

CITY OF PORTLAND

November 16, 2000

Joseph E & Grace R Papi 142 Commonwealth Drive Portland, Me 04103

RE: 142 Commonwealth Drive

CBL: 300-E-030

Certified Mail Receipt # Z 397 901 986

Dear Mr. & Mrs. Papi;

An evaluation of your property at 142 Commonwealth Dr. on May 22, 2000 revealed that the premises fails to comply with Chapter 266 of 22 M.R.S.A. specifically Section 1632.

Swimming pool enclosure is broken, weak, deteriorated, and not properly maintained.

This is a notice of violation. All referenced violations shall be corrected within 30 days of the date of this notice. A re-inspection of the premises will occur on 6/22/2000 at which time compliance will be required. Failure to comply will result in this office referring the matter to the City of Portland Corporation Counsel for legal action and possible civil penalties, as provided for in Chapter 266 of 22 M.R.S.A. Sec. 1633.

Please feel free to contact David Caddell @ 874-8707, if you wish to discuss the matter or have any questions.

Sincerely,

David Caddell @ 874-8707 Code Enforcement Officer dc/dc



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dc/dc

Inspection Livices
Michael J. Nugent
Manager



Department of Urban Development Joseph E. Gray, Jr. Director

CITY OF PORTLAND



Building or Use Permit Application Additions/Alterations/Accessory Structures To Detached Single Family Dwelling

As an applicant for a building permit, you are about to enter into a relationship with our Office. We welcome any questions, comments or suggestions that will make the process more efficient. Attached you will find an application and some samples of the submissions you will provide at application time. Please read <u>ALL</u> of the information and if you need any further assistance please call 874-8703 or 874-8693.

143 Common wealth A.

PL

CITY OF PORTLAND, MAINE	20000120	
DEVELOPMENT REVIEW APPLICATION	I. D. Number	
ANNING DEPARTMENT PROCESSING FORM		

Grace Papi		6/20	6/00		
Applicant		App	olication Date		
142 Commonwealth Drive, Portland, ME 04103			nmonwealth Drive		
Applicant's Mailing Address			Project Name/Description		
Consultant/Agent Address of Proposed Site					
878-3937		300-E-030			
Applicant or Agent Daytime Telephone, F	ax	Assessor's Reference: Chart-Block-L	ot		
Proposed Development (check all that ap Office Retail Manufa		☐ Building Addition ☐ Change Of Use bution ☐ Parking Lot ☐ Other (spe	Residential polity) Fill Permit in Prol		
Proposed Building square Feet or # of Ur	nits Acreag	ge of Site	Zoning		
Check Review Required:					
☐ Site Plan (major/minor)	☐ Subdivision # of lots	☐ PAD Review	☐ 14-403 Streets Review		
☐ Flood Hazard	☐ Shoreland	☐ HistoricPreservation	☐ DEP Local Certification		
☐ Zoning Conditional Use (ZBA/PB)	☐ Zoning Variance		☐ Other		
Fees Paid: Site Plan	Subdivision	Engineer Review \$50.00	Date: 6/26/00		
Inspections Approval Sta	atus:	Reviewer			
☐ Approved ☐ Approved w/Conditions		Denied			
— другочец	see attached	— Defined			
Approval Date	Approval Expiration	Extension to	Additional Sheets		
☐ Condition Compliance			Attached		
	signature	date			
Performance Guarantee	☐ Required*	☐ Not Required			
* No building permit may be issued until a	performance guarantee has beer	n submitted as indicated below			
☐ Performance Guarantee Accepted					
	date	amount	expiration date		
☐ Inspection Fee Paid					
	date	amount			
☐ Building Permit Issued					
	date				
☐ Performance Guarantee Reduced					
	date	remaining balance	signature		
Temporary Certificate of Occupancy		☐ Conditions (See Attached)			
	date				
☐ Final Inspection					
date signature					
☐ Certificate Of Occupancy	date				
Performance Guarantee Released					
П в с та т т т т т т	date	signature			
☐ Defect Guarantee Submitted	cubmitted data	amount	ovairation data		

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

Building or Use Permit Pre-Application Additions/Alterations/Accessory Structures

To Detached Single Family Dwelling

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTE**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: 142 E. Cu	ununweath Dr. Patland, Me.	04103
Tax Assessor's Chart, Block & Lot Number Chart# Block# Lot# D37	grave Royens Papi	Telephone#: B18 3937
Owner's Address:	Lessee/Buyer's Name (If Applicable)	Cost Of Work Fee \$ 50.0
Proposed Project Description:(Please be as specific as possible	in under 500 C	4
Contractor's Name, Address & Telephone	+ortana	DEP BUILDING AT 45 (6)
•All construction must be conducted in comp •All plumbing must be cond •All Electrical Installation must comply	Internal & External Plumbing, HVAC and bliance with the 1996 B.O.C.A. Building Code a lucted in compliance with the State of Maine Plant with the 1996 National Electrical Code as ame ditioning) installation must comply with the 1911 application:	as amended by Section 6-Art II.— lumbing Cold 26 2000 ended by Section 6-Art III.
	our Deed or Purchase and Sale Agreen	

2) A Copy of your Construction Contract, if available

3) A Plot Plan (Sample Attached)

If there is expansion to the structure, a complete plot plan (Site Plan) must include:

- The shape and dimension of the lot, all existing buildings (if any), the proposed structure and the distance from the actual
 property lines. Structures include decks porches, a bow windows cantilever sections and roof overhangs, as well as, sheds,
 pools, garages and any other accessory structures.
- Scale and required zoning district setbacks

4) Building Plans (Sample Attached)

A complete set of construction drawings showing all of the following elements of construction.

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas
 equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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/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: U	raut	ay ano fo	(pi)	Date: (1261	10
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Building Permit Fee; \$30.00 for the 1st \$1000.cost plus \$6.00 per \$1,000.00 construction cost thereafter.

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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Ayum Attach this card to the back of the mailpiece, Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Joseph E & Grace R Papi 142 Commonwealth Drive Portland, ME 04103 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 300-E-630 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label)

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT OF PLANNING & URBAN DEVELOPMENT PORTLAND CITY HALL ROOM 315 389 CONGRESS STREET PORTLAND, MAINE 04101

23

Z. 397-90% 986

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

300 - E- G30

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Post Office, State, & ZIP Code

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Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

PS Form 3800, April 1995