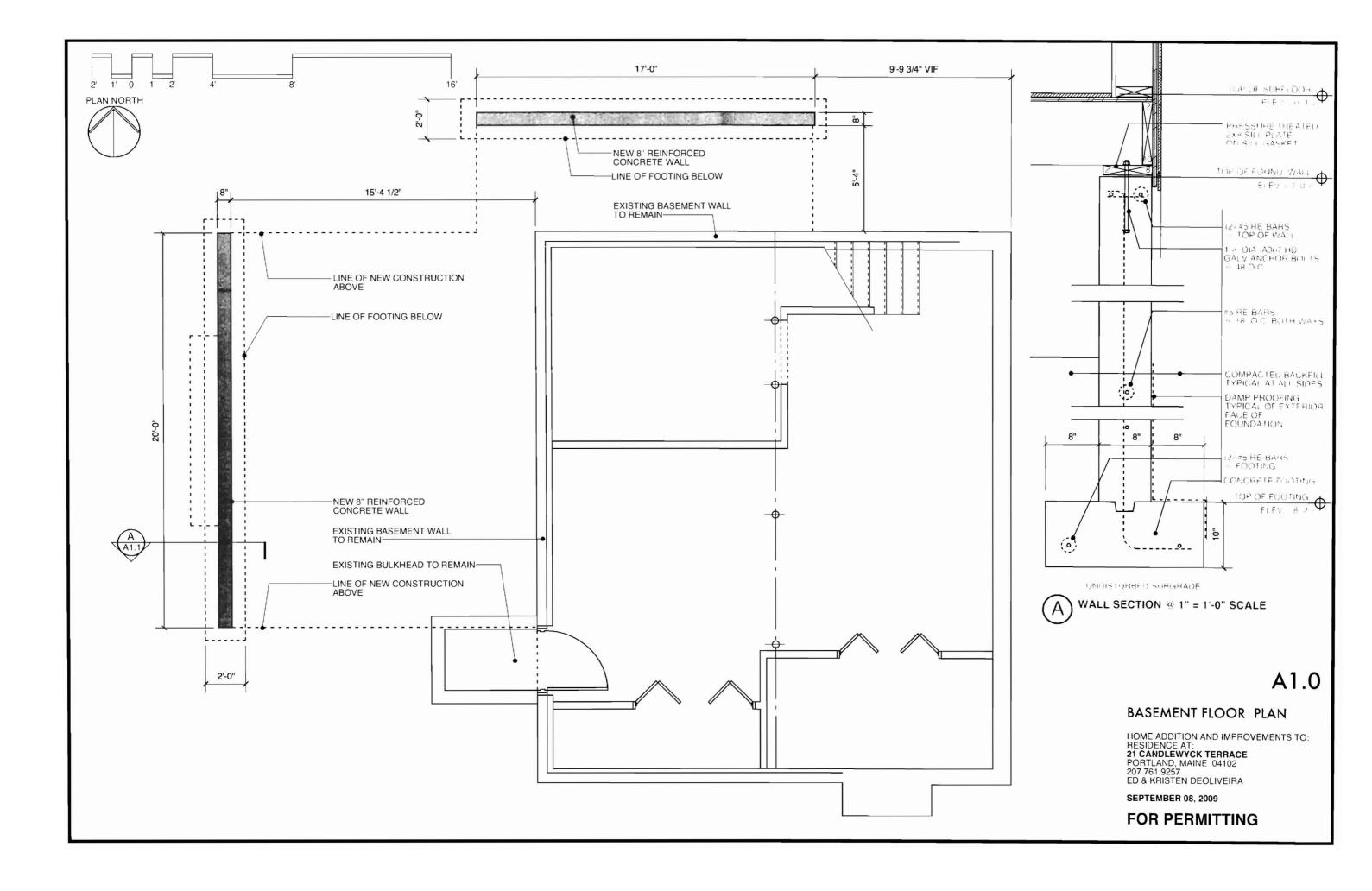
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

