# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

| Application And Notes, If Any, Attached                                                      | PERMIT                                                                                                                                                      | Permit Number: 091098                                                                                              |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| This is to certify that                                                                      | action Sys Cas of New Today                                                                                                                                 |                                                                                                                    |
| has permission to Constuct 1 1/2 story ca                                                    | pe to 2 st                                                                                                                                                  |                                                                                                                    |
| AT 7 Woodmere Rd                                                                             | СВ                                                                                                                                                          | 376_A005001                                                                                                        |
| of the provisions of the Statutes                                                            | of Mage and of the Orange                                                                                                                                   | ng this permit shall comply with a<br>s of the City of Portland regulatin<br>res, and of the application on file i |
| Apply to Public Works for street line and grade if nature of work requires such information. | Notication of spectio must be given and written ermissic procured before his builting or parallereof is lather or other section. 24 HOL NOTICE IS REQUIRED. | A certificate of occupancy must be procured by owner before this building or part thereof is occupied.             |
| OTHER REQUIRED APPROVALS                                                                     |                                                                                                                                                             | <i>r</i>                                                                                                           |
| Fire Dept.                                                                                   |                                                                                                                                                             |                                                                                                                    |
| Health Dept.                                                                                 | /                                                                                                                                                           |                                                                                                                    |
| Appeal Board                                                                                 |                                                                                                                                                             | 1 100 /// 11/1/20                                                                                                  |
| Other                                                                                        |                                                                                                                                                             | Director - Rullding & Departion Services                                                                           |

