							gernelsene på det Sommelsene		
					Π	Permit No:	ssue Date:	CBL:	
						04-0920	1	382	F006001
Loca	tion of Construction:	Owner Name:			] Dwi	ner Address:	<del>र उस</del>	2 : 2004 <b>Phone:</b>	
54 J	ackson St	Santucci Jacqu	ues &		54	Jackson St	-24-4-44 	797-4	534
Busir	ness Name:	Contractor Name	:		Con	tractor Address:	<b>an</b> cr	PCRILANPhone	
		David Dardan	0		11	5 Hope Ave Portla	and	20783	12137
Lesse	e/Buyer's Name	Phone:			Permit Type:				Zone:
					A	lterations - Dwelli	ngs		R5
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			ceo Distric	t:
sing	le family home	single family h	nome w/	higher roof in		·			
		rear of house,	rear of house, add bath & bedroom		FIF	FIRE DEP1: Approved Use		INSPECTION: Use Group: C-3 BOCA [9 Signature: MB RICT (P.A.D)	Type: S
Prop	osed Project Description:								
raise	e roof over existing foot pr	rint in rear of house, add	d bath & bedroom Signature:			Signature: Mb 7/20/04			
					'EDESTRIAN ACTIVITIES DIST		FIES DIST		
								Denied	
					Sig	nature:		Date:	
Perm	it Taken By:	Date Applied For:			Zoning Approval				
jodi	inea	07/02/2004							
1.	This permit application do	bes not preclude the	Spee	cial Zone or Revie		Zoning A	Appeal	Historic P	reservation
	Applicant(s) from meeting Federal Rules.		She	oreland	red			Not in Di	strict or Landmark
	Building permits do not ir septic or electrical work.	nclude plumbing,	Wetland Under W			ous	Does Not	Require Review	
3.	Building permits are void within six (6) months of the		Flood Zone Y-434 GlCondi			Use	Requires	Review	
False information may invalidate a building permit and stop all work		Subdivision CWS Et		Q     Variance       Variance     Miscellaneous       O     I       Q     Conditional Use       Q     Interpretation       Q     Appr. ved			I		
			Site	e Plan	` Z			Approved	w/Conditions
			Maj 🗌	Minor MM		$\square Denied$		Denied	
			)ate: /	7/20/0414	μľ	Date:	-	Date:	B
									-

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have **the** authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable **to** such permit.

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

## Condominium Conversion and 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.

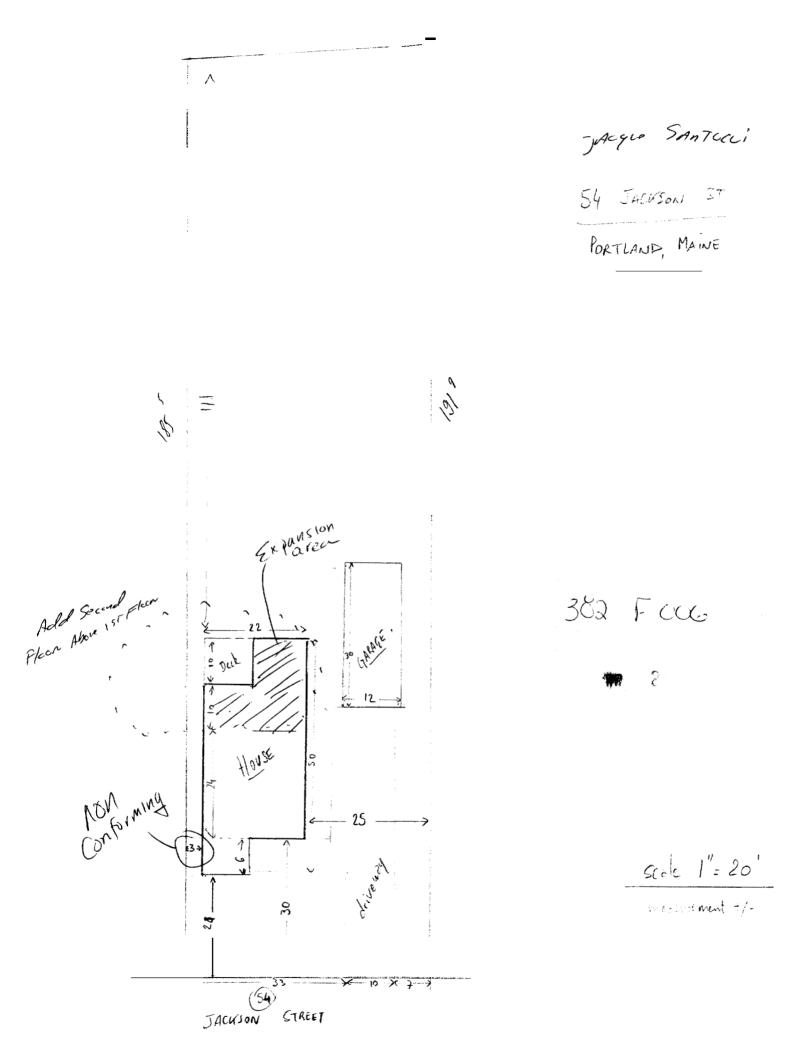
Location/Address of Construction: 5-4	JACKSON ST POLTAND ME	410				
Total Square Footage of Proposed Structu 330 5/2	Ire Square Footage of Lot	9435				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: JACque + PATALIA SANTUCL	Telephone: <i>797 - 4534</i>				
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: DAND DARDANO 115 Hope AUC. PONTCAND, ME 831-2137	cost Of Work: \$ Fee: \$ units @ \$150.00 per unit \$ + \$75.00 per unit CofO \$ Total Fee:				
Current use: <u>Single Frails</u> number of units: <u>1</u> Proposed use: <u>StAme</u> number of units: <u>1</u> Project description: RAISE ROOF OVER FAISTING FOUT PRINT IN REAM OF HOUSE And Add bath And Budgeon. 2201						
Contractor's name, address & telephone: DALID DARDANC 115 Hope Ave. Pontume, ME						
831-2137 Whom should we contact when the permit is ready: <u>DALID DANDANO</u> Mailing address: 115 Hope Are Mail Partcand, ME 6463 Junit Phone: 831-2137						

