## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	CITV	OF PORTLA	ND _		
Please Read Application And	ви	TION		PERMIT ISSUED	
Notes, If Any, Attached		PERMIT	Permit N	Number: 090269 APR - 3 <b>2009</b>	
This is to certify that	MEGNA NELSON J & DORC	Y R MI Charlie H			-
has permission to	Remodel Master Bath			CITY OF PORTLAND	-
AT 16 Braddish Ct			272 4007015		

provided that the person or persons, file or companies ping this permit shall comply with all of the provisions of the Statutes of Mane and of the Companies 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.

Not ation o spectid must b give nd writt bermissi brocure befo this bui nereof i lath or oth sed-in. 2 NOTICE IS REQUIRED. HOL

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

PENALTY FOR REMOVING THIS CARD

City of Portland, I 389 Congress Street,		U				Issue Date	:	CBL: 372 A0	07015
Location of Construction:	<u> </u>	Owner Name:	, rax.		Owner Address:			Phone:	
16 Braddish Ct			SON I	& DOROTHY	16 BRADDISH	СТ		r none:	
Business Name:		Contractor Name		<u>w boko iii i</u>	Contractor Address			Phone	
		Charlie Huff			13 Anthoine Roa			20731886	527
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:
					Alterations - Dv	vellings			123
Past Use:	<u> </u>	Proposed Use:			Permit Fee:	Cost of Wor	k: CI	EO District:	7
Single Family Condo		Single Family	Condo	- Remodel	\$80.00	\$5,50	00.00	5	
		Master Bath			FIRE DEPT:	Approved	INSPECT		
					[	Denied	Use Group	): K7	Type:517
						_	1	D/ 21	242
		l			]			1 W- Z	
Proposed Project Descripti	on:							RL-21	y lalog
Remodel Master Bath					Signature: PEDESTRIAN ACT	TWITIES DIS	Signature:	X VVV	1/2/01
Į.					FEDESI KIAN ACI			$\bigcirc$	1 6
					Action: Appro	oved Ap	proved w/Co	nditions	Denied
					Signature:		D	ate:	
Permit Taken By:	Date Ap	oplied For:			Zonin	g Approva	 al		
Ldobson	04/03	3/2009				9 FF · ·			
1. This permit applic	cation does not	preclude the	Spe	cial Zone or Revie	ews Zon	ing Appeal		Historic Pres	ervation
Applicant(s) from Federal Rules.			☐ Si	oreland	☐ Varian	ce	X	Not in Distric	ct or Landmar
2. Building permits of septic or electrical	-	olumbing,	│ □ w	etland	☐ Miscel	laneous		Does Not Rec	quire Review
3. Building permits a within six (6) more			☐ Fl	ood Zone	☐ Condit	ional Use		Requires Rev	iew
False information permit and stop al		a building	☐ Sı	ibdivision	U√ Interpr	etation		Approved	
PE	RMIT ISSU	JED	☐ Si	te Plan	S CONCENTRAPPRO	ved .		Approved w/	Conditions
	1DD - 00	00	Мај [	Minor MM		l		Denied	D
'	APR - 3 20	09	Date	mb4/3/0	G Date:		Date	M	<u>b</u>
CITY	OF PORTI	AND	$\cup$	/				U	
			C	ERTIFICATI	ON				
I hereby certify that I ar	m the owner of	record of the na	med pro	operty, or that th	ne proposed work	is authorized	by the ow	ner of recor	d and that
I have been authorized									
jurisdiction. In addition shall have the authority									
such permit.	to chick an arc	as covered by so	ich peri	int at any reason	lable flour to effici	ce the prov.	ision of the	code(s) ap	pileable to
•									
SIGNATURE OF APPLICA	.NT	<del></del> _		ADDRES		DATE		РНО	NE
DECDONORIE PROCES	N.CHARCE CE.	YORK TITLE				F.T.		DUC	NIE -
RESPONSIBLE PERSON I	N CHARGE OF W	UKK, ITILE				DATE		PHO:	NE

### **BUILDING PERMIT INSPECTION PROCEDURES**

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

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.

A Pre-construction Meeting will take place upon rec	eipt of your building permit.
X Framing/Rough Plumbing/Electrical: Prio	or to Any Insulating or drywalling
X Final inspection required at completion of	work.
Certificate of Occupancy is not required for certain proj your project requires a Certificate of Occupancy. All pr	•
If any of the inspections do not occur, the project car REGARDLESS OF THE NOTICE OR CIRCUMST	•
CERIFICATE OF OCCUPANICES MUST BE ISSUTHE SPACE MAY BE OCCUPIED.	UED AND PAID FOR, BEFORE
Signature of Applicant/Designee	04/03/2009
Signature of Applicant/Designee	Date
Jeanne Borne	4/3/09
Signature of Inspections Official	Date /