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

| Contraction of Construction:   Owner Address:   Owner Address:   Towocodmere Rd   Jimino Robert   Towocodmere Rd   Jimino Robert   Towocodmere Rd   Towocod   Towocodmere Rd   Towocodd   Towocodmere Rd   Towocodd   Towoco   |                            |           | _                      | Permit Application Fax: (207) 874-871 | - 1      | 09-1098          | Issue Date  | :                         | 376 A                   | 005001        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|------------------------|---------------------------------------|----------|------------------|-------------|---------------------------|-------------------------|---------------|
| Two difference   Two    | Location of Construction:  |           |                        |                                       |          |                  |             |                           |                         |               |
| Construction Systems of New Engla   Construction Systems of New    | 7 Woodmere Rd              |           | ì                      |                                       |          |                  |             |                           | l' nonc.                |               |
| Permit Type:   Alterations - Dwellings   Restrict   R   | Business Name:             |           | Contractor Name        |                                       | _        |                  |             |                           | Phone                   |               |
| Past Use:   Single Family   Single Family   Consider   1/2 story   Cape to 2 story.   Front Fee:   Story of Work:   Single Family   Consider   1/2 story   Cape to 2 story.   FIRE DETY:   Approved   INSPECTION:   The Conditions   The Condition   |                            |           | Construction S         | Systems of New Engla                  | 104      | A Thompson's F   | oint Portla | ınd                       | 2078719                 | 070           |
| Proposed Use: Single Family Signature Single Family Signature Signature Signature Signature Signature Signature Si | Lessee/Buyer's Name        |           | Phone:                 |                                       | Perr     | mit Type:        |             | -                         |                         | Zone:         |
| Single Family   Single Family   Contributed   1 1/2 story   S470.00   S45,000.00   5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del></del>                |           |                        |                                       | Al       | Iterations - Dwe | llings      |                           |                         |               |
| Cape to 2 story.   FIRE DEPT:   Approved   INSPECTION:   Like Group. P. 3   Type S.M.   The Color. P. 4   Type S.M.   Type S   | Past Use:                  |           | Proposed Use:          | Connect                               | Per      | mit Fee:         | Cost of Wor | k:                        | CEO District:           | 7             |
| Denoted Project Description:   Signature   Use Group.   2   Type   523   Type   524   The Code      | Single Family              |           |                        |                                       |          |                  | \$45,00     |                           |                         |               |
| Permit Taken By:   Date Applied For:   10/02/2009     Zoning Approval   Approved w/Conditions   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |           | cape to 2 story        | <b>'.</b>                             | FIR      | RE DEPT:         | Approved    | INSPE                     | CTION:                  | - :~          |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)   Action:   Approved   Approved without   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |           | }                      |                                       |          |                  | Denied      | Use G                     | roup: R3                | Type: 5D      |
| Permit Taken By:   Date Applied For:   10/02/2009     Zoning Approval   Approved w/Conditions   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |           |                        |                                       | ļ        |                  |             | -                         | TRCZ                    | 2003          |
| Permit Taken By:   Date Applied For:   10/02/2009     Zoning Approval   Approved w/Conditions   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Proposed Project Descripti | on:       |                        |                                       |          |                  |             |                           |                         |               |
| Permit Taken By:   Date Applied For:   10/02/2009     Zoning Approval   Approved w/Conditions   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Constuct 1 1/2 story ca    | ne to 2   | storv                  |                                       | Sign     | natura:          |             | Signati                   | ura: 1                  | xtrulas       |
| Action:   Approved   Approved w/Conditions   Denied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | constact i i/2 story co    | .p• to 2  | otory.                 |                                       |          |                  | ITIES DIST  | RICT (                    | P.A.D.)                 | <i>979701</i> |
| Signature:   Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |           |                        |                                       | l        |                  |             |                           |                         | Denied        |
| Permit Taken By: gg    Date Applied For:   10/02/2009   Special Zone or Reviews   Zoning Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |           |                        |                                       | Acti     | ion. Applove     | ա 📋 դրլ     | noved w                   | Conditions              | Demed         |
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work  Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |           |                        |                                       | Sign     | nature:          |             |                           | Date:                   |               |
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| Shoreland   Shor   |                            |           | <u> </u>               | Special Zone or Revie                 | ws       | Zoning           | Appeal      | $\overline{}$             | Historic Pre            | eservation    |
| Wetland   Miscellaneous   Does Not Require Review   Subdivision   Interpretation   Approved   App   | • • •                      |           | -                      |                                       |          |                  | , pp        |                           | ,                       |               |
| septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work    Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | meeting   | g applicable State and | Shoreland                             | Variance |                  |             | Not in District or Landma |                         |               |
| septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work    Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 Ruilding permits (       | lo not ir | nclude nlumbing        | ☐ Wetland                             |          | Miscellaneous    |             |                           | Does Not Require Review |               |
| within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work    Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |           | iciade plantonig,      |                                       |          |                  |             |                           |                         |               |
| False information may invalidate a building permit and stop all work    Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Building permits a      | are void  | if work is not started | Flood Zone                            |          | Condition        | ıal Use     | Ì                         | Requires Re             | eview         |
| Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |           |                        |                                       |          |                  |             |                           | 1_                      |               |
| CERTIFICATION  Thereby 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 urisdiction. 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 PERMIT ISSUED  SIGNATURE OF APPLICANT  ADDRESS  DATE OCT 1 4 2009 PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | -         | _                      | Subdivision                           |          | Interpreta       | tion        | Ì                         | Approved                |               |
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| SIGNATURE OF APPLICANT  ADDRESS  PERMIT ISSUED  DATE OCT 1 4 2009 PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |           |                        |                                       |          |                  |             |                           |                         |               |
| SIGNATURE OF APPLICANT ADDRESS DATE OCT 1 4 2009 PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | such permit.               |           | •                      | ,                                     |          |                  | -           |                           | • • •                   |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |           |                        |                                       |          |                  | 1 1-11      | 1 1 1 1                   | 1000                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNATURE OF APPLICA       | NT        |                        | ADDRESS                               |          |                  | DATE        |                           | PH                      | ONE           |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE  DATE PHONE City of Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The state of the block     | • •       |                        | , in a REGI                           | -        |                  |             | OCT                       | <b>1 4</b> 2009         |               |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE City of Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |           |                        |                                       |          |                  | · -         |                           |                         | · -           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESPONSIBLE PERSON I       | N CHAR    | GE OF WORK, TITLE      |                                       |          |                  | DATE        | ity of                    | Portland PH             | ONE           |

