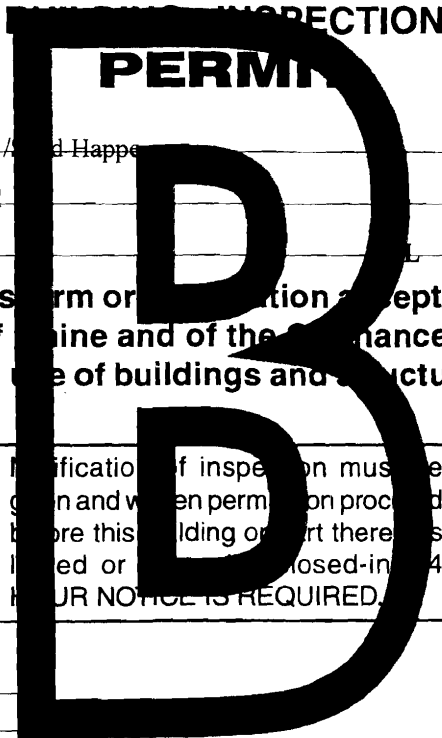


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached



PERMITS INSPECTION
PERMIT

Permit Number 080622
PERMIT ISSUED
JUN - 4 2008
CITY OF PORTLAND

This is to certify that PELLETIER SHARON A / d Happe

has permission to Install a new 10' x 10' shed

AT 545 AUBURN ST

382A-D022001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and when permission proceeds before this building or part thereof is placed or enclosed-in-4 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas H. Walker 6/4/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0622	Issue Date:	CBL: 382A D022001
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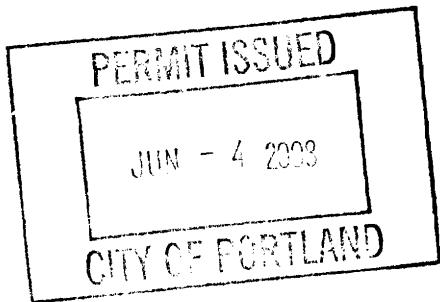
Location of Construction: 545 AUBURN ST	Owner Name: PELLETIER SHARON A	Owner Address: 545 AUBURN ST	Phone:
Business Name:	Contractor Name: Shed Happens	Contractor Address: 1042 Chadborne Rd. Standish	Phone: 2078923636
Lessee/Buyer's Name	Phone:	Permit Type: Sheds	Zone: R3

Past Use: Single Family Home	Proposed Use: Single Family Home - Install a new 10' x 10' shed	Permit Fee: \$50.00	Cost of Work: \$3,000.00	CEO District: 5
Proposed Project Description: Install a new 10' x 10' shed		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB JRC 2003	
		Signature: _____		Signature: <i>Jm 6/4/08</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: ldobson	Date Applied For: 06/04/2008	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone <i>OK</i>	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>Jm 6/4/08</i>	Date: _____	Date: <i>Jm 6/4/08</i>



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

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.

 X **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 DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

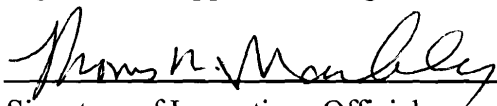
CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



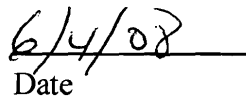
Signature of Applicant/Designee



Date



Signature of Inspections Official



Date

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-0622	Date Applied For: 06/04/2008	CBL: 382A D022001
-----------------------	---------------------------------	----------------------

Location of Construction: 545 AUBURN ST	Owner Name: PELLETIER SHARON A	Owner Address: 545 AUBURN ST	Phone:
Business Name:	Contractor Name: Shed Happens	Contractor Address: 1042 Chadborne Rd. Standish	Phone (207) 892-3636
Lessee/Buyer's Name	Phone:	Permit Type: Sheds	

Proposed Use: Single Family Home - Install a new 10' x 10' shed	Proposed Project Description: Install a new 10' x 10' shed
--	---

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 06/04/2008

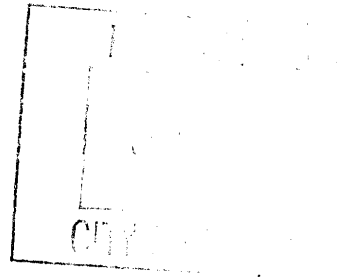
Note: **Ok to Issue:**

- 1) 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:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 06/04/2008

Note: **Ok to Issue:**

- 1) This structure is exempt from meeting the City of Portland Building Code based on size.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.



