Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### **CITY OF PORTLAND**

Please Read

| Application And  | PLUS INSPECTION  |  |
|--|--|--|
| Notes, If Any, Attached  | PERIM  | Permit Number: 080083 PERMIT ISSUED  |
| This is to certify that <u>KIRBY MARILYN A 2</u>   | & Al M COURTNEY ITS/Chase ( om   |  |
| has permission toInterior renovations after  | er fir   | FEB 1 2008   |
| AT _517 SUMMIT ST  | L385   | B014001  |
| provided that the person or person of the provisions of the Statutes                         | ons, arm or the containing and epting  | this permit shall do may with a  |
| the construction, maintenance arthis department.   |  | s, and of the application on file i  |
| Apply to Public Works for street line and grade if nature of work requires such information. | fication f insper in muse e general was permit on process to re this liding or at there is ed or a privile osed-in. He design the second of th | A certificate of occupancy must be procured by owner before this building or part thereof is occupied. |
| OTHER REQUIRED APPROVALS   |  |  |
| Fire Dept  |  |  |
| Health Dept.   |  | . 1  |
| Appeal Board   |  | Inolan Mt OM   |

PENALTY FOR REMOVING THIS CARD

| City of Portland, N  | Maine - Buil  | ding or Use     | Permi                      | t Applicatio          | n Pern          | nit No:                   | Issue Date              | :/                        | CBL:                                      |              |
|--|---|-----------------|----------------------------|-----------------------|-----------------|---------------------------|-------------------------|---------------------------|---|--------------|
| 389 Congress Street,   |   | •               |                            | ~ ~                   |                 | 08-0083                   | 1/27                    | 08                        | 385 E                                     | 3014001      |
| Location of Construction:  | of Construction: Owner Name:                                    |                 |                            |                       | Owner           | Address:                  | 77                      |                           | Phone:                                    |              |
| 517 SUMMIT ST  |   | KIRBY MAR       | ILYN A                     | & ANN M C             | 517 S           | UMMIT ST                  | Γ                       |                           |   |              |
| Business Name: Contractor Nar  |   | Contractor Name | e:                         |                       | Contrac         | ctor Address:             |                         |                           | Phone                                     |              |
| Chase Custo  |   | Chase Custom    | Homes                      | of Windham            | 1 Pero          | y Hawks R                 | oad Windha              | ım                        | 2078922700                                |              |
| Lessee/Buyer's Name  |   | Phone:          |                            |                       | Permit Type:    |                           |                         | Zone:                     |   |              |
|  |   |                 |                            | [                     | Alter           | ations - Dw               | ellings                 |                           |   | Ì            |
| Past Use:  |   | Proposed Use:   |                            | <u> </u>              | Permit          | Fee:                      | Cost of Wor             | k:                        | CEO District:                             | 7            |
| Single Family Home   |   | 1 '             | ly Home - Interior         |                       |                 | \$720.00   \$70,000       |                         |                           | 5   |              |
|  |   |                 | renovations after fire     |                       | FIRE DEPT:      |                           | INSPE                   | CTION:                    |   |              |
|  |   | 1               |                            |                       | Approved Denied |                           | Use Gr                  | oup: k <sup>j</sup> ~ 7   | Type: 5                                   |              |
|  |   |                 |                            |                       |                 |                           |                         | 3                         | 7. <b>O</b> y                             |              |
|  |   |                 |                            |                       |                 |                           |                         |                           | IR(-                                      | 2003         |
| Proposed Project Description   |   | <u> </u>        |                            |                       | 1               |                           |                         |                           | IR(-,                                     | ,<br>1       |
| Interior renovations aft   |   |                 |                            |                       | Signatu         | re.                       |                         | Signatu                   | re: 1/29/                                 | 00,00        |
| interior removations are   | .01 1110  |                 |                            |                       |                 |                           | IVITIES DIST            |                           |   | <u> </u>     |
|  |   |                 |                            |                       | 1               |                           |                         |                           | •   |              |
|  |   |                 |                            |                       | Action:         | Approv                    | ved App                 | proved w                  | /Conditions                               | Denied       |
|  |   |                 |                            |                       | Signatu         | ire:                      |                         |                           | Date:                                     |              |
| Permit Taken By:   | Date At   | oplied For:     | Γ                          |                       |                 | Zoning                    | Approva                 |                           |   |              |
| ldobson  |   | 3/2008          |                            |                       |                 | Zoning                    | Approva                 | •1                        |   |              |
| This permit applic   | ation does not  | nracluda tha    | Spe                        | cial Zone or Revi     | ews             | Zoni                      | ng Appeal               | T                         | Historic Pr                               | eservation   |
| Applicant(s) from  |   |                 |                            |                       |                 | Not in District or Landma |                         |                           |   |              |
| Federal Rules.   | meeting appire  | aoie State and  | Shoreland                  |                       | ☐ Variance      |                           |                         | Not in District or Landma |   |              |
|  |   | .11 .           |                            |                       | *******         | Does Not Require Review   |                         |                           |   |              |
| 2. Building permits do not include plumbing,   |   | olumbing,       | l □ w                      | Wetland Miscellaneous |                 |                           | Does Not Require Review |                           |   |              |
| septic or electrical work.   |   |                 | Flood Zone Conditional Use |                       |                 | Requires Review           |                         |                           |   |              |
| 3. Building permits are void if work is not started within six (6) months of the date of issuance.   |   |                 | Flood Zone Conditional     |                       | onai Ose        | , Requires Review         |                         |                           |   |              |
| False information may invalidate a building  |   | Subdivision (/  |                            | <i>i</i>              | Interpretation  |                           |                         | Approved                  |   |              |
| permit and stop all  | •   |                 |                            | A Y                   | <u>ا</u> ا      | micrpre                   | tation                  |                           | Approved                                  |              |
|  |   |                 | <br>                       | te Plan O             |                 | Approve                   | ed N                    |                           | ☐ Approved :                              | w/Conditions |
| guarage not the control of the contr | ra salaugungan mananang kan tahun dari                          |                 |                            | ie i ian              |                 | Арргоч                    | ".\\\ <i>\</i>          |                           | Approved                                  | w/Conditions |
| PERM   | AT ISSUEE   | )               | <br>  Mai □                | □ Minor □ MM          |                 | Denied                    | NI                      |                           | Denied                                    |              |
|  | archer (manufel arguette desemble (manufel) (manufel) (manufel) | 7               | Maj                        | Minor MM              | · 🗀 📗           | Defice                    | ' '                     |                           | Defiled                                   | $\Lambda$    |
| 1  | 1 0000  | )               |                            | rlag c)               | <b>L</b> 1.     | ъ.                        |                         |                           | Ilmala                                    | 18 ()/       |
| FEB  | 1 2003  | 1 1             | Date:                      | 1/21                  |                 | Date:                     |                         | D                         | ate: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |              |
|  |   |                 |                            | \                     |                 |                           |                         |                           | <i>u</i> 1                                |              |
| PIN A  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
|  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
|  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
|  |   |                 | _                          |                       | (ON)            |                           |                         |                           |   |              |
|  |   |                 |                            | CERTIFICATI           |                 |                           |                         |                           |   |              |
| I hereby certify that I ar   |   |                 |                            |                       |                 |                           |                         |                           |   |              |
| I have been authorized liprisdiction. In addition  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
| shall have the authority   |   |                 |                            |                       |                 |                           |                         |                           |   |              |
| such permit.   |   |                 | P                          |                       |                 |                           | p. 0 1 1                |                           |   | 11           |
| -  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
| GIONATURE OF 199115  | N/T   |                 |                            |                       |                 |                           |                         |                           |   | TONE .       |
| SIGNATURE OF APPLICA   | NI  |                 |                            | ADDRES                | S               |                           | DATE                    |                           | PH  | IONE         |
|  |   |                 |                            |                       |                 |                           |                         |                           |   |              |
| RESPONSIBLE PERSON II  | N CHARGE OF W   | ORK, TITLE      |                            |                       |                 |                           | DATE                    |                           | PH  | IONE         |