12-29-30 OK- anofin shefplus (AT) MEN 1-21-10 OK- now sources dogs 100A OH WEN

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| Cit  | y of Portland, M               | aine - Buil     | ding or Use Permi                                 | t         |            | Permit No:            | Date Applied For:     | CBL      | :           |          |
|------|--------------------------------|-----------------|---------------------------------------------------|-----------|------------|-----------------------|-----------------------|----------|-------------|----------|
| 389  | Congress Street, 0             | 4101 Tel: (     | 207) 874-8703, Fax: (                             | (207) 8   | 74-8716    | 09-1098               | 10/02/2009            | 37       | 6 A0050     | 01       |
| Loca | ation of Construction:         |                 | Owner Name:                                       |           | 1          | Owner Address:        |                       | Phone    | e:          |          |
| 7 V  | Voodmere Rd                    |                 | Jimino Robert                                     |           | ł          | 7 Woodmere Rd         |                       | Ì        |             |          |
| Busi | ness Name:                     |                 | Contractor Name:                                  |           | 1          | Contractor Address:   |                       | Phon     | e           |          |
|      |                                |                 | Construction Systems                              | of New    | Engla      | 10A Thompson's I      | Point Portland        | (207     | 7) 871-90   | 70       |
| Less | ee/Buyer's Name                |                 | Phone:                                            |           |            | Permit Type:          |                       |          |             |          |
|      |                                |                 |                                                   |           | į          | Alterations - Dwe     | ellings               |          |             |          |
| Prop | posed Use:                     |                 |                                                   |           | Propose    | d Project Description | :                     |          |             |          |
| Sin  | gle Family / Convert           | 1 1/2 story ca  | pe to 2 story.                                    |           | Consv      | ert 1 1/2 story cape  | e to 2 story.         |          |             |          |
|      |                                |                 |                                                   |           | }          |                       |                       |          |             |          |
|      |                                |                 |                                                   |           |            |                       |                       |          |             |          |
|      |                                |                 |                                                   |           |            |                       |                       |          |             |          |
|      |                                |                 |                                                   |           |            |                       |                       |          |             |          |
| Do   | ept: Zoning                    | Status: A       | pproved with Condition                            | ns R      | eviewer:   | Ann Machado           | Approval D            | ate:     | 10/05/2     | 2009     |
| N    | ote:                           |                 |                                                   |           |            |                       |                       | Ok to    | Issue:      | <b>✓</b> |
| 1)   | This is NOT an appr            | roval for an ac | ditional dwelling unit.                           | You SI    | IALL NO    | OT add any additio    | nal kitchen equipme   | nt inclu | ıding, but  | t        |
|      |                                |                 | s, microwaves, refrigera                          |           |            |                       |                       |          |             |          |
| 2)   | This property shall rapproval. | emain a singl   | e family dwelling. Any                            | change    | of use sh  | all require a separa  | te permit application | for re   | view and    |          |
| 3)   | This permit is being work.     | approved on     | the basis of plans subm                           | itted. A  | ny devia   | tions shall require   | a separate approval l | efore s  | starting th | nat      |
| D    | ept: Building                  | Status: A       | pproved with Condition                            | ns R      | eviewer:   | Tom Markley           | Approval I            | Date:    | 10/14/2     | 2009     |
| N    | ote:                           |                 |                                                   |           |            |                       |                       | Ok to    | o Issue:    | ✓        |
| 1)   | Hardwired intercont level.     | nected battery  | backup smoke detector                             | s shall t | e installe | ed in all bedrooms,   | protecting the bedro  | ooms, a  | nd on eve   | ery      |
| 2)   | The design load spe            | c sheets for a  | ny engineered beam(s)/                            | Trusses   | s must be  | submitted to this o   | office.               |          |             |          |
| 3)   |                                | -               | any electrical, plumbing as a part of this proces |           | ler, fire  | alarm or HVAC or      | exhaust systems. Se   | parate   | plans may   | <b>y</b> |

4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review

and approrval prior to work.

