

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 REL 283 E008001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 procured before this building or part thereof is lathed or otherwise closed-in. 24 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

Scanned

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
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	

Proposed Project Description: Rehab 1/2 bath to make mechanical duct chase for new HVAC to be applied for separately	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"/> Wetland <input type="checkbox"/> Flood Zone <i>NA</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<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	<input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <i>Jm</i> <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <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

3/31/00 Close in - elec, pipe & framing -

OK to close in MM

5/21/08 - all work completed OK to

Closeout. JMM

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 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 (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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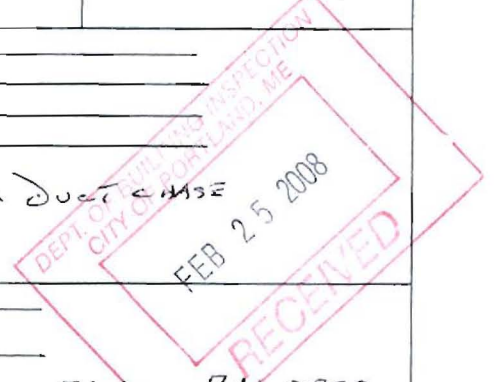
Dept: Zoning	Status: Approved	Reviewer: Tom Markley	Approval Date: 02/26/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
2) This is NOT an approval 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: <input checked="" type="checkbox"/>
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 LAKWOOD DRIVE</u>	
Total Square Footage of Proposed Structure/Area <u>EXIST. 283</u>	Square Footage of Lot <u>8600</u>
Tax Assessor's Chart, Block & Lot Chart# <u>283</u> Block# <u>E</u> Lot# <u>8</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>MET MRS. MARY GARDNER</u> Address <u>106 LAKWOOD 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 HAVE MECHANICAL DUCT CHANGE FOR NEW A/C SYSTEM</u>	
Contractor's name: <u>CENTER LINE CONST. INC</u>	
Address: <u>P.O. BOX 1264</u>	
City, State & Zip: <u>PORTLAND, ME 04104</u>	Telephone: <u>741-0290</u>
Who should we contact when the permit is ready: <u>DICK MILLER</u>	Telephone: <u>870-4888 (PAGE)</u>
Mailing address: <u>SAE</u>	



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 issued



CITY OF PORTLAND, MAINE

Department of Building Inspections

20 08

Received from

Richard Miller

Location of Work

106 Longwood

Cost of Construction \$

\$

Permit Fee \$

\$

Building (IL)

Plumbing (I5)

Electrical (I2)

Site Plan (U2)

Other

CBL: 223-34

Check #: 7669

Total Collected \$ 150.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy