

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 40 Raymond Rd		Owner: John Mickiewicz		Phone: 773-9021		Permit No: 950358			
Owner Address: SAA Pctd, ME 04102		Leasee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: SAGE		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: APR 19 1995 CITY OF PORTLAND </div>			
Past Use: 1-fam		Proposed Use: Same w/addition		COST OF WORK: \$ 5,800. FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:				PERMIT FEE: \$ 50.00 INSPECTION: Use Group: R3 Type 3B Signature: <i>Neffen</i>	
Proposed Project Description: Construct addition (14 x 14) as per plans				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____				Zone: <i>R-3</i> CBL: 285-A-021 Zoning Approval: <i>OK 4/15/95</i> 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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 12 April 1995							

1. This permit application doesn't 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..

No debris removal necessary.

PERMIT ISSUED WITH LETTER

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 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT <i>John Mickiewicz</i>		ADDRESS:		DATE: 12 April 1995		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *4/14/95*

[Signature]

CEO DISTRICT 4

COMMENTS

Never called for footing or tube check
5/16 Log Framing, Setbacks, Foundation ok w/changes as noted on plan P
8/25 - New kitchen in side porch dug appears to be in use - work still
not complete @

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 18, 1995

Mr. John McKiewicz
40 Raymond Rd.
Portland, Maine 04102

RE: 40 Raymond Rd.

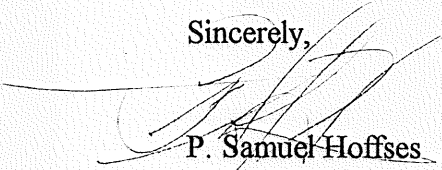
Dear Sir,

Your application to construct a 14' x 14' addition has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. Your proposed plan for the 14' x 14' addition shows 12" sono tubes. These tubes must have a footing with an anchor connecting the two.
2. Your plan didn't show the spacing of the proposed sono tubes, therefore, a maximum of 8' on center would be required. The single 2'x10' used for the carrying beam should be a minimum of 2 2'x10'.
3. If the crawl space under the proposed addition is enclosed, this space must meet the ventilation standards set forth in Section 1210.2 of the City's Bldg. Code.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

Applicant: John Mickiewicz
Address: 40 Raymond Rd
Assessors No.: 285-A-021

Date: 4/15/95

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - R-3

Interior or corner lot -

Use - construct Addition

Sewage Disposal - city

Rear Yards - 25' req. - 43' shown

Side Yards - 8' req. - 8'+ shown

Front Yards - N/A

Projections -

Height -

Lot Area -

Building Area -

Area per Family -

Width of Lot -

Lot Frontage -

Off-street Parking -

Loading Bays -

Site Plan - N/A

Shoreland Zoning - N/A

Flood Plains - N/A

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	40 RAYMOND RD

PROPERTY OWNERS NAME

Last: MICKIEWICZ First: MARY
Applicant Name: SAME
Mailing Address of Owner/Applicant (If Different): SAME

PORTLAND PERMIT # 5399 STATE COPY

Date Permit Issued: 5.11.95 \$ 12.00 # Double Fee Charged

G. Samuel Ruffes
Local Plumbing Inspector Signature L.P.I. # 0124

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 Inspector to deny a Permit.

Mary B. Mickiewicz 5/11/95
Signature of Owner/Applicant Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER
		LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0 1	Sink
		Drinking Fountain		Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
Hook-Up & Relocation Fee		Grease / Oil Separator	0 1	Dish Washer
		Dental Cuspidor	0 1	Garbage Disposal
OR TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0 3	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			12	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 12	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE