DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND



BUILDING PERMIT

This is to certify that LILLIAN CAIAZZO

Located At 54 FARNHAM ST.

Job ID: 2011-08-2066-ALTCOMM

CBL: 310 - - F - 010 - 001 - - - - -

has permission to Remove window in order to install a door.

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

08/26/2011

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life . www.partlandmaine.gov

Director of Planning and Urban Development Penny St. Louis

Job ID: <u>2011-08-2066-ALTCOMM</u> Located At: <u>54 FARNHAM</u> CBL: <u>310 - - F - 010 - 001 - - - - -</u>

Conditions of Approval:

Building

- 1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
- 2. Pool and barrier installation shall meet the code requirements in Section 6-24.
- 3. Note: (3) 2 X 6 inch Header is supporting a roof and ceiling load only.

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this
 office if you have any questions.
- Permits expire in 6 months. If the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.
- 1. Close-In: (Electrical, Plumbing, Framing)
- 2. Final Inspection (Verify Pool Barrier Requirements)

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

| Job No: 2011-08-2066-ALTCOMM | | | CBL: 310 F - 010 - 00 | 1 | | |
|--|---|--|--|--|--|---|
| Location of Construction: 54 FARNHAM ST | | | Owner Address: 54 FARNHAM ST PORTLAND, ME - MAINE 04103 Contractor Address: 2 Paige DR GORHAM MAINE 04038 | | | Phone: 878-3843 |
| Business Name: | | | | | | Phone: -318-2702 |
| Lessee/Buyer's Name: | Phone: | | Permit Type: Single Family alteration | | | Zone: R-3 |
| Past Use: Single family dwelling | Proposed Use: Same: single family dwelling – | | Cost of Work: \$2000.00 | | | CEO District: |
| Single failing dwening | to remove window a door in place for acc deck | nd install | Fire Dept: Approved Denied N/A Signature: | | | Inspection: Use Group: R3 Type: SB Sec. 6-24 & MoB&C Signature: |
| Proposed Project Description: Remove window and install door | | | | Pedestrian Activities District (P.A.D.) | | 417 |
| Permit Taken By:Lannie | | | | Zoning Approval | | |
| This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building Permits do not include plumbing, septic or electrial work. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work. | | Special Zone or Reviews Shoreland Wetlands Flood Zone Subdivision Site Plan MajMin MN Date: | | Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Date: | Historic Preservation Not in Dist or Landmark Does not Require Review Requires Review Approved Approved w/Conditions Denied Date: | |

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.

| |
|------|
| 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.

| Total Square Footage of Proposed Structure | /Area Square Foot | tage of Lot Number of Stories |
|---|--|--|
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 3/0 F /0 | Applicant *must be owner Name Lillian Cala Address 54 Farnham City, State & Zip Portla | 207.818-3843 st. |
| Lessee/DBA (If Applicable) | Owner (if different from A Name Address City, State & Zip | Cost Of Work: \$ \$ 200 C of O Fee: \$ Total Fee: \$ |
| | | |
| Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: | If yes, please na | ber of Residential Units |

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, 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: Jan Date: 8-22-11

This is not a permit; you may not commence ANY work until the permit is issued

Pool Garage Existing Deih 1687 164. Remove window and install enterior Jack existing 404 24 Ft. Header for 3-12 x6 244. Thermatro full view gluss. Driveway 40ft. enuloaden Priblide to ded PRECEIVED

Farnham St.



Original Receipt

| | - | 8.8 |)2 | 20 |
|--------------------------|-----------|-----------------|----------|-------------|
| Received from | aga. | Richet | L | |
| Location of Work | 5470 | esohu | | |
| Cost of Construction | \$ | Build | ing Fee: | |
| Permit Fee | \$ | S | te Fee: | |
| | Certifica | ate of Occupano | y Fee: | |
| | | | Total: | 10 |
| Building (IL) Plum | bing (I5) | Electrical (I2) | Site F | Plan (U2) |
| Other | | | | |
| CBL: 3/0 F / | 0 | | | |
| Check #: | 9 | Total Coll | ected | s <u>V)</u> |
| No work is Please kee | | | | |

Taken by:

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy