City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-	3703, FAX: 8	;74-871(
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Location of Construction:	Owner:		Phone:	Permit No:
17-219 Hicks St	Ralph & Peter DeSa	arno	878-0079	090079
Owner Address: 7 Castine Ave Ptld 04103	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: ** Ralph & Peter DeSarno	Address: 7 Castine Ave Ptld 041	Phone:	78–0079	Pernit Issued:
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE:	
Vacant	Two Unit Duplex	\$ 40,000	\$ 220.00	
(doant	iwo onie Dupiek	FIRE DEPT.		CITY OF PORTLAND
			Pac a cu.	Zone: CBL: 296-B-014
		Signature:	Signature: Hoffen	<u>296-B-014</u>
Proposed Project Description:			TIVITIES DISTRICT (PA.D.)	Zoning Approval:
				$\square \mathcal{U}'$ Special Zone or Reviews:
Construct 2 Unit Duplex 26 :	k 40 w/full basement			□ □ Shoreland ∧A ↓1199
This permit application does not preclude the Appl Building permits do not include plumbing, septic				□ Flood Zone Zone
		Signature:	Date:	
Permit Taken By: MG	Date Applied For:	January 22, 199	9	Site Plan maj ⊈minor ⊉mm □
				Zoning Appeal
1. This permit application does not preclude the A	pplicant(s) from meeting applicable	State and Federal rules.		□ Variance □ Miscellaneous
2. Building permits do not include plumbing, sep	tic or electrical work.			
3. Building permits are void if work is not started		ssuance. False informa-		
tion may invalidate a building permit and stop	all work			☐ Approved ☐ Denied
217 - Right Side				1
219 - Left Side				✓ Historic Preservation ↓ Not in District or Landmark
		PED		Does Not Require Review
		WITH DE	IT ISSUED	□ Requires Review
		··· πE(UIREMEN	Action:
			UT ISSUED DUIREMENTS	
I hereby certify that I am the owner of record of the	CERTIFICATION			en DAppoved
authorized by the owner to make this application as				
if a permit for work described in the application is i				
areas covered by such permit at any reasonable how	ar to enforce the provisions of the co	ode(s) applicable to such p	ermit	Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	, TITLE		PHONE:	
White-Per	mit Desk Green–Assessor's Ca	anary–D.P.W. Pink–Pub	lic File Ivory Card-Inspector	

Inspection Services P. Samuel Hoffses Chief



Planning and Urban Development Joseph E. Gray Jr. Director

CITY OF PORTLAND

March 1, 1999

Ralph DeSarno 7 Castine Avenue Portland, ME 04103

RE: 215 Hicks Street - Duplex (CBL 296-B-014)

Dear Sir:

On February 2, 1999 you were issued a building permit #990079, this permit was issued with conditions of approval. On February 19, 1999 a permit was issued to you to amend this permit to change your proposed full foundation to a frost wall slab. Foundation with the same conditions that applied to the original permit #990079.

To date, I have not seen for review the requirements I placed on the original permit. <u>No work is</u> to be started until:

- 1. The estimated cost of the construction of this proposed building is revised to reflect a more realistic construction cost. You can get this by using the scenario that I was building the structure for you. (materials and cost of labor)
- 2. The application plans shows fabricated truss (field built). Under sections (802.10 of the one and two family code) and under BOCA National Building Code/1996 Sections 2305.14, 2305.15, require that trusses to be designed in accordance with approved engineering practice. If you do not uses manufactured trusses, you must have a complete detail of the trusses, designed and sealed by a structural engineer.

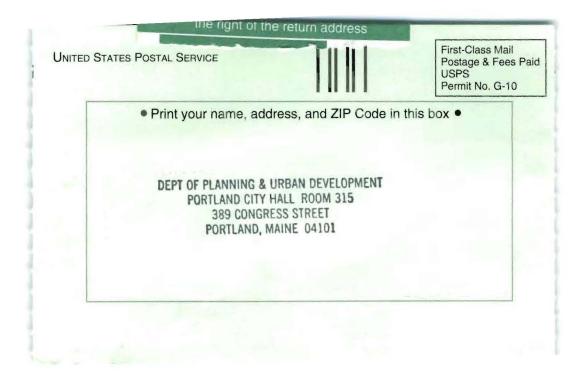
All other requirement must be met also.

If you have any questions on these requirements please call David Cardell or myself.

Sincerely. Samuel Hoffses Building Inspector

cc: David Cardell, CEO

SENDER: Complete items 1 and/or 2 for additional services. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the artic The Return Receipt will show to whom the article was delivered an delivered.	e does not		s (for an ee's Address d Delivery
3. Article Addressed to: Ralph De Sarno 7 Castine are	4b. Service	7 <u>3388</u> Type ed	820
Portland, ME 04103 296-B-014	Express Return Re 7. Date of D	ceipt for Merchandise	COD
5. Received By: (<i>Print Name</i>) 6. Signature: (<i>Addressee of Agent</i>)	8. Addresse and fee is	e's Address (Only	if requested



No Insurance Coverage	
Do not use for Internation Sent to	nal Mail (See reverse)
Street & Number	
Post Office, State, & ZIP Cod	le
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	