

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

**CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT ISSUED  
Permit Number: 050190  
FEB 25 2005  
CITY OF PORTLAND

**PERMIT**

This is to certify that Taylor Ruth S/Owner  
has permission to install bathroom in existing space  
AT 11 Allison Ave L 353 A014001

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

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. HEAVY NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Handwritten Signature]*  
2/23/05  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 05-0190	Issue Date: <b>PERMIT ISSUED</b> FEB 25 2005	CBL: 353 A014001
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<b>Location of Construction:</b> 11 Allison Ave	<b>Owner Name:</b> Taylor Ruth S	<b>Owner Address:</b> 11 Allison Ave	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Dwellings	<b>Zone:</b> R-2

<b>Past Use:</b> Single Family Home	<b>Proposed Use:</b> SFW install bathroom in existing space	<b>Permit Fee:</b> \$156.00	<b>Cost of Work:</b> \$15,000.00	<b>CEO District:</b> 5
install bathroom in existing space		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	<b>INSPECTION:</b> Use Group R-3 Type SB IRC 2003 Signature: <i>[Signature]</i>	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____				

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 02/18/2005	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if <b>work</b> is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>2/13/05</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>2/13/05</i>
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**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 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.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE		DATE	PHONE

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 05-0190	<b>Date Applied For:</b> 02/18/2005	<b>CBL:</b> 353 A014001
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<b>Location of Construction:</b> 11 Allison Ave	<b>Owner Name:</b> Taylor Ruth S	<b>Owner Address:</b> 11 Allison Ave	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Owner	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Tenant/Ressee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Dwellings	

<b>Proposed Use:</b> SFH/ install bathroom in existing space	<b>Proposed Project Description:</b> install bathroom in existing space
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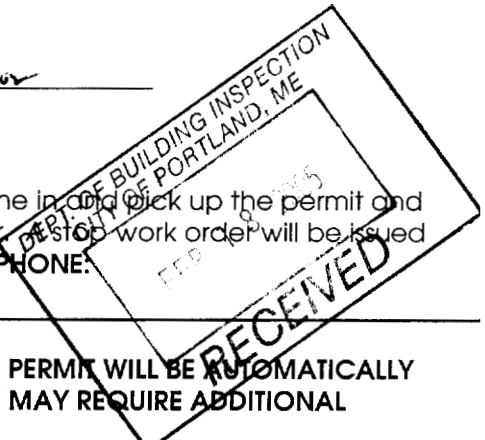
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 02/23/2005  
**Note:**      **Ok to Issue:**

- 1) All glass shower/tub doors must be tempered.
- 2) If any windows are located within a tub or shower unit the galzing must be tempered.

# 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.

Total Square Footage of Proposed Structure --			Square Footage of Lot		
<b>Tax Assessor's Chart, Block &amp; Lot</b>		Owner: <u>Ruth S Taylor</u>		Telephone: <u>207 797-7763</u>	
Chart# <u>353</u>	Block# <u>A</u>	Lot# <u>14</u>			
Lessee/Buyer's Name (If Applicable)			Applicant name, address & telephone: <u>Kent G Taylor</u> <u>11 Allison Ave</u> <u>Portland ME 04103</u>		cost Of Work: \$ <u>15 K</u>  Fee: \$
<p>Approximately how long has it been vacant: _____</p> <p>Proposed use: <u>van hall bathroom in 4x15 in office</u></p> <p>Project description:</p>					
Contractor's name, address & telephone: _____					
Who should we contact when the permit is ready: <u>Kent Taylor</u>					
Mailing address:					
<p>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. Stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.</p>					