| City of Portland, Maine - Building or Use Permit<br>389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 |                                |            | Permit No: 08-0083              | Date Applied For: 01/28/2008 | CBL:<br>385 B014001 |  |  |
|---|--------------------------------|------------|---------------------------------|------------------------------|---------------------|--|--|
| Location of Construction:   | n of Construction: Owner Name: |            | Owner Address:                  |                              | Phone:              |  |  |
| 517 SUMMIT ST   | KIRBY MARILYN A                | & ANN M C  | 517 SUMMIT ST                   |                              |                     |  |  |
| Business Name:  | Contractor Name:               | -          | Contractor Address:             |                              | Phone               |  |  |
|   | Chase Custom Homes             | of Windham | l Percy Hawks Road Windham      |                              | (207) 892-2700      |  |  |
| Lessee/Buyer's Name   | Phone:                         |            | Permit Type:                    |                              |                     |  |  |
|   |                                |            | Alterations - Dwel              | llings                       |                     |  |  |
| Proposed Use: Pr  |                                |            | ed Project Description:         |                              | <del></del>         |  |  |
| Single Family Home - Interior renovations after fire  |                                |            | Interior renovations after fire |                              |                     |  |  |
|   |                                | l          |                                 |                              |                     |  |  |
|   |                                | ľ          |                                 |                              |                     |  |  |
|   |                                |            |                                 |                              |                     |  |  |
|   |                                |            |                                 |                              |                     |  |  |
| Dept: Building Status: Approved with Conditions Revi  |                                |            | Chris Hanson                    | Approval D                   | Pate: 01/29/2008    |  |  |

