			F	PERMIT ISS	UED
389 Congress Street, 0	<b>1aine - Building or Use</b> 04101 Tel: (207) 874-8703			Issue Date:	OO2 300 F001001
Location of Construction:	Owner Name:		Owner Address:	TV OF DOD	Phone:
74 W Commonwealth I	Or Petropoulos P	eter J &	74 W Common	leXithUtr PUK	TLA 197 883-5709
Business Name:	Contractor Nam	2:	Contractor Address		Phone
	Levandowski,	Don	37 King Street S	carboro	2078835709
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwe	ellings	Zone:
Past Use:	Proposed Use:		Permit Fee:		
single family	· · · · · · · · · · · · · · · · · · ·	erect 13' x 29' rear	\$93.00 FIRE DEPT:	Cost of Work: \$10,000.00 Approved Use	DECTION.
Proposed Project Descriptio	n:		- N/1	4	Group: R-3 Type: 5B  BOCA 1999  nature:
erect 13' x 29' dormer			Signature:	, ,	////
			PEDESTRIAN ACT Action: Appro		Γ (P.A.D.)  l w/Conditions Denied
			Signature:		Date:
Permit Taken By:	Date Applied For: 05/01/2002		Zoning	g Approval	
1. This permit applica	tion does not preclude the	Special Zone or Rev	iews Zon	ing Appeal	Historic Preservation
	meeting applicable State and	Shoreland	Varian		Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland	Miscell	laneous	Does Not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zone	Conditi	ional Use	Requires Review
False information n permit and stop all	nay invalidate a building work	Subdivision	Interpre	etation	Approved
		Site Plan	☐ Approv	red	Approved w/Conditions
		Maj Minor Minor Minor	Denied		☐ Denied
		Date: 05 /01 /0	Date:		Date: 05/01/02
jurisdiction. In addition,	the owner of record of the nay the owner to make this applied if a permit for work described on enter all areas covered by su	cation as his authorized in the application is	the proposed work is a gent and I agree	to conform to all	applicable laws of this
SIGNATURE OF APPLICAN	T	ADDRE	00	75.4	
	-	ADDRES	າວ	DATE	PHONE

DATE

**PHONE** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

# **BUILDING PERMIT INSPECTION PROCEDURES** Please call 874-8703 or 8 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, yo inspection procedure and additional fees Work Order Release" will be incurred if	from a "Stop Work Order" and "Stop
below.	•
	be scheduled with your inspection team upon
	opment Review Coordinator at 874-8632 must
also be contacted at this time, before any sit	te work begins on any project other than
single family additions or alterations.	
Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
MA Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of Cinspection	
	cur, the project cannot go on to the next
phase, REGARDLESS OF THE NOTICE	OR CIRCUMSTANCES.
.1/.	ES MUST BE ISSUED AND PAID FOR,
BEFORE THE SPACE MAY BE OCCUP	PIED
×MAgee fred	3/1/02
Signature of applicant/designee	Date //o >
Signature of Inspections Official	Date
CBL: 300-F-   Building Permit #:	02-0439

### All Purpose 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: 74	w cou	MMONWE	Ith Driv	e
Total Square Footage of Proposed Structu	ıre	Square Foot	age of Lot	,840
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner:	Perropo	ulas	Telephone:
Lessee/Buyer's Name (If Applicable)	telephone:	/ANDOWS FST		Cost Of Work: \$10,000 Fee: \$
Current use:	as prior use:	NO		
Proposed use: res rear dormer = 13 × 29'-  Project description:   Proposed use: Project description:				
Contractor's name, address & telephone:  37 KINQ ST SAR  Who should we contact when the permit is ready:  Mailing address:  We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.  PHONE:				
F THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL NFORMATION IN ORDER TO APROVE THIS PERMIT.  Thereby 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 urisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative thall have the authority to enter all areas covered by this permit of any reasonable hour to enforce the provisions of the codes applicable to this permit.				
Signature of applicant: // // // Date:05/01/02				
- / · · · · · · · · · · · · · · · · · ·			/	

This is NOT a permit, you may not commence ANY work until the permit is issued.