PERMIT ISSUED

OCT 14 8/16

#### **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 receipt of your building permit.                         |                                       |  |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| A 1 re-construction Meeting win take place upon                                                          | receipt of your building permit.      |  |
| X Framing/Rough Plumbing/Electrical:                                                                     | Prior to Any Insulating or drywalling |  |
| X Final inspection required at completio                                                                 | n of work.                            |  |
| Certificate of Occupancy is not required for certain your project requires a Certificate of Occupancy. A |                                       |  |
| If any of the inspections do not occur, the project REGARDLESS OF THE NOTICE OR CIRCUM                   |                                       |  |
| CERIFICATE OF OCCUPANICES MUST BE THE SPACE MAY BE OCCUPIED.                                             | ISSUED AND PAID FOR, BEFORE           |  |
| Signature of Applicant/Designee                                                                          | Date                                  |  |
| Thomas h. Mar laley Signature of Inspections Official                                                    | <u>/0/14/09</u><br>Date               |  |
| Signature of hispections Official                                                                        | Date                                  |  |
|                                                                                                          |                                       |  |
|                                                                                                          |                                       |  |
|                                                                                                          | CUT 14                                |  |
|                                                                                                          | City of Portland                      |  |

**CBL:** 376 A005001 **Building Permit #:** 09-1098

### 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:                                                                                                                                                                                                       | woodmere Rd.                                                                                               |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Total Square Footage of Proposed Structure/A                                                                                                                                                                                            | rea Square Footage of Lot                                                                                  | Number of Stories                                      |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot#  376 A 005                                                                                                                                                                         | Applicant *must be owner, Lessee or B  Name Rob Jimino  Address Twoodmere Ro  City, State & Zip Portland C | 4103                                                   |
| Lessee/DBA (If RECEIVED  OCT - 2 2009                                                                                                                                                                                                   | Owner (if different from Applicant) Name Address                                                           | Cost Of<br>Work: \$ <u>115 000</u><br>C of O Fee: \$   |
| Dept. of Building Inspection City of Portland Maine                                                                                                                                                                                     | City, State & Zip                                                                                          | Total Fee: \$                                          |
| Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:                                                                                                                                   | If yes, please name                                                                                        |                                                        |
| Contractor's name: Long Free Line Address: Long For Long City, State & Zip So Por Long Who should we contact when the permit is read Mailing address: Long Long Long Long Mailing address: Long Long Long Long Long Long Long Long Long | ME 04106<br>WE Dwane XX (Ql)                                                                               | Telephone: <u>87/9070</u><br>Telephone: <u>749-223</u> |
| Please submit all of the information of                                                                                                                                                                                                 |                                                                                                            |                                                        |

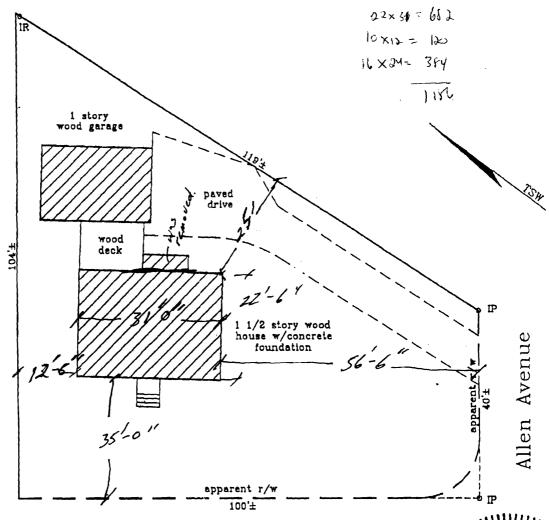
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division 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: |             | Date: /0/2/39 |  |
|------------|-------------|---------------|--|
| Signature. |             | 2000 10/2/09  |  |
|            | <del></del> | <del></del>   |  |

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

ADDRESS: 7 Woodmere Road, Portland, Maine



Woodmere Road

£3 lotsize 7205 \$ (w) (w) (m) (h=650 \$ 6x) front - 25 min - 36's min for him

(ex - 25 min - 25's min for him

Side - 2 stary - 14'min - 12.5 sivent can berrow - need

side | 2 stary - 14'min - 12.5 sivent can berrow - need

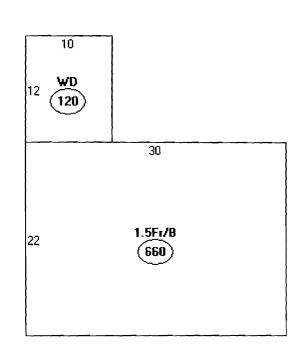
side | side | sidest - 20'min - 5'6.5's ven hove 69 (00) 20-14=34 10toren - 35% = 252175 - 1180 35 max height -21 5 celed

WAY ARE SHOWN. OTHER ENCUMBRANC RECORDED OR NOT, MAY EXIST. THIS SKETCH WILL NOT REVEAL ABUTTING DEED CONFLICTS, IF ANY.

