Form # P 04

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

### CTION

Permit Number: 071470

This is to certify thatFD & SONS PROPER	CTIES C /Hom
has permission toAmendment to permit	# 0710 to include 3' x 23 Family: m above garage.
AT _87 SKYLARK RD	L 347 D001001
provided that the person or person the provisions of the Statutes the construction, maintenance at this department.	s of limine and of the ances of the City of Portland regulating
Apply to Public Works for street line and grade if nature of work requires such information.	Defication inspect on must generally and with permit on process to be rething and or design and with process to be rething and or design and the rest of the procured by owner before this building or part thereof is occupied.  HER NOTICE IS REQUIRED.
OTHER REQUIRED APPROVALS	
Fire Dept	ORITA
Health Dept	OF PORTE
Appeal Board	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
OtherDepartment Name	Director - Building & Inspection Services
	ENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Bu	ilding or Use	Permi	t Annlicatio	n Pe	rmit No:	Issue Date	 ;	CBL:	
389 Congress Street, 04101 Tel:	0				07-1470	12/5/	י פיפ	347 D0	01001
Location of Construction:	Owner Name:	•	<u> </u>		r Address:			Phone:	
87 SKYLARK RD FD & SONS I			PROPERTIES LLC		KYLARK RI	)			
Business Name: Contractor Name				Contr	actor Address:		-	Phone	
	Home Owner								
Lessee/Buyer's Name	Phone:			Permi	it Type:				Zone:
					endment to S	ingle Famil	y		
Past Use: Proposed Use:			ı		nit Fee:	Cost of Wor		CEO District:	<del> </del>
Single Family Home	Single Family	Home -	Amendment	\$150.00 \$13,000		- 1	5		
Single Family Frome	to permit# 071					INSPEC			
	23'8" Family r			I Approved I					Type: 5%
						Denied		Use Group: Q-3 Type: 5%	
							TR(-2003  Signature: V2/5/07 CRM		
Proposed Project Description:								11	
Amendment to permit# 071020 to in	clude 33' x 23'8"	Family	room above	Signa	iture:		Signature	e: 12/5/07	o clu
garage.		·		PEDE	ESTRIAN ACTI	VITIES DIST	RICT (P.	A.D.)	<u> </u>
				Actio	on: Approv	red □ Anr	oroved w/C	Conditions	Denied
				Signa				Date:	
· I	Applied For: 05/2007				Zoning	Approva	ıl		
		Sno	cial Zone or Revi		Zoning Annual			Historic Preservation	
1. This permit application does no		Spe	ciai Zone or Revi	ews	ws Zoning Appeal			Historic Freservation	
Applicant(s) from meeting appli Federal Rules.	Applicant(s) from meeting applicable State and Federal Rules.		☐ Shoreland		☐ Variance			Not in District or Landma	
2. Building permits do not include septic or electrical work.	plumbing,	□ w	etland		Miscellaneous			Does Not Require Review	
3. Building permits are void if wor within six (6) months of the date		Flood Zone			Conditional Use			Requires Review	
False information may invalidat permit and stop all work		Subdivision			[ Interpretation			Approved	
		Sit	te Plan		Approve	d		Approved w/	Conditions
		Maj [	Minor MM		Denied			Denied	
		Date:			Date:		Dat	te:	
I hereby certify that am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit if shall have the authority to enter all ar such permit.	to make this appl or work describe	med pro ication a d in the	as his authorize application is is	he prop d agen ssued,	t and I agree to I certify that	to conform the code off	to all app icial's au	plicable laws ithorized repi	of this esentative
SIGNATURE OF APPLICANT			ADDRES	S		DATE		РНС	NE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Maine - Bu	ilding or Use Permi	t		Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (	(207) 87	4-8716	07-1470	12/05/2007	347 D001001	
Location of Construction: Owner Name: Ow			wner Address:	<del>.</del>	Phone:		
87 SKYLARK RD	FD & SONS PROPER	FD & SONS PROPERTIES LLC 87					
Business Name:	Contractor Name:	-	C	Contractor Address: Phone			
	Home Owner						
Lessee/Buyer's Name	Phone:		Pe	ermit Type:		•	
			<u> </u>	Amendment to Sir	ngle Family		
Proposed Use:	<u>-</u>	_	Proposed	Project Description:	<u> </u>		
Single Family Home - Amendment to permit# 071020 to include 33' x 23'8" Family room above garage.  Amendment to permit# 071020 to include 33' x 23'8" Family room above garage.							
Dept: Zoning Status: Note: Looked at w/ Ann M borrow  1) This property shall remain a single approval.	•	eet setba	ck of 14'	-		Ok to Issue:	
Dept: Building Status:	Approved with Condition	ns Re	viewer:	Chris Hanson	Approval D	ate: 12/05/2007	
Note:						Ok to Issue:	
1) floor must be ins. W/R19 and 1	hour rated assembly						
2) Fastener schedule per the IRC 2	003						
Separate permits are required fo Separate plans may need to be s	• • • • •		•				
4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.							

