

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

BU **INSPECTION**

**PERMIT**

Permit Number: 090579

This is to certify that MATHIEU DEREK D /Proper Owner

has permission to add a 20' x 12' Deck

AT 30 RIGGS ST

CL 284 C016001

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.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work red-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

*Thomas H. Mackley* 6/9/07  
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: 09-0579	Issue Date:	CBL: 284 C016001
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Location of Construction: 30 RIGGS ST	Owner Name: MATHIEU DEREK D	Owner Address: 30 RIGGS ST	Phone:
Business Name:	Contractor Name: Property Owner	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R5

Past Use: Single Family Home	Proposed Use: Single Family Home - add a 20' x 12' Deck	Permit Fee: \$40.00	Cost of Work: \$2,000.00	CEO District: 3
Proposed Project Description: add a 20' x 12' Deck		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R6 Type: 5B IRC 2003 Signature: Jm 6/9/09	
		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: Ldobson	Date Applied For: 06/08/2009	<b>Zoning Approval</b>
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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: Jm 6/9/09	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 Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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: 6/9/09 J
	(OK)		

**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

<b>Permit No:</b> 09-0579	<b>Date Applied For:</b> 06/08/2009	<b>CBL:</b> 284 C016001
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<b>Location of Construction:</b> 30 RIGGS ST	<b>Owner Name:</b> MATHIEU DEREK D	<b>Owner Address:</b> 30 RIGGS ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Property Owner	<b>Contractor Address:</b>	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Dwellings	

<b>Proposed Use:</b> Single Family Home - add a 20' x 12' Deck	<b>Proposed Project Description:</b> add a 20' x 12' Deck
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 06/09/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) 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.			
2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tom Markley	<b>Approval Date:</b> 06/09/2009
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.			

## 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.

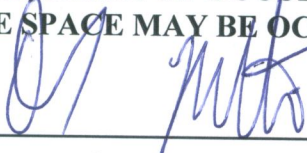
Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers

Final inspection required at completion of work.

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.

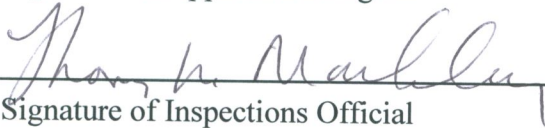
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



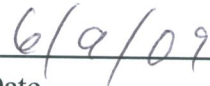
Signature of Applicant/Designee



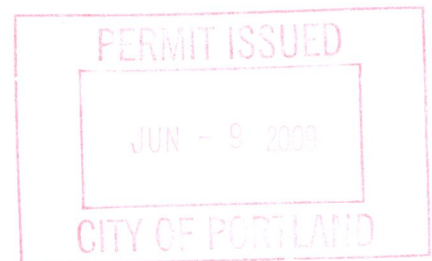
Date



Signature of Inspections Official



Date



# 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>30 Riggs St., Portland, ME 04102</u>		
Total Square Footage of Proposed Structure/Area <u>20'x12'</u>	Square Footage of Lot <u>(112x84) 9408 sq. ft.</u>	Number of Stories <u>1</u>
Tax Assessor's Chart, Block & Lot Chart# <u>284</u> Block# <u>C</u> Lot# <u>16</u>	Applicant *must be owner, Lessee or Buyer Name <u>Derek D. Mathieu</u> Address <u>30 Riggs St</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>207-939-3830</u> <u>cell (201) 631-6000</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>6002 R - NAC</u> Address _____ City, State & Zip _____	Cost Of Work: \$ <u>2000</u> C of O Fee: \$ _____ Total Fee: \$ <u>40</u>
Current legal use (i.e. single family) <u>Single Family</u> Number of Residential Units <u>1</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Single Family Home</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Deck, 20'x12'</u>		
Contractor's name: _____ Address: _____ City, State & Zip _____    Telephone: _____		
Who should we contact when the permit is ready: <u>Jennifer Gaxhe</u> Telephone: <u>207-631-6000</u> <u>603-660-6144</u>		
Mailing address: <u>30 Riggs St, Portland, ME 04102</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](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

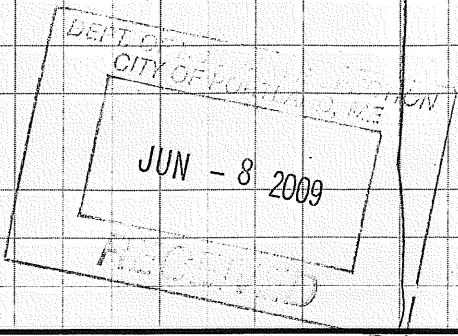
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: <u>Jennifer Gaxhe</u>	Date: <u>6/8/09</u>
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This is not a permit; you may not commence ANY work until the permit is issued



Neil and Gunter  
Design and Consulting Engineers



JOB NO. \_\_\_\_\_ FILE NO. \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
CLIENT \_\_\_\_\_  
PREPARED \_\_\_\_\_ DATE \_\_\_\_\_ CHECKED \_\_\_\_\_ DATE \_\_\_\_\_  
SCALE \_\_\_\_\_ SHEET \_\_\_\_\_ OF \_\_\_\_\_