Livingston-Hughes Professional Land Surveyors 88 Guinea Road Kennebunkport, Maine 04046

207-967-9761 phone 207-967-483 www.livingstonhughes.com

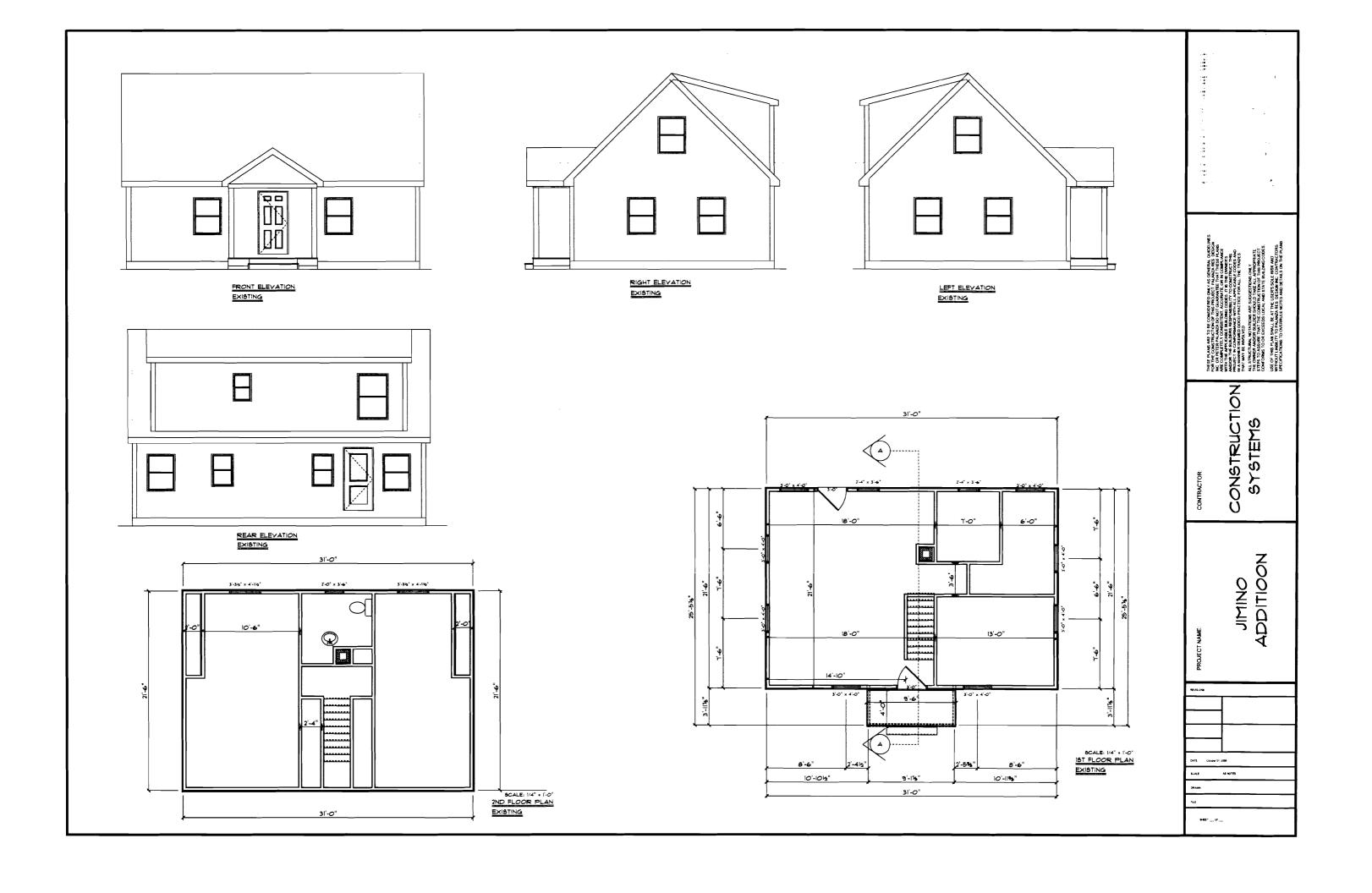
70.714

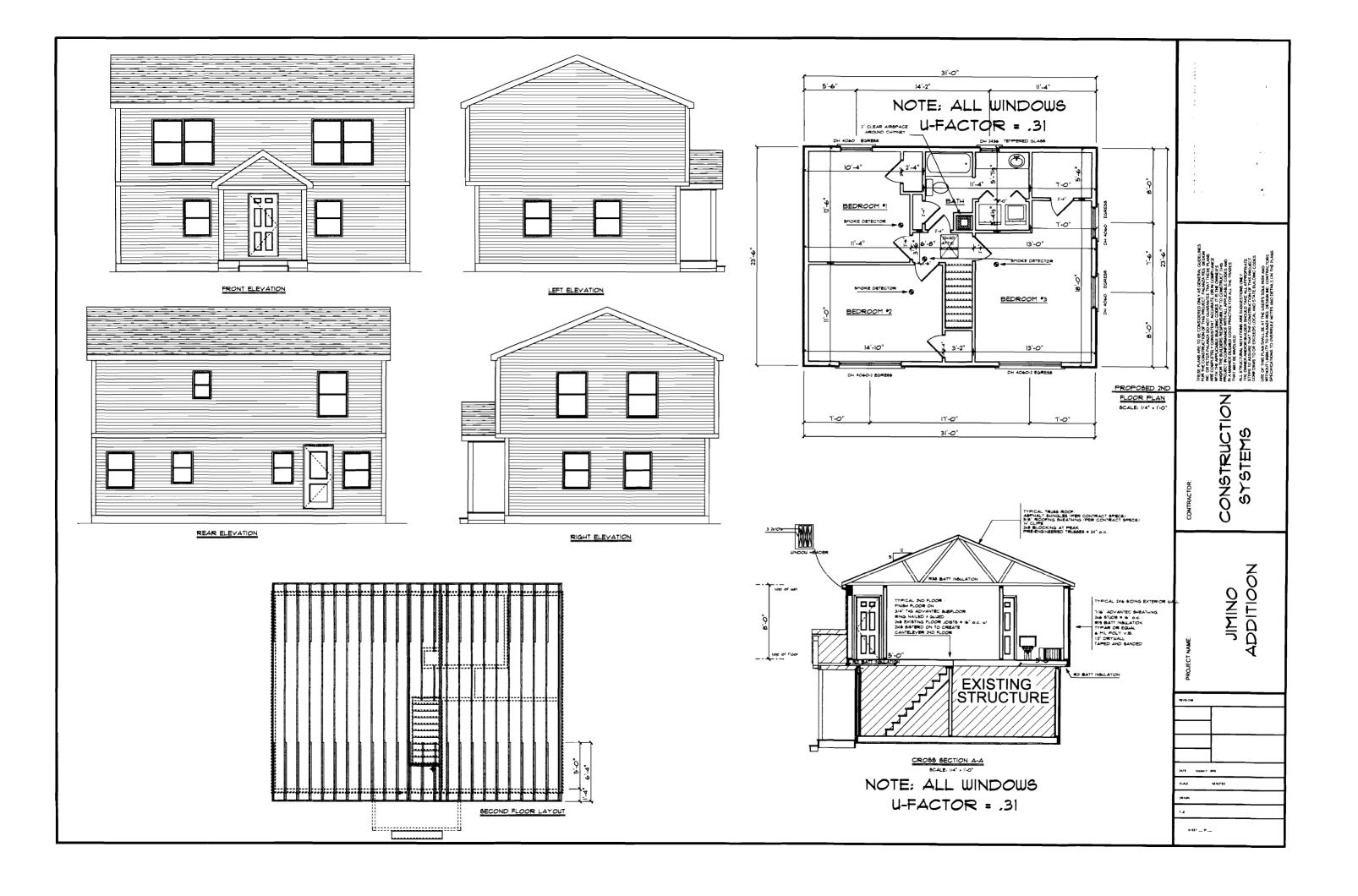


#### Descriptor/Area

A: 1.5Fr/B 660 sqft

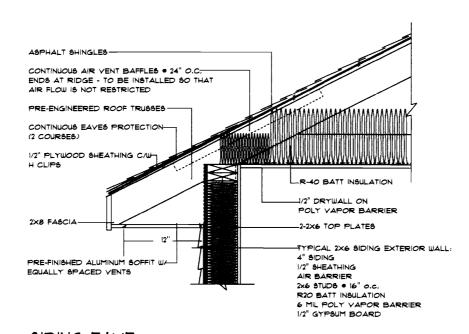
B:WD 120 sqft





FOR 1/2 INCH SHEATHING & 1-3/4 INCH LENGTH FOR 25/32 INCH SHEATHING CORROSION-RESISTANT ROOF-ING MALE 54 17-16 INCH DA. HEAD & 1-1/2 INCH LENGTH FASTNERS SPACED 3 INCHES OC AT EXTERIOR EDGES AND 8 INCHES OC AT INTERNEDIATE SUPPORTS CORROSION-RESISTANT SIDING OR CASING NALL DEFORMED SHANK. FASTNERS SPACED 4 INCHES DO AT EDIGES IN INCHES AT INTERMEDIATE P
WALL SHEATHING AND 3 INCHES CO.AT EDIGES A INCHES IN INTERMEDIATE SUPPORTS FOR ROOF SHEATHING AND 3 INCHES CO.AT EDIGES A INCHES AT INTERMEDIATE SUPPORTS FOR ROUF SHEATHING A PLICATIONS, FASTNERS