

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080161

Please Read
Application And
Notes, If Any,
Attached

This is to certify that GOLDFARB MATTHEW S LYNN K ITS/Center Line Construct

has permission to Rehab 1/2 bath to make mechanical duct use for HVAC to be applied for separately

AT 106 LONGWOOD DR 283 E008001

provided that the person or persons who accept 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.

PERMIT ISSUED
FEB 26 2008
CITY OF PORTLAND

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 is procured before this building or part thereof is altered or service is closed-in. 4 HOUR NOTICE 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

Frank M. ... 2/26/08
Director - Building & Inspection Services

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 receipt of your building permit.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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.**

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~

[Signature] _____ Date 2/27/08

[Signature] _____ Date 2.27.08

CBL: 283-80 Building Permit #: 08 0161

City of Portland, Maine - Building or Use Permit Application

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

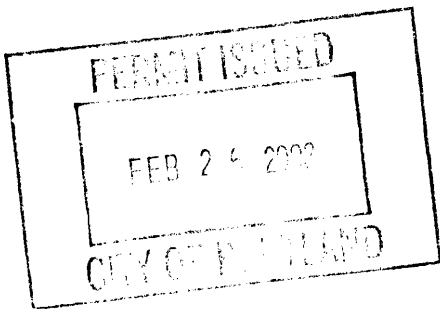
Permit No: 08-0161	Issue Date:	CBL: 283 E008001
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Location of Construction: 106 LONGWOOD DR	Owner Name: GOLDFARB MATTHEW S & LY	Owner Address: 106 LONGWOOD DR	Phone:
Business Name:	Contractor Name: Center Line Construction, Inc.	Contractor Address: P.O. Box 1264 Portland	Phone 2072336487
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home - Rehab 1/2 bath to make mechanical duct chase for new HVAC to be applied for separately	Permit Fee: \$150.00	Cost of Work: \$12,716.00	CEO District: 3
Proposed Project Description: Rehab 1/2 bath to make mechanical duct chase for new HVAC to be applied for separately		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>IRC 2003</i>	
		Signature:	Signature: <i>Jm 2/26/08</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: Idobson	Date Applied For: 02/25/2008	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"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review <i>Jm</i>
<input type="checkbox"/> Flood Zone <i>NA</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input checked="" type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm 2/26/08</i>	Date: _____	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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0161	Date Applied For: 02/25/2008	CBL: 283 E08001
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Location of Construction: 106 LONGWOOD DR	Owner Name: GOLDFARB MATTHEW S & LY	Owner Address: 106 LONGWOOD DR	Phone:
Business Name:	Contractor Name: Center Line Construction, Inc.	Contractor Address: P.O. Box 1264 Portland	Phone (207) 233-6487
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - Rehab ½ bath to make mechanical duct chase for new HVAC to be applied for separately	Proposed Project Description: Rehab ½ bath to make mechanical duct chase for new HVAC to be applied for separately
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Dept: Zoning **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 02/26/2008

Note: **Ok to Issue:**

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) 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:** Tom Markley **Approval Date:** 02/26/2008

Note: **Ok to Issue:**

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) 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.



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>106 LOUWOOD DRIVE</u>		
Total Square Footage of Proposed Structure/Area <u>EXISTING</u>		Square Footage of Lot <u>8500.</u>
Tax Assessor's Chart, Block & Lot Chart# <u>283</u> Block# <u>E</u> Lot# <u>8</u>	Applicant * must be owner, Lessee or Buyer * Name <u>METHEAS, MATT (GOLD) FINE</u> Address <u>106 LOUWOOD DR</u> City, State & Zip <u>PORTLAND ME 04102</u>	Telephone: <u>776-3187</u>
Lessee/DBA (If Applicable) <u>N/A</u>	Owner (if different from Applicant) Name <u>SAE</u> Address City, State & Zip	Cost Of Work: \$ <u>12,716</u> C of O Fee: \$ Total Fee: \$ <u>150⁰⁰/100</u>
Current legal use (i.e. single family) <u>SINGLE FAMILY</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>N/A</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>REHAB 1/2 BATH TO MAKE MECHANICAL DUCT CHANGE FOR NEW A/C SYSTEM</u>		
Contractor's name: <u>CENTER LINE CONST. LLC</u> Address: <u>PO BOX 1264</u> City, State & Zip <u>PORTLAND, ME 04104</u> Telephone: <u>741-0250</u> Who should we contact when the permit is ready: <u>DICK MILLER</u> Telephone: <u>870-4888 (PAID)</u> Mailing address: <u>SAE</u>		

FEB 25 2008

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.