•	aine - Building or Use Perm		Permit No: 07-1470	<b>Date Applied For:</b> 12/05/2007	CBL: 347 D001001
	1101 Tel: (207) 874-8703, Fax:	<u>`                                    </u>	wner Address:		
	Location of Construction: Owner Name: Ov				Phone:
87 SKYLARK RD	FD & SONS PROPE	ERTIES LLC 8	37 SKYLARK RE	)	
Business Name:	Contractor Name:	C	ontractor Address:	Phone	
	Home Owner				
Lessee/Buyer's Name	Phone:	Pe	ermit Type:		
			Amendment to Si	ngle Family	
Proposed Use:		Proposed	Project Description:		
x 23'8" Family room abo	ve garage.	above g	garage.		
Dept: Zoning	Status: Approved with Condition	ons Reviewer:	Chris Hanson	Approval D	Date: 12/05/2007
Note: Looked at w/ An	n M borrowing 2' from 80' side to r	meet setback of 14'	where only 12' ex	xists CSH	Ok to Issue: 🗹
This property shall reapproval.	emain a single family dwelling. Any	change of use shal	Il require a separa	te permit application	n for review and
Dept: Building	Status: Pending	Reviewer:	Chris Hanson	Approval D	Date:
Note:	J			••	Ok to Issue:

Permit No:

Date Applied For:

CBL:

#### **BUILDING PERMIT INSPECTION PROCEDURES**

## Please call 874-8703 or 874-8693 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, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below. Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations. Footing/Building Location Inspection: Prior to pouring concrete Re-Bar Schedule Inspection: Prior to pouring concrete Foundation Inspection: Prior to placing ANY backfill Framing/Rough Plumbing/Electrical: 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 certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES. CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR. BEFORE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designee Date 12.10.07 Besa Carpsh Signature of Inspections Official Building Permit #: \_ 67 · 147) CBL: 347 DOOI

City of Portland, Maine - Buil	ding or Use Permit	t	Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel: (	207) 874-8703, Fax: (	(207) 874-871	6 07-1470	12/05/2007	347 D001001		
Location of Construction: Owner Name:			Owner Address:		Phone:		
87 SKYLARK RD	FD & SONS PROPER	RTIES LLC	87 SKYLARK RD	)			
Business Name:	Contractor Name:		Contractor Address:		Phone		
	Home Owner						
Lessee/Buyer's Name	Phone:		Permit Type:				
· · · · · · · · · · · · · · · · · · ·			Amendment to Sir	ngle Family			
Proposed Use:		Propos	ed Project Description:		=		
Single Family Home - Amendment to x 23'8" Family room above garage.	permit# 071020 to incl		dment to permit# 0° garage.	71020 to include 33'	x 23'8" Family room		
Note: Looked at w/ Ann M borrowi  This property shall remain a single approval.		eet setback of 1	•		Ok to Issue:		
Dept: Building Status: A	pproved with Condition	ns Reviewer	: Chris Hanson	Approval D	Pate: 12/05/2007  Ok to Issue:		
1) floor must be ins. W/R19 and 1 h	our rated assembly						
	•						
2) Fastener schedule per the IRC 200							
3) Separate permits are required for a Separate plans may need to be sub							
4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.							