SPACED 4 INCHES ON CENTER AT EDIGES A INCHES AT INTERMEDIATE SUPPORTS AT SHEATHING APPLICATIONS, PASTNERS SPACED 4 INCHES ON CENTER AT EDIGES A INCHES AT INTERMEDIATE SUPPORTS AT SHEATHING APPLICATIONS, SE MAILS ARE WANNIAM REQUIRED FOR WOOD STRUCTURE, PARELS IN PAREL SUPPORTS AT 24 INCHES CASING OR FINISH MAILS SPACED 8 INCHES ON PAMEL EDIGES. 12 INCHES AT INTERMEDIATE SUPPORTS AT CASING OR FINISH MAILS SPACED BY INCHES ON PAMEL EDIGES. 12 INCHES AT INTERMEDIATE SUPPORTS AT 15 INCHES INCHES AT INTERMEDIATE AT INTERMEDIATE SUPPORTS AT 15 INCHES AT INTERMEDIATE AT INTERMEDIATE SUPPORTS AT 15 INCHES AT INTERMEDIATE SATING AND SUPPORTS AT 15 INCHES AT INTERMEDIATE AT INTERMEDIATE AT INTERMEDIATE SATING AND SUPPORTS AT 15 INCHES AT INTERMEDIATE AT 15 INCHES AT INTERMEDIATE SATING AND SUPPORTS AT 15 INCHES AT INTERMEDIATE SATING AND SUPPORTS AT 15 INCHES AT INTERMEDIATE