Ok to Issue:

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) This permit is approved under IBC Sec. 3403.4, Existing Structures, which allows the alteration or replacement of existing stairs to not meet new construction dimensions when the space is restricted. Guardrails and handrails must comply with new codes to the fullest extent possible
- 3) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 4) The design load spec sheets for any engineered beam(s) / Trusses must be submitted to this office.
- 5) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 6) There must be a 2" clearance maintained between the chimney and any combustible material, with draft stopping per code at each
- 7) Fastener schedule per the IRC 2003

Note:

## General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any

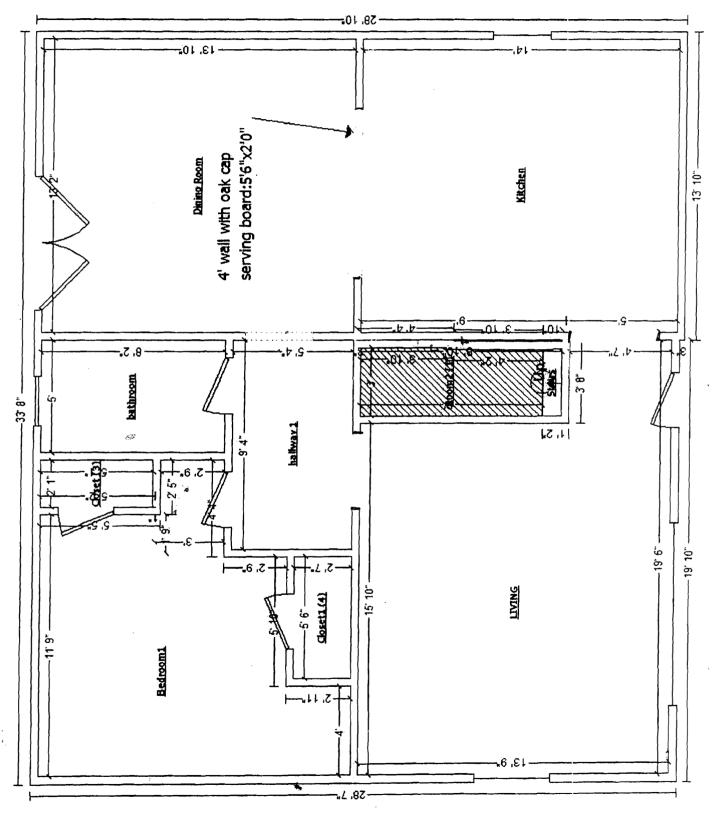
| property within the City, payment arra  | ngements must be made before permits   | s of any kind are accepted.                               |  |
|---|--|---|--|
| Location/Address of Construction: 5/  | 2 Summit   |   |  |
| Total Square Footage of Proposed Structure/A  | SummiT<br>rea Square Footage of Lot  |   |  |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot#  | Applicant * must be owner, Lessee or Buye Name Marilyn Kinby. Address 517 Summit St. City, State & Zip Partland Me | 67/8586   |  |
| Lessee/DBA (If Applicable)  | Owner (if different from Applicant) Name  Cost Of Work: \$   |   |  |
|   | Address City, State & Zip  | C of O Fee: \$  Total Fee: \$                             |  |
| Current legal use (i.e. single family)  If vacant, what was the previous use?  Proposed Specific use:  Is property part of a subdivision?  Project description: New Intracy - we been style walls existing - Fus contractor's name: Chose Custo Address:    Percy + lows: | If yes, please name walls fine domase.  roll Egness window in flomas   | 2nd Plan beds   |  |
| City, State & Zip Wraham  Who should we contact when the permit is read   | Me 04064.  | Telephone: <u>892-2700</u><br>Telephone: <u>415-015</u> 4 |  |
| Mailing address: Some   |  | -   |  |
| Please submit all of the information<br>do so will result in the  | outlined on the applicable Check<br>automatic denial of your permit.   | list. Failure to  |  |
| n order to be sure the City fully understands the may request additional information prior to the issuits form and other applications visit the Inspection office, room 315 City Hall or call 874-8703.   | suance of a permit. For further information  | or to download copies of                                  |  |
| hereby certify that I am the Owner of record of the n   | amed property, or that the owner of record aut   | horizes 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.