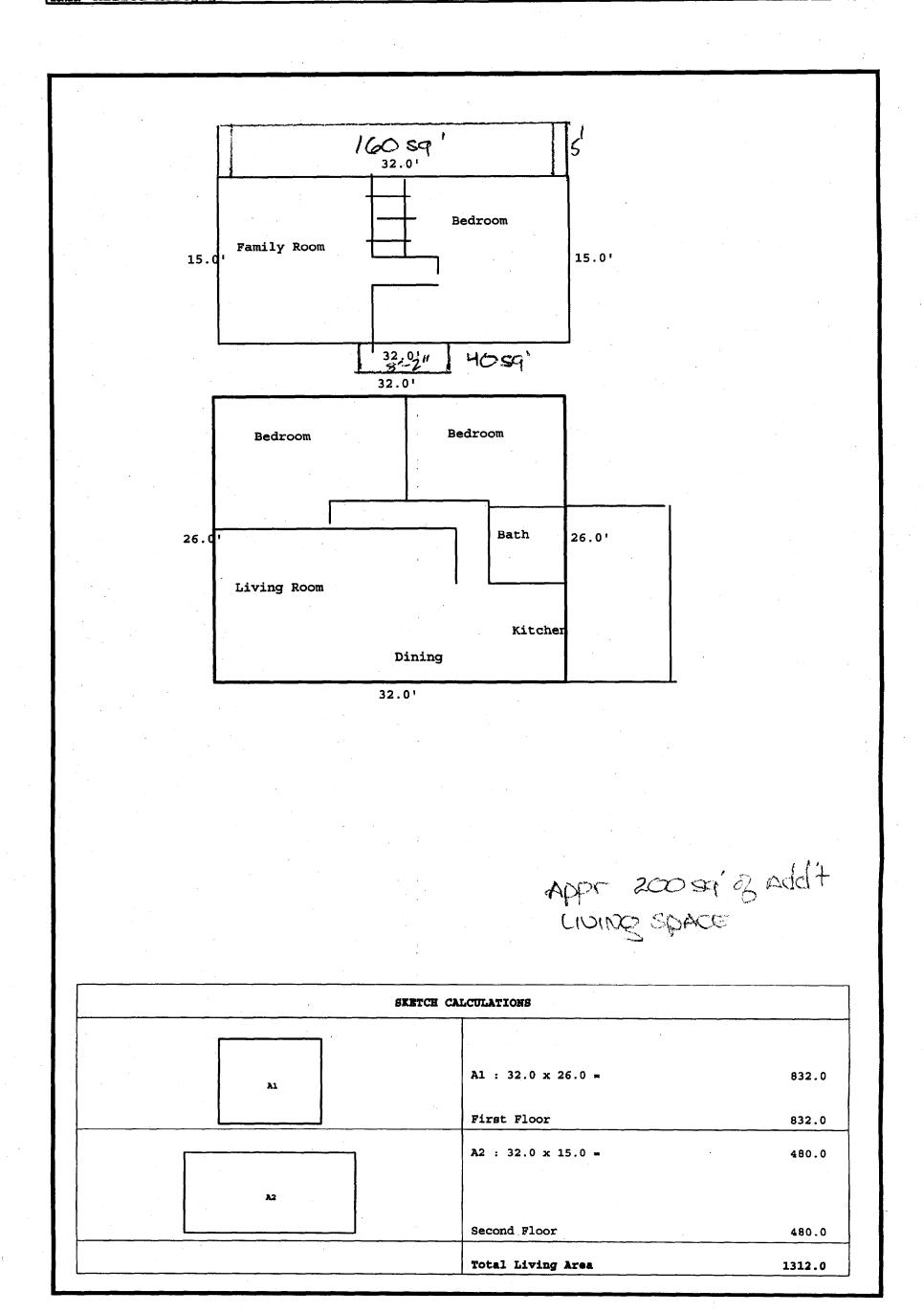
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall

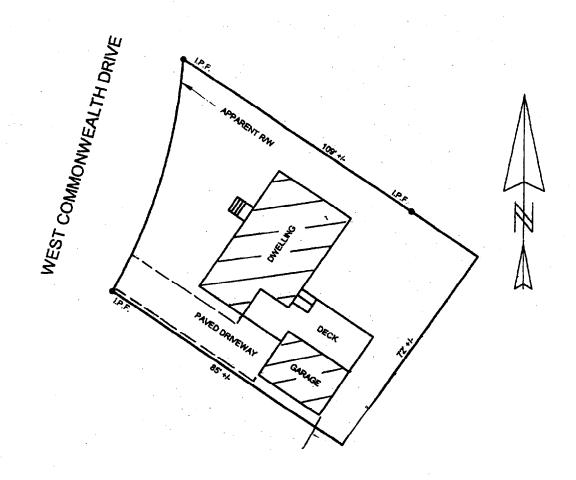
Applicant: P. Petropoulos	Date:
Address: 74 West Commonwealth	C-B-L:
CHECK-LIST AGAINST ZONING	ORDINANCE
Date -	
Zone Location - R-3	
Interior or corner lot - Interior	
Proposed Use Work - Add dormer	. •
Servage Disposal - Public	
Loi Street Frontage - Sailed	off plan-
Servage Disposal - Public  Loi Street Frontage - Saled  Front Yard - 24' Shown 725' Reg.  Rear Yard - 39' Shown - 75' Reg.	May De 23
Rear Yard- 39'Shown - 75' Reg.	
Side Yard - 12' + 24' Shown - 14'	Reg- Can go
Side Yard - 12' + 24' Shown - 14'  Projections - down	to 81 -
Walth of Lat-	
Height- 1855 Man	- 800
Lot Area -	
Lot Coverage/Impervious Surface -	
Area per Family -	
Off-street Parking -	
Loading Bays -	
Site Plan -	•
Shoreland Zoning/Stream Protection -	•