SATING AND SUPPORTS AT 15 INCHES A FASTNERS SPACED 4 INCHES OC AT EDGES, 8 INCHES AT INTERMEDIATE P NOTE LETTER PANEL SIDING (TO FRAMING) SEE NOTE: F WON NAIL - REF TO TABLE 2308.10.4 1 ( SEE SECT. 2308 10.4.1, TABLE 2308.10.4.1) CEILING JOISTS TO PARALLEL RAFTERS FACE NAIL 5/8"
PANEL SIDING (TO FRAMING) 3-16 COMMON MINIMAM
4-37 61 317 MAI.
3-16 COMMON MINIMAM
4-37 16 0AGE STAPLE
4-35 0317 MAI.
3-16 COMMON MINIMAM
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5-37 16 3GAGE STAPLE
3-36 031 MAII.
3-36 COMMON
160 COMMON
171 16 COMMON
171 16 AGAGE STAPLE
3-36 031 MAII.
3-36 COMMON
31 16 AGAGE STAPLE
3-36 031 MAII.
3-36 COMMON
31 16 AGAGE STAPLE
3-37 16 SEE NOTE: F ( SEE SECT. 2308.10.4.1, TABLE 2308.10.4.1) CEILING JOISTS, LAPS OVER PARTITIONS MON NAIL - REF TO TABLE 2308.10.4 SEE NOTE. C 6d TOENAL CONTINUOUS HEADER TO STUD SINGLE FLOOR (COMBINATION 34" OR LESS