5 feet Rim



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: <u>545 AUBURN STREET</u>		
Total Square Footage of Proposed Structure/Area <u>10 X 10 SHED 110 sq feet</u>		Square Footage of Lot <u>12,648 sq feet</u>
Tax Assessor's Chart, Block & Lot Chart# <u>382</u> Block# <u>AD</u> Lot# <u>92</u>	Applicant *must be owner, Lessee or Buyer* Name <u>SHARON A PELLETIER</u> Address <u>545 AUBURN ST</u> City, State & Zip <u>Portland, ME 04103</u>	Telephone: <u>207-899-3015</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name _____ Address _____ City, State & Zip _____	Cost Of Work: \$ <u>3000 +/-</u> C of O Fee: \$ _____ Total Fee: \$ <u>300 +/-</u>
Current legal use (i.e. single family) <u>SINGLE Business (Hair Salon)</u> If vacant, what was the previous use? <u>Resident/Occup.</u> Proposed Specific use: <u>STORAGE (SHED)</u> Is property part of a subdivision? <u>NO</u> If yes, please name <u>AUBURN ST ESTATES</u> Project description: <u>10 X 10 SHED</u>		
Contractor's name: <u>SHED HAPPENS ALL BUILD</u> Address: <u>745 ROOSEVELT TRAIL</u> City, State & Zip <u>WINDHAM, ME 04092</u> Telephone: <u>892-3636</u> Who should we contact when the permit is ready: <u>SHARON A PELLETIER</u> Telephone: <u>207-899-3015</u> Mailing address: <u>545 AUBURN ST, PORTLAND ME 04103</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, 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: Sharon Pelletier Date: June 3, 08

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

SHED HAPPENS

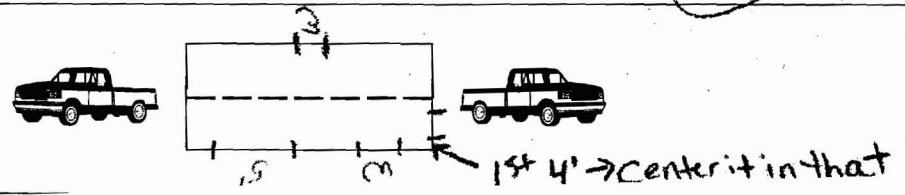
505 WILSON STREET
BREWER, ME 04412
(207) 989-3462

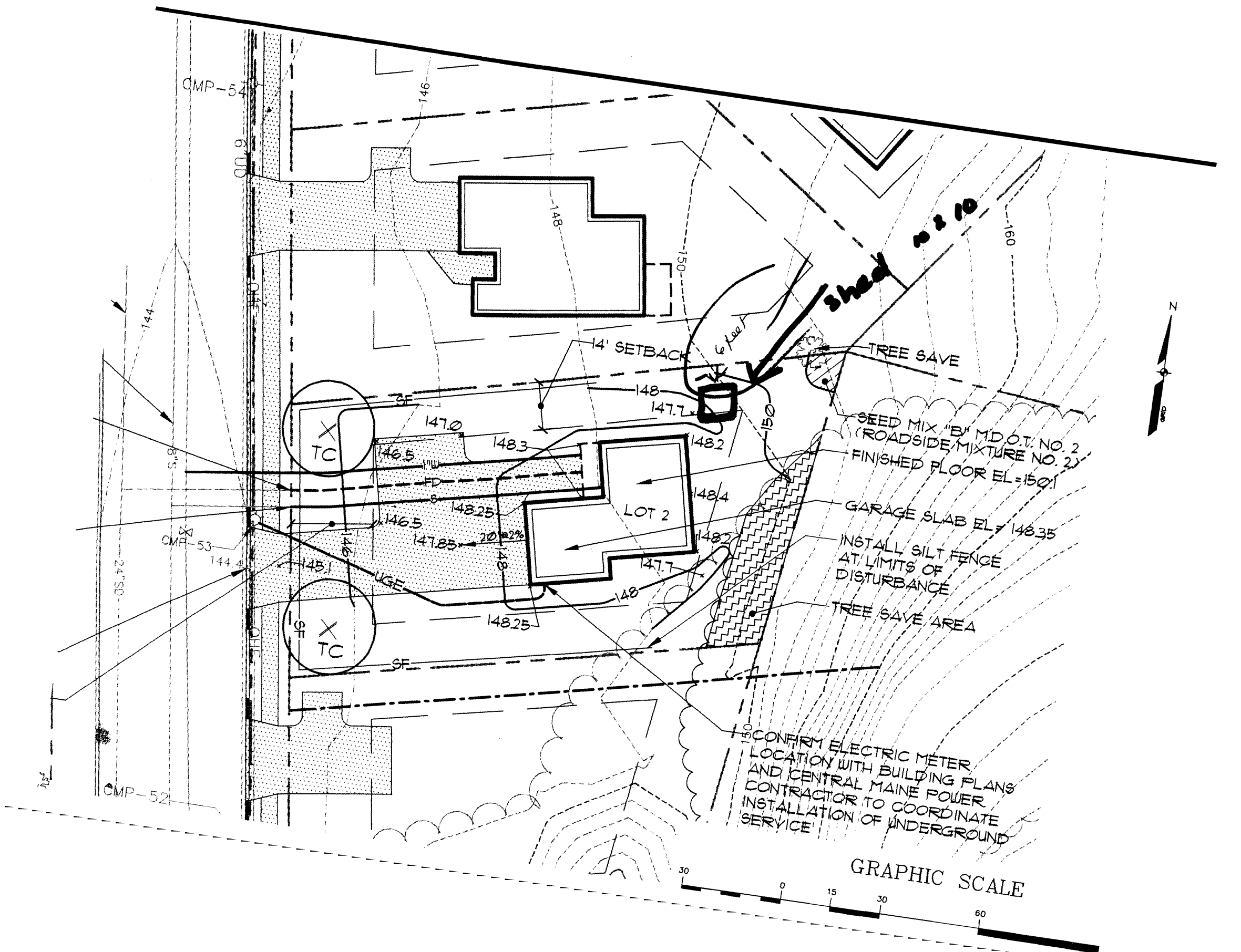
2275
745 ROOSEVELT TRAIL
WINDHAM, MAINE 04062
(207) 892-3636