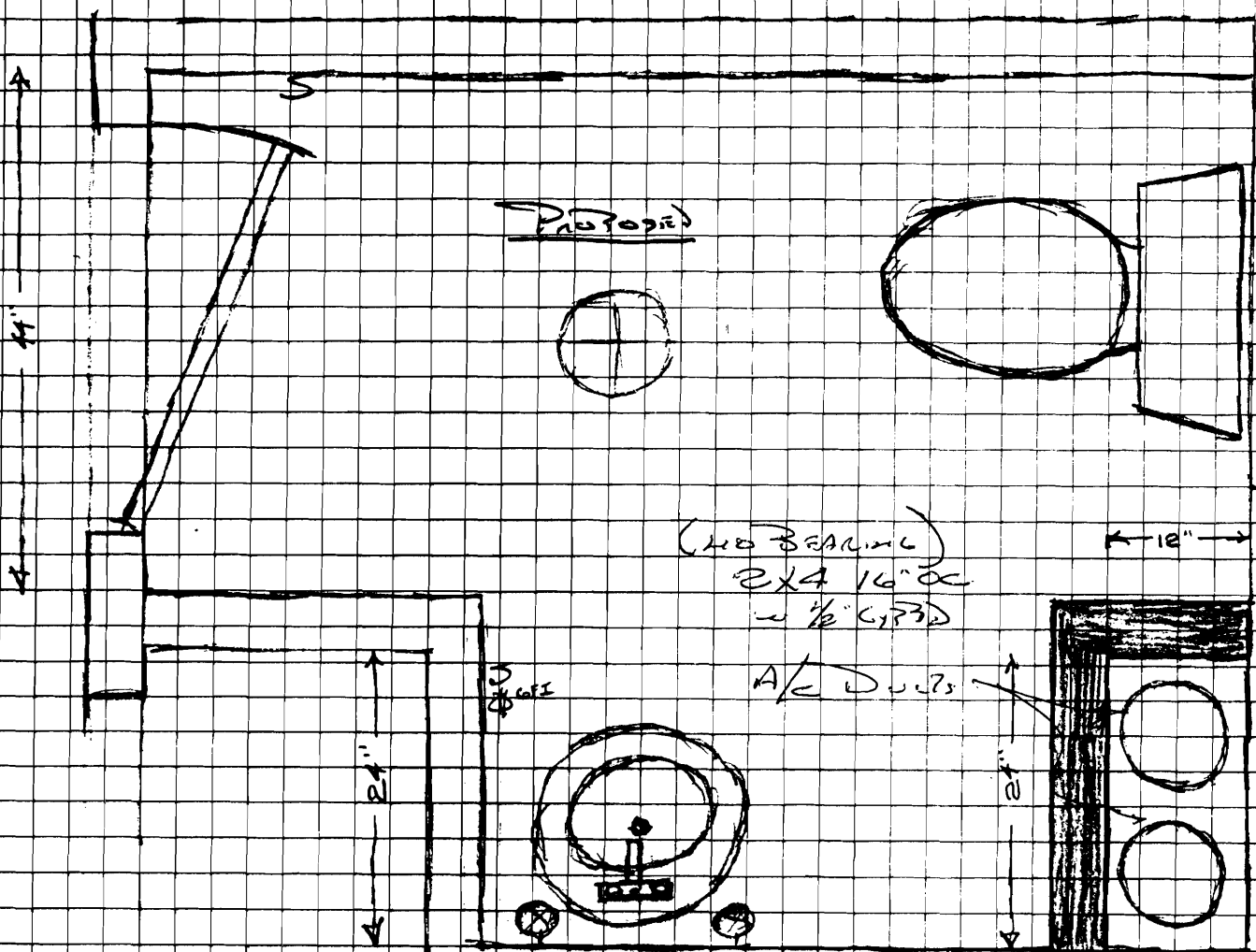
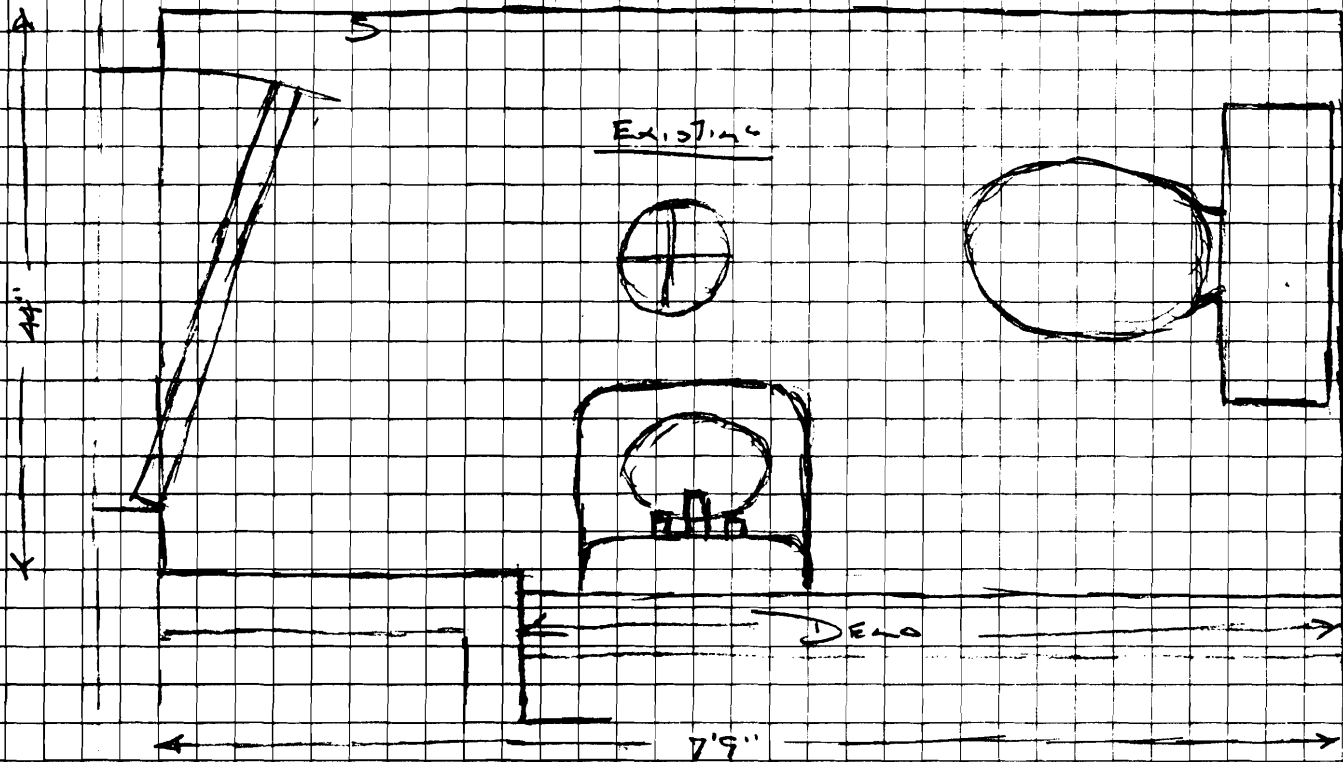
Signature: [Signature] Date: 2/25/08

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

M/M MATT GUDFORS, EA
106 Larchwood Dr
Pacifica, CA 94102

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1/24/98
RLM



M/An MATT GULDFARB, EST
106 LAMARWOOD DR
PACIFIC HIE 04102

773 9120

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1/27/03
RLM