**CBL:** 372 A007015 **Building Permit #:** 09-0269

City of Portland, M	aine - Build	ling or Use Permit	t		Permit No:	Date Applied For:	CBL		
389 Congress Street, 0	4101 Tel: (2	(207) 874-8703, Fax: (	( <b>207) 87</b> 4	I-8716	09-0269	04/03/2009	372	2 A007015	5
Location of Construction:		Owner Name:		10	Owner Address:		Phone	:	
16 Braddish Ct		MEGNA NELSON J	& DORO	THY	16 BRADDISH C	Γ			
Business Name:		Contractor Name:		(	Contractor Address:	<del></del>	Phone		
		Charlie Huff			13 Anthoine Road	Windham	(207)	318-8627	7
Lessee/Buyer's Name		Phone:		P	Permit Type:				
					Alterations - Dwe	llings			
Proposed Use:				Proposed	Project Description:		_		
Single Family Condo - F	kemodel Maste	er Bath	ļ	Remod	lel Master Bath				
					<u></u>				
Dept: Zoning	Status: A	oproved with Condition	is Rev	iewer:	Jeanine Bourke	Approval D	ate:	04/03/200	09
Note:							Ok to	Issue:	/
This property shall rapproval.	emain a single	family condo. Any cha	ange of us	e shall	require a separate p	permit application fo	or reviev	v and	
Dept: Building	Status: Ap	oproved with Condition	ns Rev	iewer:	Jeanine Bourke	Approval D	ate:	04/03/200	09
Note:							Ok to	Issue: ✓	
Separate permits are need to be submitted		ny electrical, plumbing as a part of this process		r, fire a	larm or HVAC or 6	exhaust systems. Sep	oarate p	lans may	

Comments:

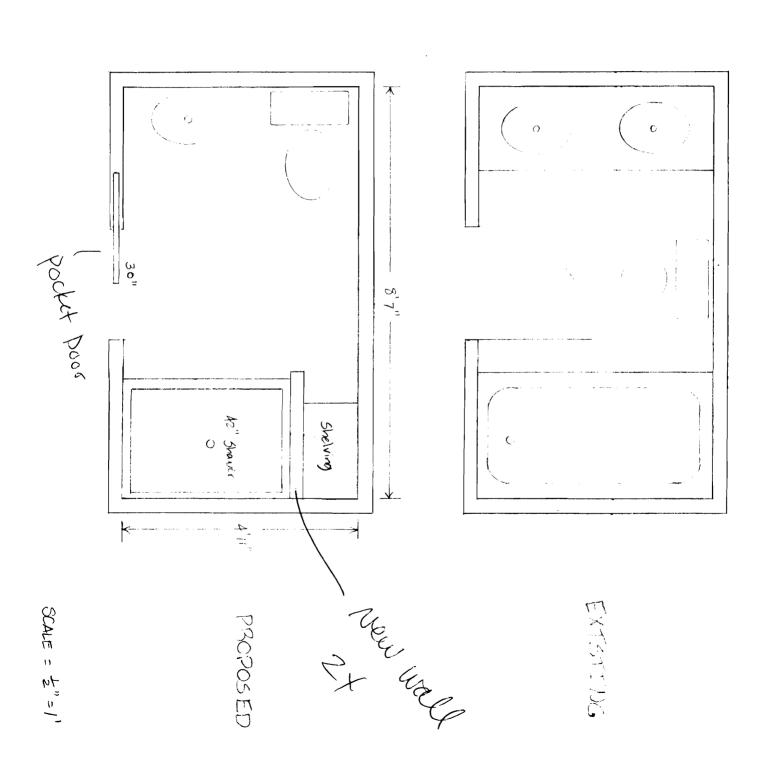
4/3/2009-jmb: Same day permit

# 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: /6	Braddish Court Portland,	ME 04103
Total Square Footage of Proposed Structu 43 Sq. ft.		
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lesse	ee or Buyer* Telephone:
Chart# Block# Lot#	. Name Nelson of Dottie Me	gra 878-9339
572 4 7015	Address 16 broadish Cou	irt   010 47554
	City, State & Zip Portland, M	1E 04103
Lessee/DBA (If Applicable)	Owner (if different from Applica	ant) Cost Of
	Name	Work: \$ 5,500,00
	Address	C of O Fee: \$
	City, State & Zip	Total Fee: \$
Current legal use (i.e. single family)	Single Family	
If vacant, what was the previous use?	•	
Proposed Specific use: 5: 5: Significant Specific use: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:	If yes, please name $\frac{\rho_0}{\rho_0}$	arsons Port Cordo Association
_ 1, 1 , 11, .		
Project description:		
Project description: Premadel Master Bothroo	n en	
Project description: Phemocle 1 Master Bothroo	om	
Project description:  Premade   Master Bothroo  Contractor's name: Charlic Huff		
Premadel Master Bothroo		
Remadel Master Bothroo  Contractor's name: Charlic Huff		  Telephone: <u>318-8627</u>
Remadel Master Boothroo  Contractor's name: Charlic Huff  Address: 13 Anthoine Rd.	2 04062	•
Contractor's name: Charlic Huff Address: 13 Anthoine And. City, State & Zip Windham, ME Who should we contact when the permit is	s ready: Contractor	•
Premacle   Mabler Bothroo  Contractor's name:	s ready: Contractor	Telephone:1
Contractor's name:Charlic Huff-Address:	s ready: Contractor	Telephone:
Contractor's name: Charlic Huff Address: 13 Anthoine And. City, State & Zip Windham, ME Who should we contact when the permit is Mailing address: Same as ab Please submit all of the informat	s ready: Contractor  ove	Telephone:
Contractor's name:Charlic Huff Address:	s ready: Contractor  sove  tion outlined on the applicable the automatic denial of your p	Telephone:
Contractor's name: Charlic Huff Address:	s ready:	Telephone:
Contractor's name:	s ready: Contractor  cove  tion outlined on the applicable the automatic denial of your p  the full scope of the project, the Plann the issuance of a permit. For further inforpections Division on-line at www.portland	Telephone:
Contractor's name:	s ready:	Telephone:
Contractor's name:	s ready:	Telephone:
Contractor's name:	s ready:	Telephone:
Contractor's name:	s ready:	Telephone:
Contractor's name:	s ready:	Telephone:

MASTER BATH REMODEL



## FIRST FLOOR PLAN