*main price other items
to be considered*

DATE: 6-2-08		SOLD BY: TD	
PHONE: 899-3015		EVENING #	
NAME: Sharon Pelletiere		EMAIL:	
ADDRESS: 545 Auburn St.			
CITY: Portland		STATE: Me	ZIP CODE: 04103
Size	Roof	Shingle Color	Amount
10x10	Cambrel Gable	Black Brown White	2626.00
	white trim Clay siding Vinyl	Arch Shingles	262.60
	Pressure Treated Ramps 4' x 5'	Weatherwood	
	3' x 8', 3' x 10' 3' x 12' Lofts		
	Additional Single Hung Window w/ Screen		
1	Additional 30" Single or 4' or 5' Double Door		160.00
	Additional Blocking to Level Shed		
	Overhead or Roll Up Doors		
	Porch Overhang 2', 3', 4'		
	Steel Door w/ or w/o Glass		
	Additional delivery over 30 miles (\$3 per mile)		
1	Ramp		75.00
NOTES:			3276.03 Sub Total
<i>Call Wed Tracy</i>			163.80 Tax @ 5%
			3439.83 Total
			Deposit Paid 500.00
			Balance Due 2939.83
CASH VISA MASTERCARD DISCOVER AMERICAN EXPRESS FINANCING			CHECK# 2750

*SHED will be placed
on concrete blocks,*





Sheet 5 of 10



SEED MIX "B" M.D.O.T. NO. 2
(ROADSIDE MIXTURE NO. 2)
FINISHED FLOOR EL. = 150.1

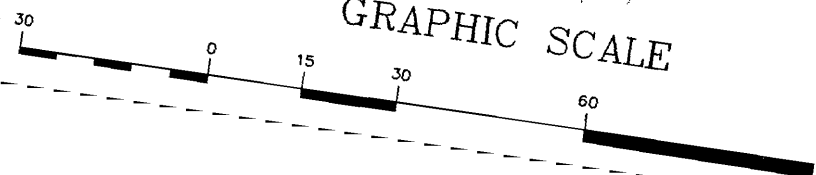
GARAGE SLAB EL. = 148.35

INSTALL SILT FENCE
AT LIMITS OF
DISTURBANCE

TREE SAVE AREA

CONFIRM ELECTRIC METER
LOCATION WITH BUILDING PLANS
AND CENTRAL MAINE POWER
CONTRACTOR TO COORDINATE
INSTALLATION OF UNDERGROUND
SERVICE