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

Signature of applicant:	Davil Dadur	Date: 7-2-04

This is not a Permit, you may not commence ANY work until the Permit is issued.

City of Portland, Maine - Bui	lding or Use Permi	t		Permit No:	Date Applied For:	CBL:		
389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (	(207) 874	4-8716	04-0920	07/02/2004	382 F006001		
Location of Construction: Owner Name:				Wher Address:		Phone:		
54 Jackson St	Santucci Jacques &		4	54 Jackson St		( ) 797-4534		
Business Name:	Contractor Name:		C	Contractor Address:		Phone		
	David Dardano			115 Hope Ave Portland (207) 831-2137				
Lessee/Buyer's Name	Phone:			Permit Type:				
				Alterations - Dwellings				
Proposed Use:	•		Proposed	Project Description:				
single family home w/ higher roof in	rear of house, add bath &	ž		-	ot print in rear of hou	ise, add bath &		
bedroom			bedroo	m				
Dept: Zoning Status: A	Approved with Condition	is <b>Rev</b>	iewer:	Jeanine Bourke	Approval Da			
Note:						Ok to Issue: 🗹 🛛		
1) Approved based on Sec. 14-436( This 2nd floor expansion is 36%	of 924 sf. The rear decl	k was not						
Approvals for future expansion co	ould allow 44% increase	•			) (			
<ol> <li>2) Separate permits shall be required</li> </ol>	l for future decks, sheds,	, pools, an	id/or gai	rages. No Ne	m deck of	prived JB		
3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. NOTE THAT THE HOME OCCUPATION FOR HAIR SALON APPROVED IN 1968 IS NO LONGER BEING USED.								
4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.								
Dept: Building Status: A	Approved	Rev	iewer:	Jeanine Bourke	Approval Da	te: 07/20/2004		
Note:						Ok to Issue: 🗹		
1) An 11 x 17 copy of the plans must be submitted to this office								
2) The design load spec sheet for any engineered beam(s) must be submitted to this office.								
3) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.								
4) Separate permits are required for	any electrical, plumbing	, or heatin	ıg.					