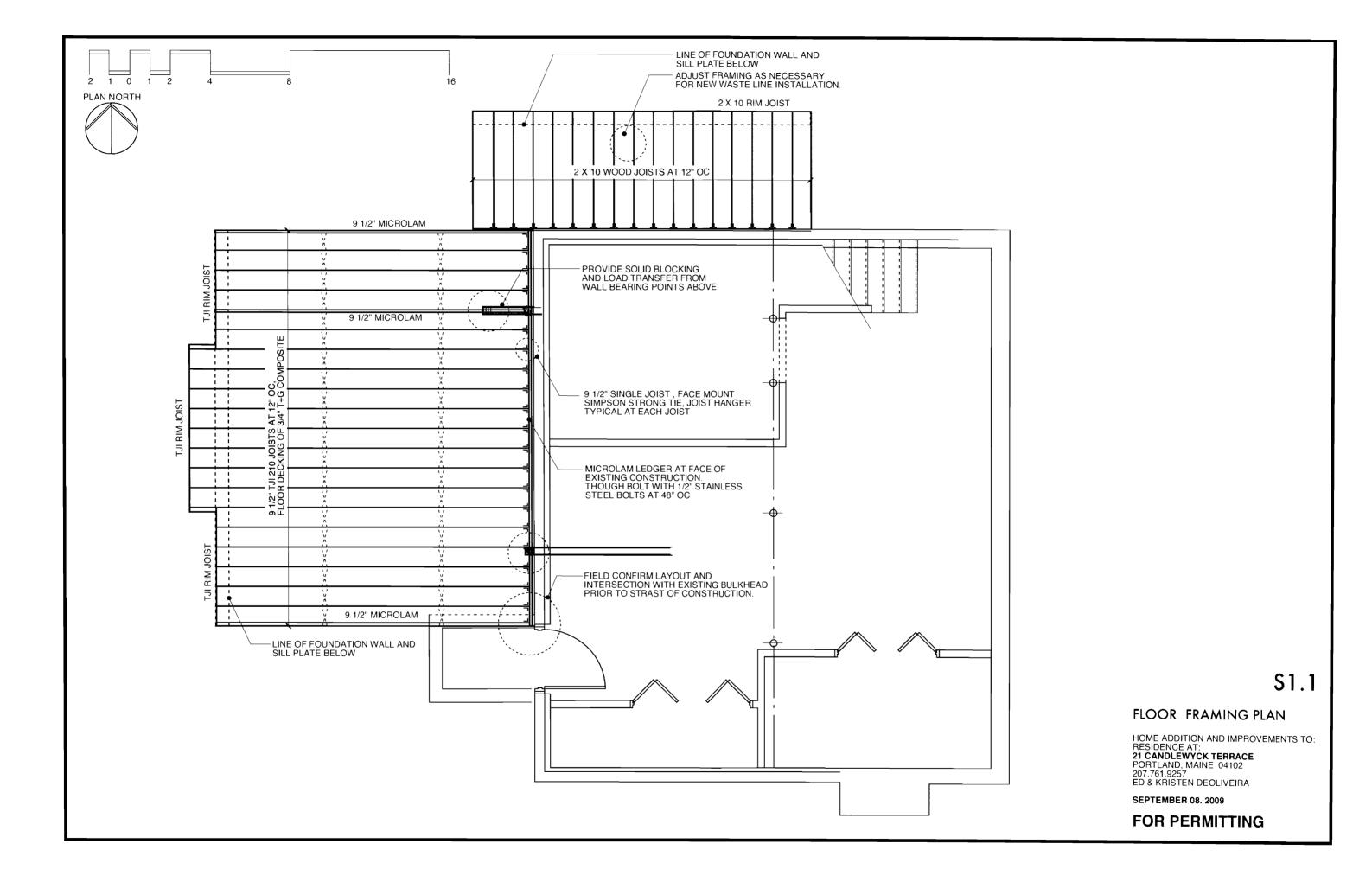
Signature:	Mende	Date:	9.8.09
		nmence	ANY work until the permit is issue