GRAPHIC SCALE



CMP-54

6' UD

146

148

150

160

144

8' S

14' SETBACK

TREE SAVE

148

147.7

TC

147.0

148.3

148.2

146.5

148.25

148.4

LOT 2

CMP-53

144.4

146.5

147.85

148.2

GARAGE SLAB EL. = 148.35

INSTALL SILT FENCE
AT LIMITS OF
DISTURBANCE

TREE SAVE AREA

TC

145.1

148

147.7

148

148.25

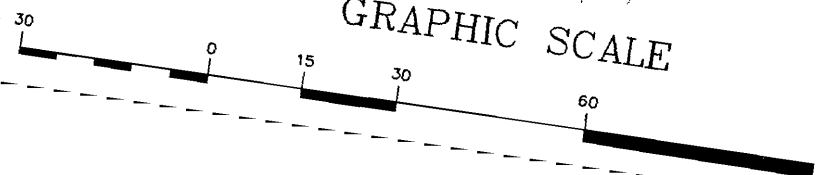
CMP-52

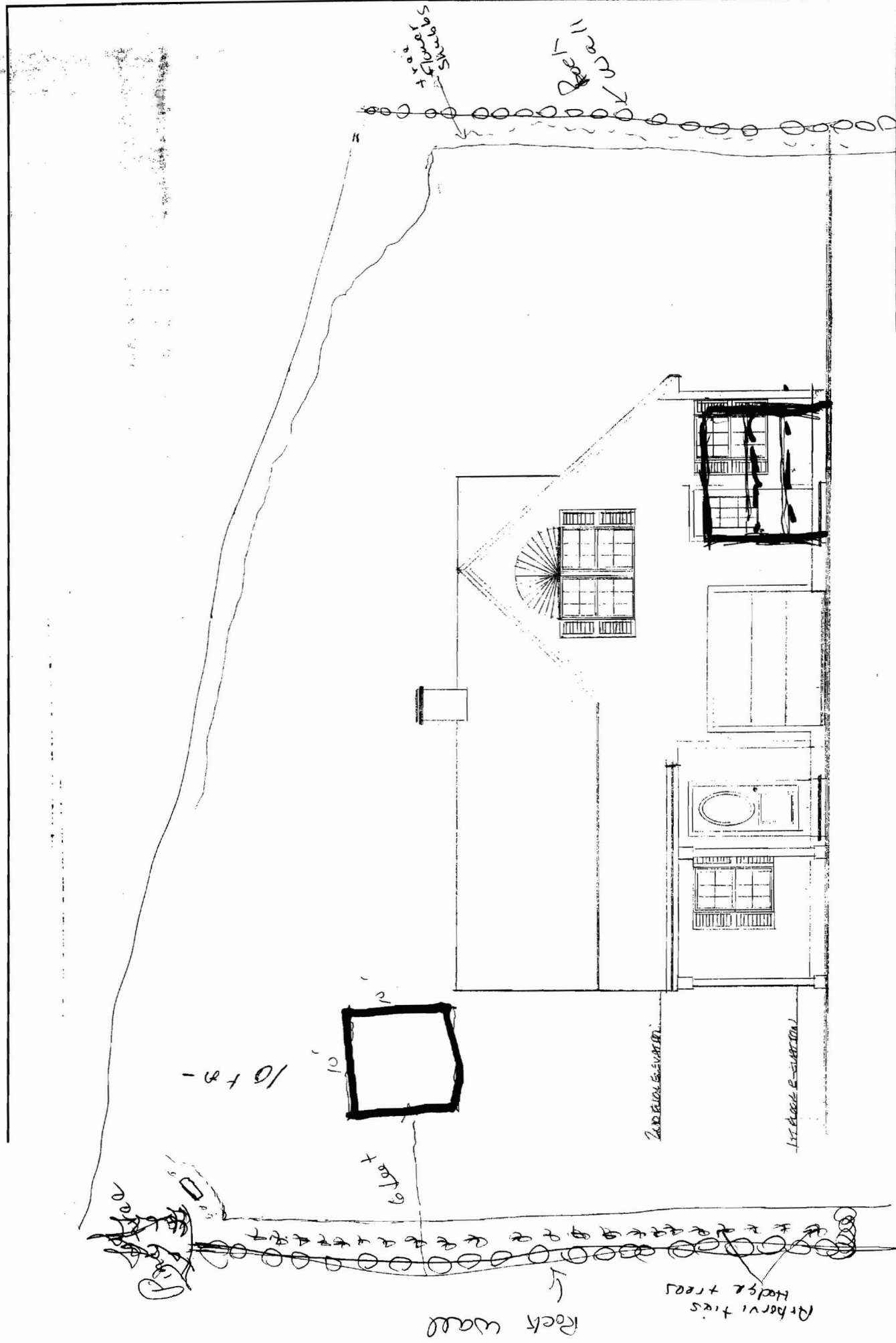
24' SD

150

CONFIRM ELECTRIC METER
LOCATION WITH BUILDING PLANS
AND CENTRAL MAINE POWER
CONTRACTOR TO COORDINATE
INSTALLATION OF UNDERGROUND
SERVICE

GRAPHIC SCALE





DRAWN BY
 APPROVED BY
 SCALE 1/8" = 1'-0"
 DATE
 PROJECT
 SHEET 1