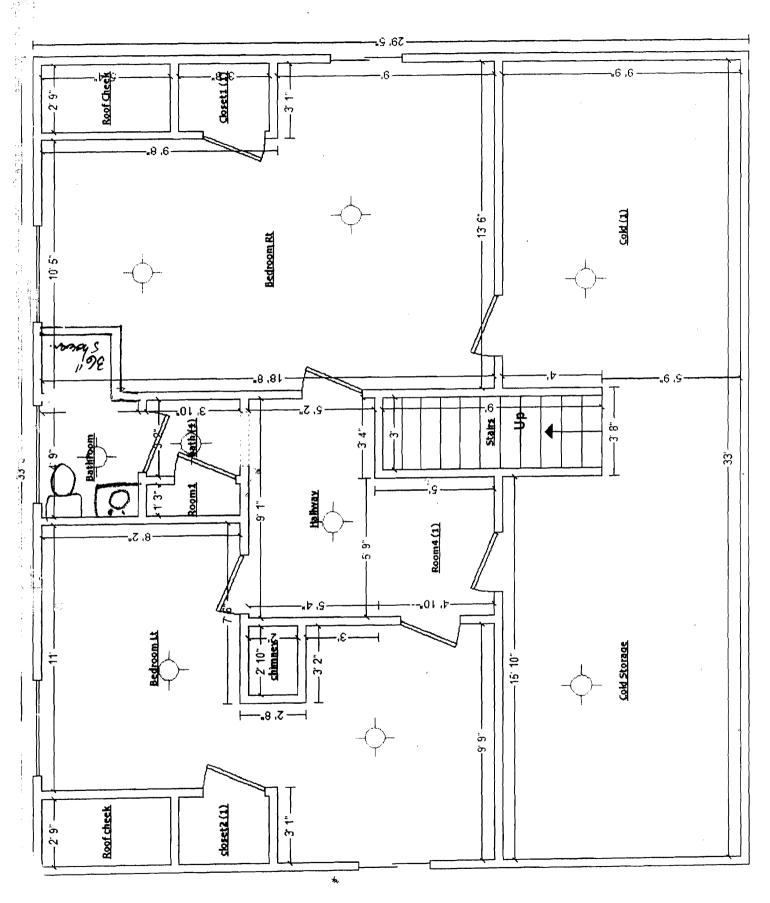
|            | $\sim 4.7$         |                     | *************************************** | / ,                              | _ |
|------------|--------------------|---------------------|---|----------------------------------|---|
| Signature: |                    |                     | Date:                                   | 1/28/08                          |   |
|            | This is not a peri | nit; you may not co | mmence AN                               | NY work until the permit is issu | e |

Bon To SXE SXE TYP WINDOW. 2XS header.

| TYP door | 2×4 - 16 - 16 - 16 - 16 - 16 - 16 - 16 - 1 |
|----------|--|
|          | 97-  |
|          |  |



rapt 451 1910

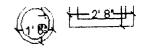


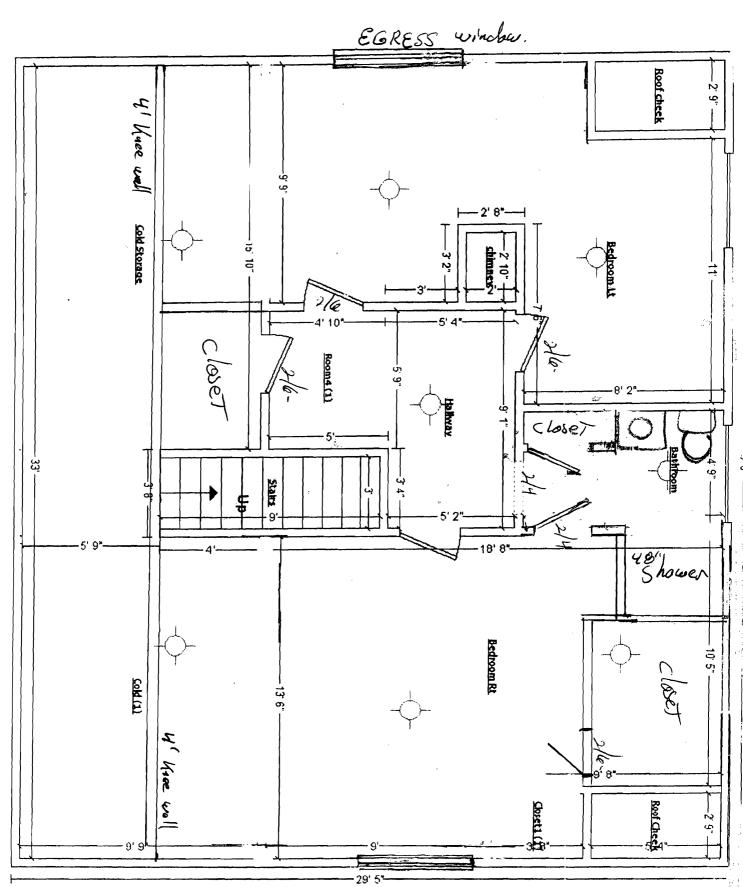
H-8-2-1

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New. 2nd Floor.





morpum 553793.

# new. 1st Floor