amen 2 monts Permis #

07/020

### 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.

Location/Address of Construction: 87 Skylask Rd. PORTLAND, ME							
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot						
775							
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee or Buyer	* Telephone:					
Chart# Block# Lot#	Name Adrienne DiDonat	_					
		0   70 7 7 0 0					
345 500	Address 87 5Ky/ARK Rd	797-3098					
	City, State & Zip Port Land ME 04	403					
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of					
	Name	Work: \$ 1 3000.80					
	Address	C of O Fee: \$					
	Addless	C of O rec. p					
	City, State & Zip	Total Fee: \$ 150,0()					
		10tm 1 cc. #					
Current legal use (i.e. single family)	NOILE FAMILY						
If vacant, what was the previous use?	7-0-1						
Proposed Specific use: FAMILY RO	0011						
Is property part of a subdivision? No	If yes, please name						
Project description:							
•	33'× 33'8"						
CONST. A GAME/FAMILY RM Above basement GARAGE.							
Contractor's name: FRANK DI DON	at c	7-7					
Address: 87 SKY/ARK T							
City, State & Zip PorthAnd, INE 04103 Telephone: 797-3098							
Who should we contact when the permit is ready: FRANK Di DONATO Telephone: 747 3098							
Mailing address: 87 Sky/ARK Rd. Prathand ME CHEZ							
Please submit all of the information outlined on the applicable Checklist. Failure to							

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 <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, 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: Hante Wikanata Date: 11-15-07

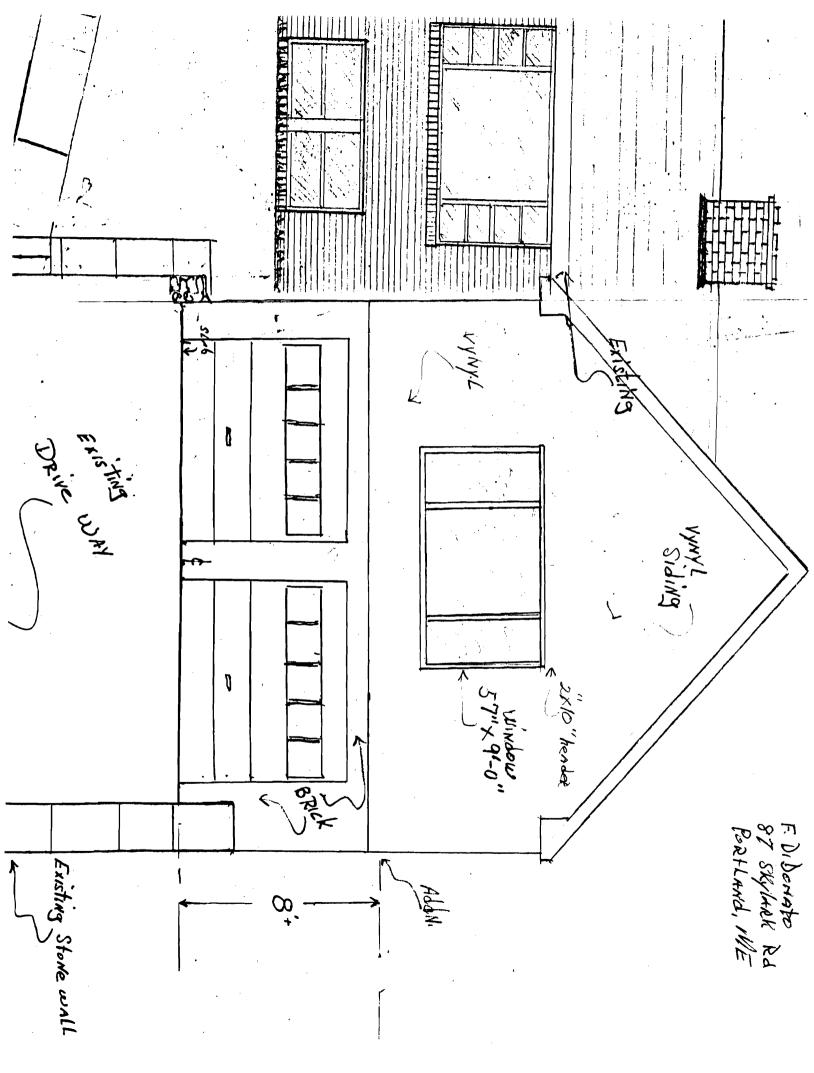
This is not a permit; you may not commence ANY work until the permit is issue