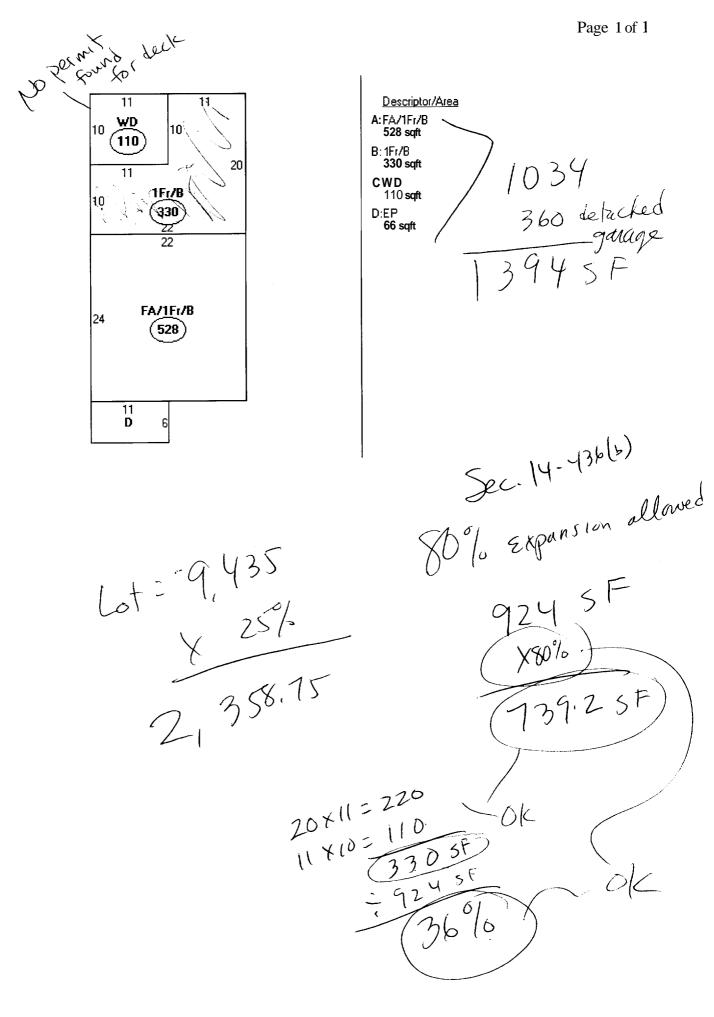


This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

## Current Owner information

	Card Number Parcel ID Location Land Use	L of L 382 FOOLOOL 59 JACKSON ST Single Family		P	2	
	Owner Address	SANTUCCI JACQUES 54 Jackson ST Portland ne <b>041</b> 0	& PATRICIA SANTUC 3	CI JTS		
	Book/Page Legal	<b>16003/275</b> 382-F-d Jackson ST 54 <b>-</b> 56				
		9435 SF				
	Valuatior	n Information				
	Land \$33,710	Building \$60,580	Total \$94,290			
Property Info	rmation					
Year Built 1910	Style Old Style	Story Height L	Sq. Ft. 1069	Total Acres 0.217		
Bedrooms 2	Full Baths	Half Baths	Total Rocms b	Attic Full <b>Finsh</b>	Basement Full	
Outbuildings						
Type GARAGE-WD/CB	Quantity 1	Year Built 1930	Size 12X2L	Građe D	Condition P	
Sales In		`ype ▶ BLDING	Price \$107,000	Book/Pag 16003-27		
	Pic	Picture and S	ketch <sup>sketch</sup>			
<u>Click here to view Tax Roll Information.</u> Any information concerning tax payments should be directed to the Treasury office at 874-8490 or <u>e-</u> <u>mailed</u> .						

New Search!





This certificate a certificate issued Approved: (Date)	Limiting
Inspector Notice: This certificate identifies in which income Notice: This certificate identifies in which income owner to owner when property changes hands.	CITY OF POR Department of B Department of B Depart Incate D Departs of B Depart D Departs of B Departs of B Decomposition of Decomposition of B Decomposition of Decomposition o
Impered to be defined to owner or lease for use dollar.	CITY OF PORTLAND, MAINE Department of Building Inspection <b>LOCATION IS Jackson St.</b> <b>End to Propose O.Start</b> <b>End to Propose O.Start</b> <b>End to Propose O.Start</b> <b>End to rertify that the building, premises, or part thereof, st the showe location, built-altered This is the rertify that the building, premises, or part thereof, st the showe location, built-altered substantially to requirement of Zoning Ordinance and Building Code of the City, and is hereby spectred for not aroun, first floor</b> <b>Inter the order pression</b> <b>Construct floor</b> <b>Construct floo</b>

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da d	1. Studding Size 2. No. Windows 3. No. Doors 4. Hoader Sizes 5. Bracing: 6. Corner Posts Size 7. Insentation Type 8. Sheathing Type 9. Siding Type 9. Siding Type 10. Measony Meterials 11. Metal Materials 11. Metal Materials 12. Header Size	rplain Conversion _replacing two sudation a. Type of Soil:	<b>U L G U Y Z</b> Permit <b>*</b> City of <u>Portland</u> BUILDING PERMIT A         Please fill out any part which applies to job. Proper plans must accompany form.         Corner: Fred 0. Stuart       Phone <b>*</b> Addres:       54 Jackson St. Portland, Maine         LOCATION OF CONSTRUCTION       54 Jackson St. of (10 3)         Contractor:       Dirigo Masonry, Inc. Sub:         Addres:       P.O. Box 556 Westbrook 04098 Phone <b>*</b> Pet Construction Coat:       \$7,000.00         Proposed Use:       Single family         Pet Construction Coat: <b>*</b> of New Rea Units         PetIding Dimensione L <b>*</b> of New Rea: Units         PetIding Dimensione L <b>*</b> of New Rea: Units         Proposed Use:       Bodrooms         Condomisium       Condomisium
White-Tax Assesor Yellow-GPCOG	Specing	Foundation valis	nd       BUILDING PERMIT APPLICATION Fee.         b. Proper plans must accompany form.         b. Proper plans must accompany form.         b. Proper plans must accompany form.         Phone •         tland, Maine         54 Jackson St.       0 (10 2)         Sub:       Image: Sub Code         Sub:       Sub:         Sub:       Single family         Proposed Use:       Single family         Past Use:       Single family         TotalSq. Ft       Provide Require Zoning         Intia       Conduction State         TotalSq. Ft       Conduction State         Intia       Conduction State
Signature of CEO Charlie Allen Inspection Dates OG White Tag -CEO 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	if requi	Trues or Rafter Size Sheathing Type Ceiling Joists Size Ceiling Strapping Size Type Ceilings: Trues or Rafter Size Sheathing Type Sheathing Type Sheat	\$55.00 Z y 7, 199 y 7, 199 4 Setbacks: F Board Approve a Board Approv
Date Date	Yes No No Yes No		
a <b>HERRIGH</b> an an ann an ann an ann an ann an ann an a			

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