Flood Plains -

## **Building Sketch**

Borrower/Client Petropoulos			
Property Address 74 West Co			
City Portland	County Cumberland	State Maine	Zip Code 04103
lender Allied Mortgage			





The dwelling is not in a special flood zone as defined by flood insurance rate map 230051-0007 dated 12-8-1998.

THIS IS NOT A STANDARD BOUNDARY SURVEY. Information shown on this plan is for mortgage purposes only. Property lines shown on this plan are based on current lines of occupation, current deed information (referenced below), and tax map information (referenced below). A STANDARD BOUNDARY SURVEY IS SUGGESTED TO CONFIRM ALL BOUNDARY LINES SHOWN ON THIS PLAN. Any one using this plan for anything other than mortgage loan purposes does so at their own risk. This plan may not be recorded of used for any land divisions. The property shown on this plan may be subject to easements, covenants, and restrictions of record, which may or may not be show on this plan.

#### PROPERTY INFORMATION:

Street: 74 WEST COMMONWEALTH DRIVE City / Town: PORTLAND County: CUMBERLAND , Maine Buyer: REFINANCE Owner: PETER PETROPOULOS

Deed Reference: book 13851 page 127

Plan Reference: book 44 page 14 lot 64 Tax Map #300 Lot 1 Block F

Lending Institution: ALLIED CAPITLAL MORTGAGE CORPORATION

Scale: 1 Inch = 30 Feet Date: APRIL 4 , 2002

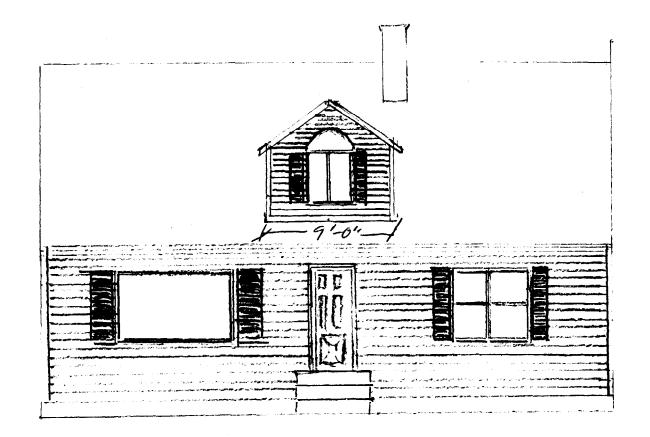
ATC FILE #02-808

Atlantic Title Company **76 Atlantic Place** South Portland, Maine 04106

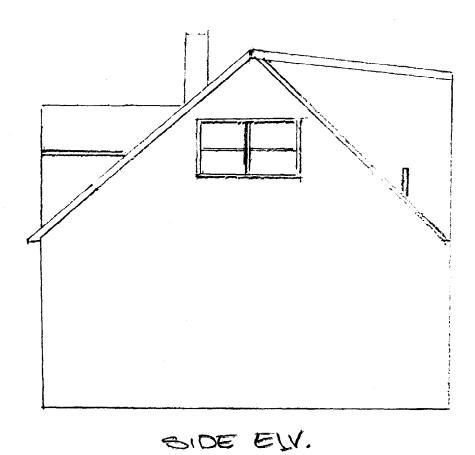
> William G. Aust State of Mair Professional Land Surveyor # 217

Proposed: 74 W. Commonwealth Dr Portugned ME

DON LEVANDOWSKI 37 KING ST SCARDOFOUGH Me (207) 883-5709



from EN.



SCALE: 1'= 6'	APPROVED BY:	DRAWN BY
DATE:		REVISED
	, <del></del>	DRAWING NUMBER

