

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 061092

Please Read Application And Notes, If Any, Attached

This is to certify that St. Clair, Katherine/property owner
has permission to Change of use single family to single family necessary use w/ interior renovations
AT 79 LONGWOOD DR City 283 B015001

PERMIT ISSUED
SEP 27 2006

provided that the person or persons performing or causing to be performed in connection with 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.

Notification of inspection must be given and when permission procedure before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS 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 _____

[Signature]
7/26/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1092	Issue Date:	CBL: 283 B015001
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Location of Construction: 79 LONGWOOD DR	Owner Name: St. Clair, Katherine	Owner Address: 79 LONGWOOD DR	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R-3

Past Use: Single Family	Proposed Use: Single Family change of use to a single family with accessory unit with interior renovations	Permit Fee: \$245.00	Cost of Work: \$15,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>MA</i> Signature:	INSPECTION: Use Group: R-3 Type: SB IRC 2003 Signature:
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Proposed Project Description:
Change of use single family to a single family with accessory unit w/ interior renovations

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 07/21/2006	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 9/22/06	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 9/21/06	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 Date:
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PERMIT ISSUED
 SEP 27 2006
CITY OF PORTLAND

exemption from planning
ok with conditions
 Date: 9/22/06

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

04/07/07 - checked on Tergravent plumbing
& new framers - test on plumbing hold OK
no issues seen. JMM

05/31/07 - checked framing, electrical & plumbing
for close-in. No issues seen - checked new
electric service. OK JMM

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1092	Date Applied For: 07/21/2006	CBL: 283 B015001
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Location of Construction: 79 LONGWOOD DR	Owner Name: St. Clair, Katherine	Owner Address: 79 LONGWOOD DR	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	

Proposed Use: Single Family change of use to a single family with accessory unit with interior renovations	Proposed Project Description: Change of use single family to a single family with accessory unit w / interior renovations
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Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 09/22/2006

Note: Ok to Issue:

- 1) This property shall remain a single family dwelling with an accessory dwelling unit with the issuance of this permit and subsequent certificate of occupancy. Any change of use shall require a separate permit application for review and approval.
- 2) All conditions and standards that are part of this approved conditional use shall be maintained during the life of this use.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 09/26/2006

Note: Ok to Issue:

- 1) 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.
- 2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 3) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.

Comments:

9/22/06-mes: on 9/21/06 the ZBA granted a conditional use for a change of use to allow the accessory dwelling unit.

7/26/06-mes: called owner - this use for another unit is not allowed without the granting of a conditional use appeal - see letter - sending necessary paperwork

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	77 LONGWOOD DR

PROPERTY OWNERS NAME

Last:	SCAR	First:	KARL
Applicant Name:	GARY QUIRION		
Mailing Address of Owner/Applicant (If Different)	11 BLACK POINT MARINA SCAR., ME 04074		

2007-8006

PORTLAND PERMIT # 10157 TOWN COPY

Date Permit Issued: 1/16/07

Local Plumbing Inspector Signature: *[Signature]*

FEE: \$ 36 Double Fee Charged

L.P.I. # 0641

283-B-15

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

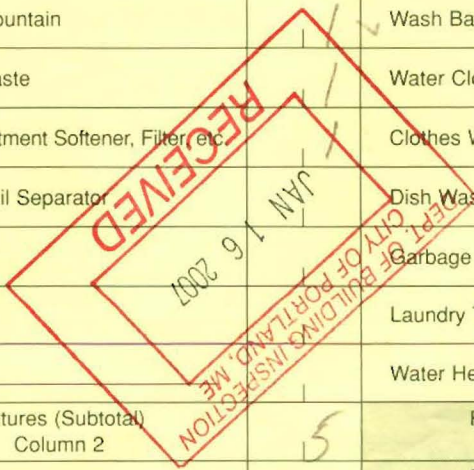
Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # 7851

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	15	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
			5	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			36	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE





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>79 Longwood Dr. Portland, Me 04102</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Kathy St. Clair</u>	Telephone: <u>207/772/6840</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Daniel A. Fisher</u> <u>79 Longwood Dr.</u> <u>Portland Me, 04102</u> <u>207-939-5537</u>	Cost Of Work: \$ <u>15,000</u> Fec: \$ <u> </u> + C of O Fec: \$ <u>75</u>
Current Specific use: <u>Single Family</u> If vacant, what was the previous use? _____ Proposed Specific use: _____		
Project description: <u>Chg of Use: Single to 2 unit w/ interior renovation</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Daniel A. Fisher</u> Mailing address: _____ Phone: <u>207-939-5537</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 874-8703.

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 of applicant: 	Date: <u>7/21/06</u>
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