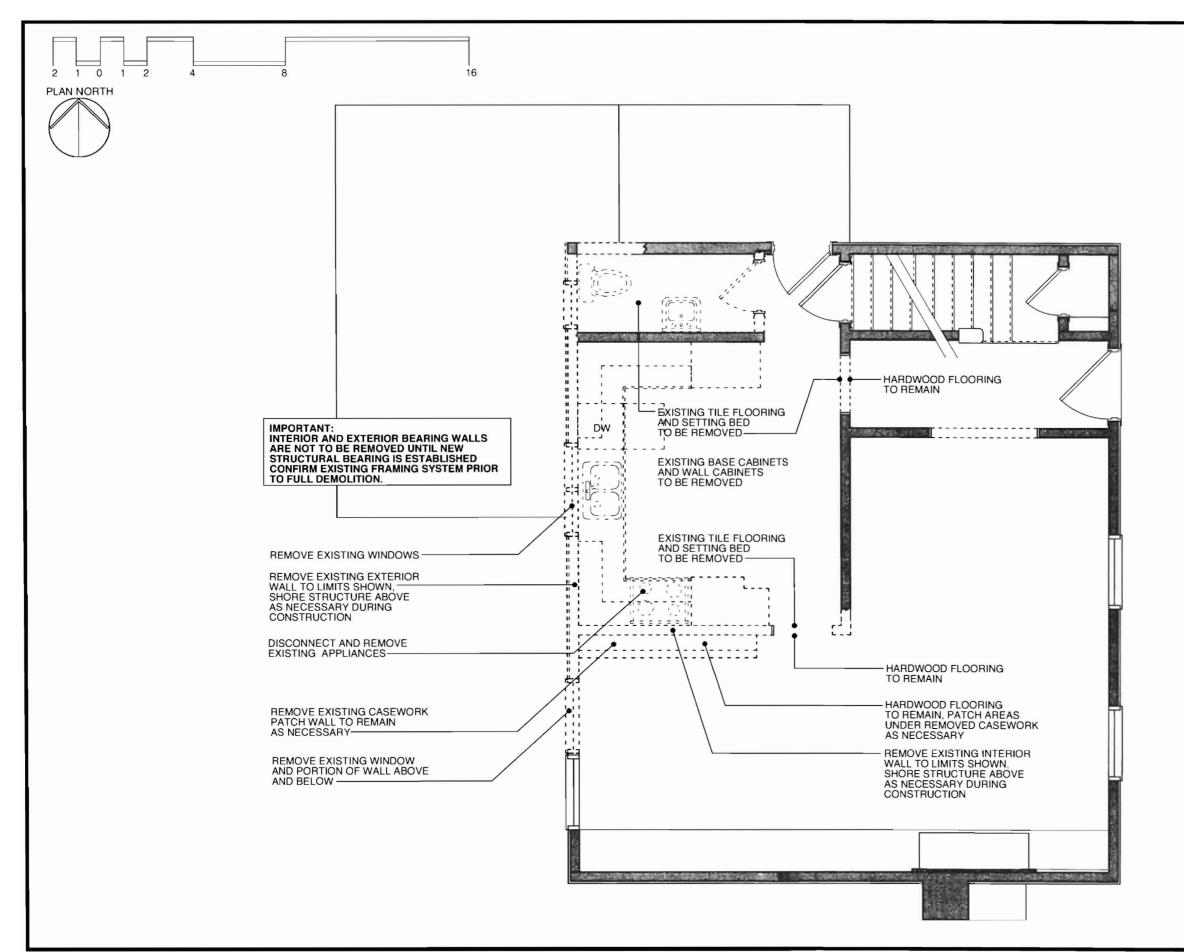


	(
BECKER structural angineers, inc. 75 York Street, Portland, ME D4101-4550 Tel. 207-879-1838 Fax 207-879-1822	Project /2 G W.O Calculated By: Checked By:	,	heet 0f ate 9/29/09
EXTG 1/2" PLYWOOD SHEATHING	2×4	EXTS	1/2"GWB
DRIVE HARDWOOD SHIMS BETWN STUD LIVL BEAM TO PRE-LOAD NEW LVL W/ BLDG		NOTH EXT	16 STUD & BOT
1/4" & RSS EXPENCE EN ENIST STUD W/ 2" EMPEDINTO EXIST	and		A STUD & BOT WISTAGE NEW B
STUD.			£ 74
MEW 4210 Joist Har			2×10 FLR JOST LOCKING BETWN JOISTS @ SHORING LOCATION
B) SECTION C	T HAR		
			









GENERAL DEMOLITION NOTES:

- CONTACT DIG SAFE PRIOR TO START OF CONSTRUCTION.
 OWNER TO OCCUPY HOME DURING THE COURSE OF CONSTRUCTION. PROTECT AREAS NOT AFFECTED BY CONSTRUCTION AND AREAS ADJACET TO CONSTRUCTION.
- TO CONSTRUCTION AND AREAS ADJACET
 TO CONSTRUCTION.

 3 NOTIFY OWNER OF ANY DISCREPANCIES
 BETWEEN EXISTING CONDITIONS AND
 DRAWINGS BEFORE PROCEEDING
- WITH SELECTIVE DEMOLITION.

 4. VERIFY ELECTRICAL, HEATING AND PLUMBING SYSTEMS PRIOR TO DEMOLITION.

 5. CONFIRM EXISTING FRAMING METHODS
- PRIOR TO START OF STRUCTURAL FRAMING.
 6 ALL WORK TO BE SEQUENCED AND SCHEDULED WITH OWNER. NTIFY OWNER 24 HOURS IN ADVANCE OF DISRUPTIONS IN POWER AND
- WATER SERVICE.
 DISPOSE OF DEMOLISHED ITEMS AND
 MATERIALS PROMPTLY AND LEGALLY IN A
 LANDFILL OR INCINERATOR ACCEPTABLE TO THE AUTHORITIES HAVING JURISDICTIONS.

D1.1

FIRST FLOOR DEMOLITION PLAN

HOME ADDITION AND IMPROVEMENTS TO: RESIDENCE AT: 21 CANDLEWYCK TERRACE PORTLAND, MAINE 04102 207.761.9257 ED & KRISTEN DEOLIVEIRA

SEPTEMBER 08, 2009

FOR PERMITTING