**IF 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 INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

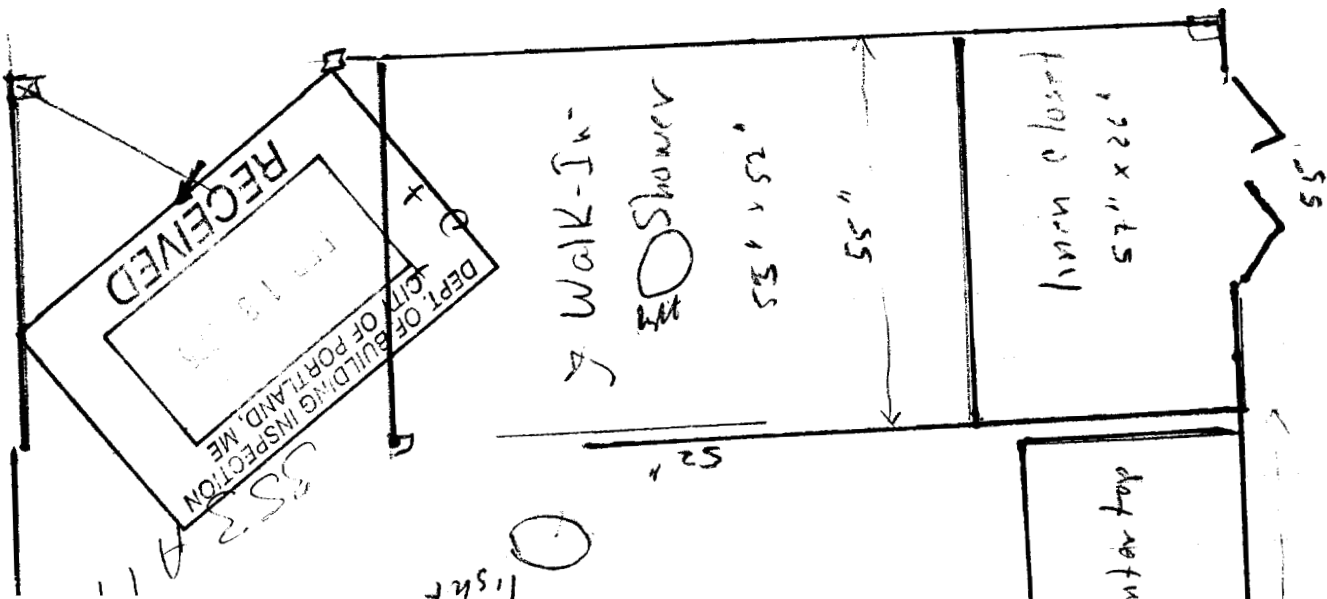
Signature of applicant: <u>[Signature]</u>	Date: <u>2/18/05</u>
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**This is NOT a permit: you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall**

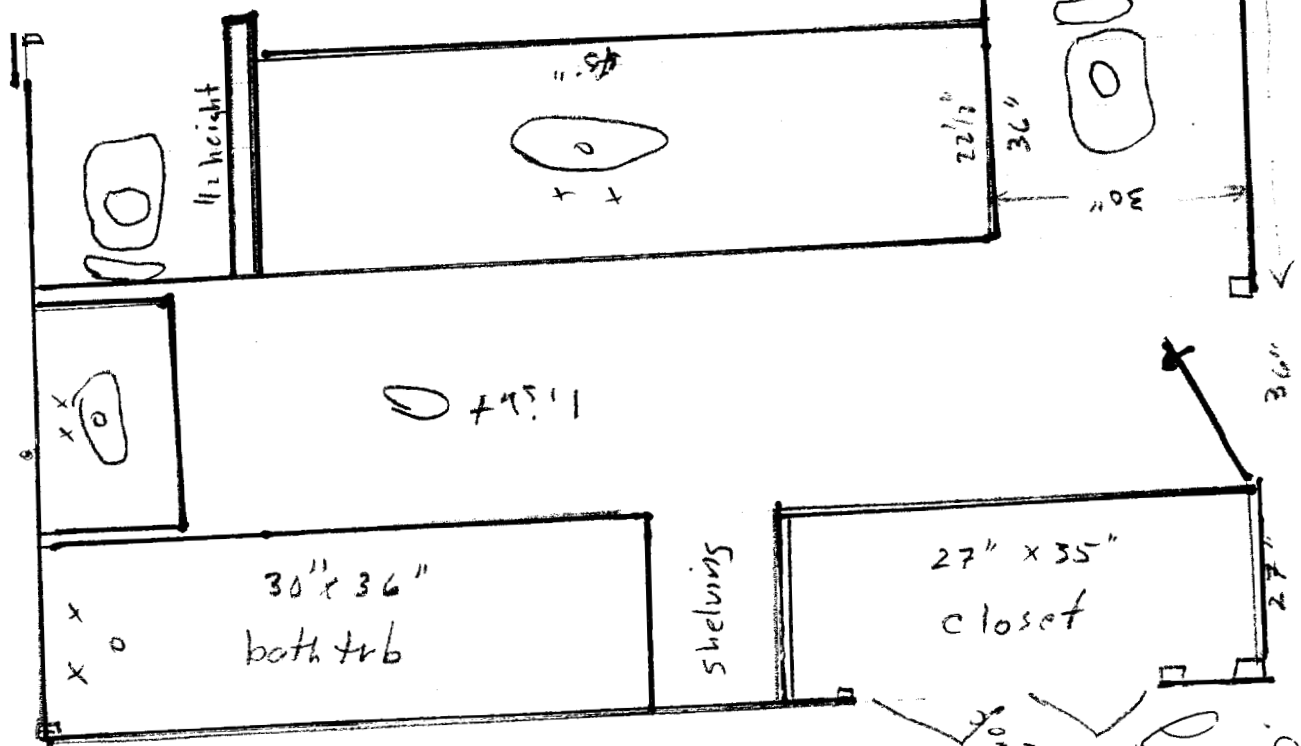
*CKH*

MASTER BED

← 115" →



← 274" →



Guest Room

Spoke  
 All w/ owner -  
 walls w/ bearng  
 non-bearing  
 non-bearing  
 studs

lead to me