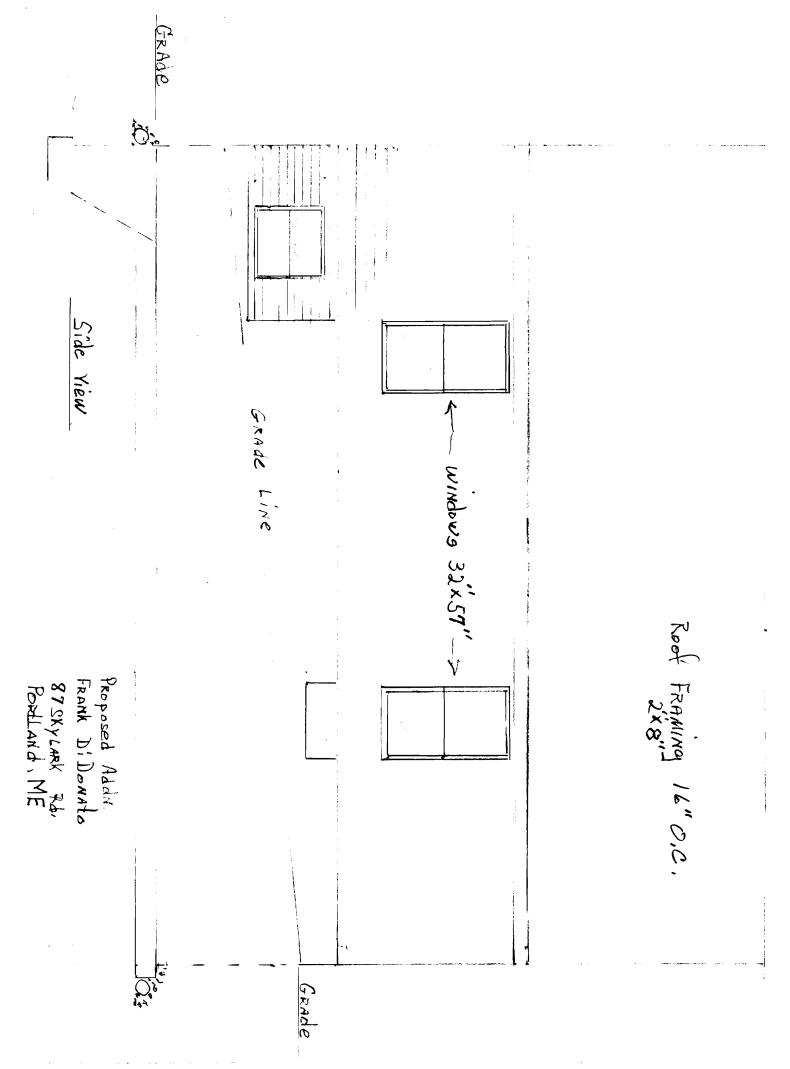
	y of Portland, Maine	•		LL	nit No:	Issue Date		CBL:	001001	
	Congress Street, 04101		5, Fax: (207) 874-871		07-1020	09/	/28/200		001001	
	ation of Construction: SKYLARK RD	Owner Name:	DECEMBER 11 C		Address:	D		Phone:		
	iness Name:	Contractor Name	PROPERTIES LLC	87 SKYLARK RD Contractor Address:				Phone		
Dus.	ness ranc.	property owne		Portla				1 none		
Less	see/Buyer's Name	Phone:	<u> </u>	Permit '					Zone:	
	·			Addit	tions - Dwe	llings				
Past	Use:	Proposed Use:		Permit	Fee:	Cost of Wor	k:	CEO District:		
Sir	ngle Family	Single Family	33'x 25' attatched		\$130.00	\$10,43	32.00	5		
garage		garage		FIRE C	DEPT:	Approved	INSPE	CTION:		
					Γ	Denied	Use G	roup:	Type:	
					<u></u>					
	posed Project Description:									
	x 25 attatched garage			Signatu		WITTER DIS	Signati			
31.50				PEDES	I KIAN ACI	IVITIES DIST				
				Action:	Appro	ved App	proved w	/Conditions	Denied	
				Signatu	re:			Date:		
Peri	mit Taken By:	Date Applied For:		· ·	Zoning	Approva	al			
dr	nartin	08/20/2007								
1.	This permit application of	loes not preclude the	Special Zone or Revie	ews	Zoni	ng Appeal		Historic Pre	eservation	
	Applicant(s) from meetir Federal Rules.	ng applicable State and	Shoreland		☐ Variance			Not in District or Landmarl		
2.	Building permits do not is septic or electrical work.		☐ Wetland		☐ Miscellaneous			☐ Does Not Require Review		
3.	Building permits are voice within six (6) months of		Flood Zone		Conditional Use			Requires Review		
	False information may in permit and stop all work.		Subdivision		☐ Interpretation			Approved		
			Site Plan		Approv	ed		Approved w	//Conditions	
			Maj Minor MM		Denied			Denied		
			Date:	I	Date:		Г	Date:		
I ha juri: shal	reby certify that I am the ove been authorized by the sdiction. In addition, if a place I have the authority to enterpression.	owner to make this appli permit for work described	ication as his authorized in the application is is	ne propo d agent a ssued, I	and I agree certify that	to conform the code of	to all a	pplicable laws authorized rep	of this resentative	
	Assur W	Konolo	87 SKYLADK Rd.	Konth	AND, ME	- //-	<u> 20-0</u>	7 79	73048	
SIG	NATURE OF APPLICANT		/ ADDRESS	S		DATE		PHO	ONE	
	SAME									