& PARTICLE BOARD WOOD STRUCTURAL PANELS 18/32" - 34"
WOOD STRUCTURAL PANELS 17.2" OR LESS SEE NOTE: P SEE NOTE: N 8d, SEE NOTE: D, 6d, SEE NOTE SEE NOTE: O SEE NOTE: N SEE NOTE: C, J 2" 16 GAGE 2-36"x0.113" NAIL 8d OR 8d 1-34" 18 GAGE 2-36"x0.113" NAIL 6d 4 - 3" 14 GAGE STAPLE 4 - 3"x0.131" NAIL 5 - 3"x0.131" NAIL 5 - 3"x0.131" NAIL TOE NAIL CEILING JOISTS TO PLATE 6, OC YFONG EDGE CONTINUOUS HEADE, 2 PCS AND INTERSECTIONS TOP PLATES, LAPS FACE NAIL TOE NAIL RIM JOIST TO TOP PLATE FACE NAIL JOIST TO BAND JOIST TOE NAIL OR RAFTERS TO TOP PLATE BLOCKING BETWEEN JOISTS 5 - 3\*x0.131\* NAJL 3 - 16d COMMON 3 - 3\*14 GAGE STAPLE 3 - 3\*x0.131\* NAJL 2 - 16d COMMON 3 - 3\*x0.131\* NAJL 3 - 3\*x0.133\* NAJL 2-BY RIDGE BEAM ROOF RAFTER TO FACE NAIL TOENAIL TYPICAL FACE NAIL DOUBLE TOP PLATES 2 - 16d COMMON - 3° 14 GAGE STAPLE FACE NAIL JACK RAFTERS TO HIP FACE NAIL DOUBLE STUDS 2 - 10d COMMON 4 - 3" 14 GAGE STAPLE 4 - 3"x0.131" NAIL 3 - 10d COMMON 4 - 3" 14 GAGE STAPLE END NAIL TOE NAIL JACK RAFTERS TO HIP STUD TO SOLE PLATE 4 - 3" 14 GAGE STAPLE 4 - 3"b. 13" NAIL 3 - 10d COMMON 3 - 3" 14 GAGE STAPLE 3 - 3"b. 131" NAIL 2 - 20d COMMON 1" 14 GAGE STAPLE @ 24" 3"b. 13" NAIL @ 24" OC 20d COMMON 32" OC 3"14 GAGE STAPLE 3"10 13" NAIL 18d COMMON 2 - 3" 14 GAGE STAPLE 2 - 3"b. 131" NAIL TOE NAIL AT EACH SPLICE FACE NAIL AT ENDS TOP PLATE TO STUD TAGGERED ON OPPOSITE SIDES FACE NAIL AT TOP & BOTTOM BUILT-UP GIRDER & BEAMS AT BRACED WALL PANEL SOLE PLATE TO JOIST OR BLOCKING BUILT-UP CORNER STUDS TYPICAL FACE NAIL OR BLOCKING SOLE PLATE TO JOIST FACE NAIL TOENAIL EACH END BRIDGING TO JOIST 2 - 8d COMMON 3 - 3\* 14 GAGE STAPLE E SECT. 2308.10.1, TABLE 2308.1 RAFTER TO PLATE 3 - 3"x0.131" NAIL 3 - 8d COMMON FASTENING JOIST TO SILL OR GIRDER TOENAL TOENAL CONNECTION CONNECTION (SEE NOTES A - M FOR ALL FASTENING NOTES)
FASTENING SCHEDULE (SEE TABLE 2304.9.1 ME.S. RESIDENTIAL CONSTRUCTION CODE FOR COMPLETE DETAILS)



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| CONSTRUCTION<br>SYSTEMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PROJECT NAME:  JIMINO  ADDITIOON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| APME DNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DATE OSIGNEC*, 2009  ECALE AS NOTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DRAWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6-EET _ & _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

#### 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.

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A Pre-construction Meeting will take place upon receipt of your building permit.

X
Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> 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

Signature of Inspections Official

Date

Date

Finitivial Toolded

OCT 1 4 2009

City of Portland

CBL: 376 A005001

Building Permit #: 09-1098