DATE

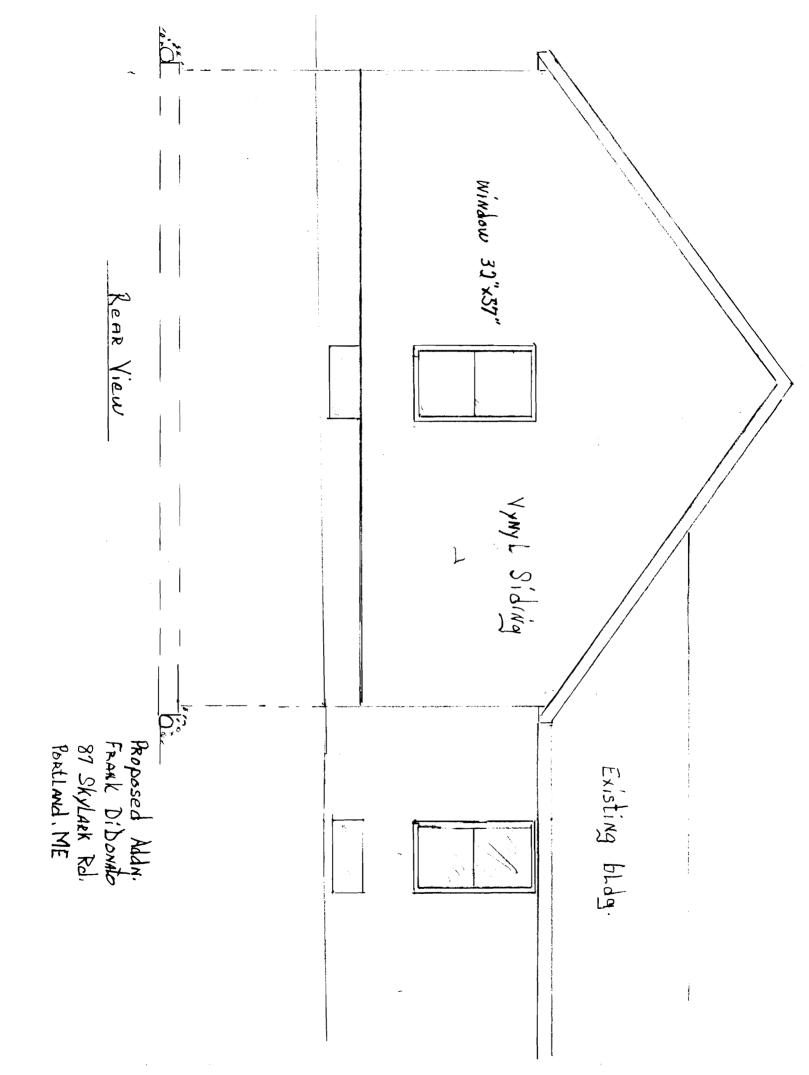
PHONE

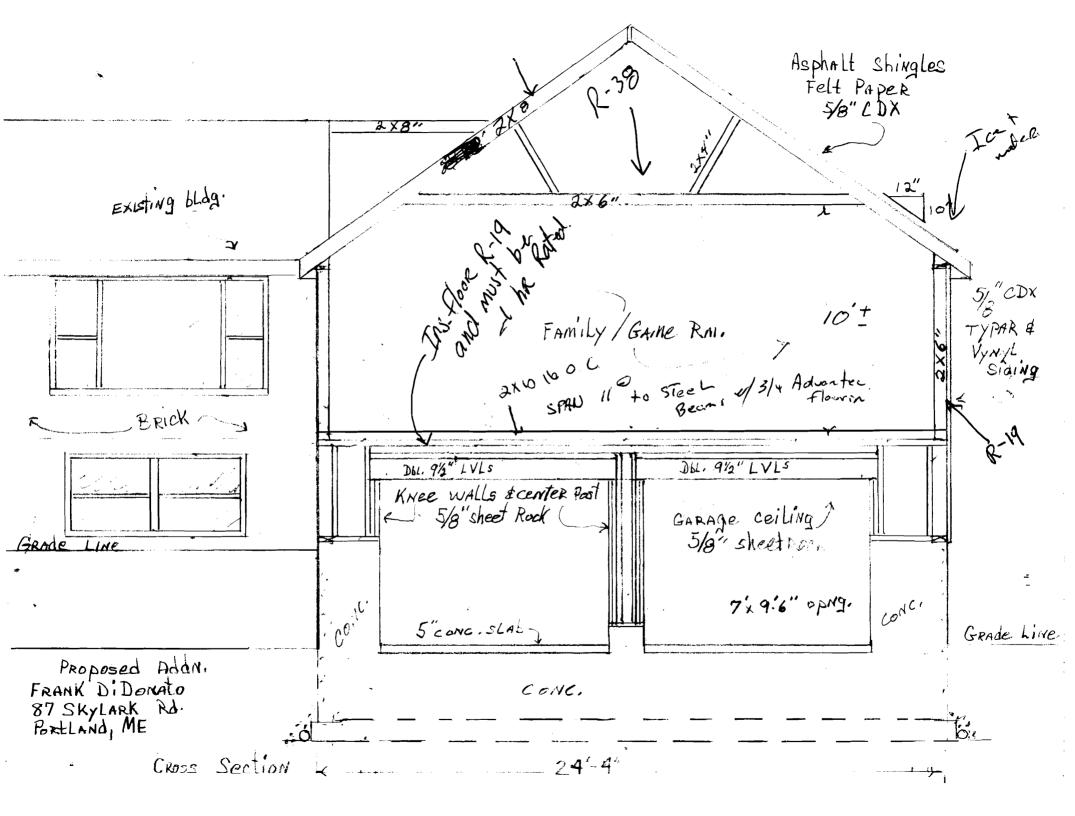
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE





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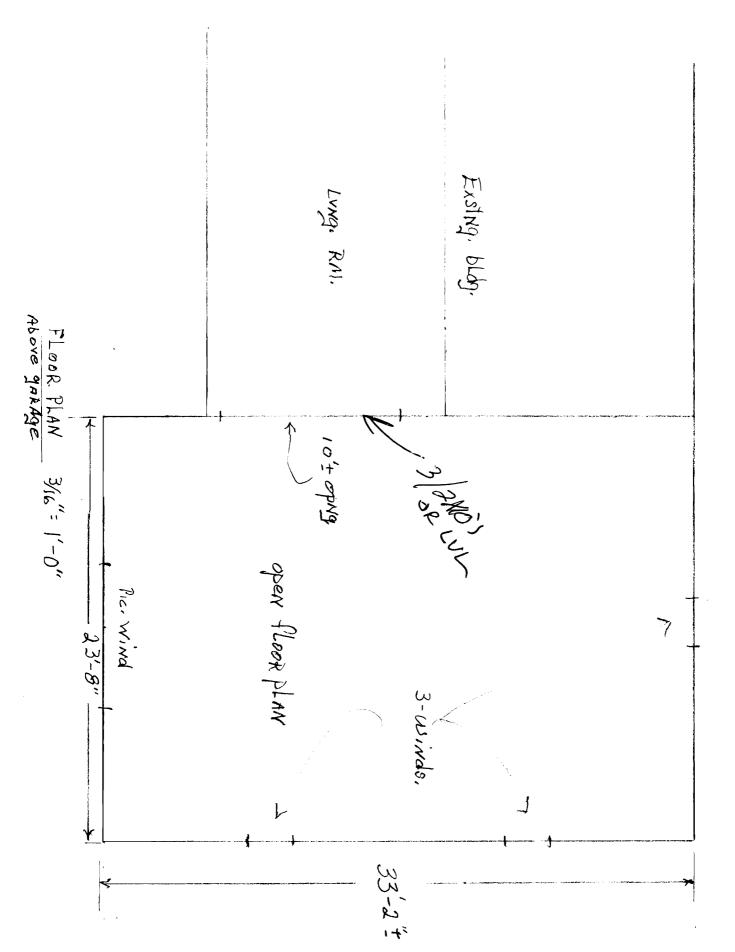
FRANK DIDOXATO 87 SKYLARK RA PORLLAND, ME

oping, trans Adding into existing bldg. 6-9"high x 10" 2×10" header R.O. 33" x 56" 2"x 8" header Jbl 2x8" with 8% Plywood . 22

Typical openy. Frammy Detail

Scale 1 = 1-0"

Typical Wind Franting



FRANK DIDONATO 87 SKYLARK Rd.