Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read

PHILDING INCDECTION

Notes, If Any, Attached	PERM	Permit Number: 080155
7.11.05		
This is to certify thatKIRBY MARILYN A	& AN M COUPTNEY ITS/Bonnie kson	PERMIT ISSUED
has permission toFamily room renovatio	ons —	TERMIT IOCC
AT -517 SUMMIT ST	385	B014D01 EEB 2 7 2000
provided that the person or pers		this permit shall comply with a
of the provisions of the Statutes		
the construction, maintenance a	and the of buildings and victures	f the City of Portland regulating, and of the application on tile
this department.		
Apply to Public Works for street line and grade if nature of work requires such information.	fication of inspersion muse en and we en permison proceed to the this liding or art there is led or erwise osed-in 4 JR NOT ALEQUIRED.	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	$\overline{}$	10 Ma 100 2/2/2
Other	<u></u>	Director Building & Inspection Services
·	ENALTY FOR REMOVING THE CAR	Shoulds - Soliding & Inspection Services
P	ENALTY FOR REMOVING THIS CARI	ט

City of Portland, 389 Congress Street.		Q			- 1	08-0155	Issue Date	•	385	B014001
Location of Construction:		Owner Name:		<u>, , , , , , , , , , , , , , , , , , , </u>	Owner Address:			Phone:		
517 SUMMIT ST		KIRBY MARILYN A & ANN M C		517 SUMMIT ST			_		_	
Business Name:		Contractor Name:		Contractor Address:				Phone		
		Bonnie Jackson		88 Pillsbury st South Portland		<u>d</u>	20723	23196		
Lessee/Buyer's Name		Phone:		Tritefations Buchings					Zone -2	
Past Use:		Proposed Use:		<u> </u>	Pern		Cost of Wor	k: C	EO Distric	t: 6853
single family home single family h renovations		nome - f	amily room		\$1 60.00	\$6,00		5	10.16A	
				FIR	E DEPT:	Approved Denied	Use Group	ION:	Type: 5 15	
								I	RC	2003
Proposed Project Descript					l				1	2/2016
Family room renovation	ons					ature: ESTRIAN ACTIV	ITIES DIST			<u> </u>
					Actio			proved w/Co		Denied
						ature:			ate:	
Permit Taken By:	Date A	oplied For:	Γ		Sign		Annrova			
lmd	02/22	2/2008		_						
1. This permit appli	cation does not	preclude the	Spe	cial Zone or Revi	ews	Zoning	g Appeal		Historic I	Preservation
Applicant(s) from Federal Rules.	meeting applic	able State and	Sł	oreland		☐ Variance		L	Not in Di	istrict or Landmar
2. Building permits septic or electrica		olumbing,	│	etland		Miscellan	eous		Does Not	t Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone			Condition	al Use		Requires	Review	
False information permit and stop a		a building	☐ Su	bdivision		Interpreta	tion		Approved	i
			Si	te Plan		Approved			Approved	d w/Conditions
FERM	IT ISSUED	7	Maj [Minor MM		Denied			Denied	Q
			Date	2 2 12	$i \int_{\Omega}$	Date:		Date		//
FEB	2 7 2008		Date.,x	500		product.		Date	•	
CITY O	F PORTLAN	1D								
011.5										
				ERTIFICATI						
I hereby certify that I a I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	make this appli r work describe	ication a d in the	as his authorized application is in	d ager ssued,	nt and I agree to I certify that th	conform ne code off	to all appl icial's aut	icable la horized r	ws of this epresentative
SIGNATURE OF APPLICA	ANT			ADDRES	<u> </u>		DATE		P	PHONE
RESPONSIBLE PERSON I	N CHARGE OF W	ORK TITLE				_	DATE		D	PHONE
ONDIDEL I DIOUNI		~,LL					PALL			

5/19/08- Checked for final in all of housethis is in conjection w/ permit # 08-0082 for fire da

City of Portland, Maine - Bu 389 Congress Street, 04101 Tel:	(207) 874-8703, Fax: (4-8716	Permit No: 08-0155	Date Applied For: 02/22/2008	CBL: 385 B014001
Ocation 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
	Bonnie Jackson			38 Pillsbury st Sou	th Portland	(207) 232-3196
Lessee/Buyer's Name	Phone:			ermit Type:		
				Alterations - Dwe	llings	
Proposed Use:			Proposed	Project Description:		
single family home - family room re	enovations		Family	room renovations		
Dept: Zoning Status:	Approved with Condition	s Rev	iewer:	Marge Schmucka	d Approval D	Pate: 02/26/2008
Note:						Ok to Issue: 🔽
1) This is NOT an approval for an not limited to items such as stow						nt including, but
This property shall remain a singapproval.	gle family dwelling. Any c	change of	use shal	Il require a separat	te permit application	for review and
This permit is being approved o work.	n the basis of plans submit	tted. Any	deviati	ons shall require a	separate approval b	pefore starting that
Dept: Building Status:	Approved with Condition	s Rev	iewer:	Tom Markley	Approval D	Pate: 02/27/2008
Note:						Ok to Issue: 🗹
1) Separate permits are required fo Separate plans may need to be s			-			
 Application approval based upo and approrval prior to work. 	n information provided by	applican	t. Any d	eviation from app	roved plans requires	s separate review

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.

) SUMMIT ST	
Total Square Footage of Proposed Structure/	Area Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Bu	Telephone:
385 3 14	Address	
	City, State & Zip	
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name	Cost Of Work: \$_\(\llowbreak_1\)\(\llowbreak_0\)\(\llowbreak_0\)
	Address	C of O Fee: \$
EEB 2 2 2008	City, State & Zip	Total Fee: \$_\ \frac{\mathcal{O}}{\mathcal{O}}
Invacant, what was the previous use?	ElNigle family	
Is property part of a subdivision? Project description: Renovate fav with viny new construct with 36" fiberglass unit.		sting windows Replace entry door
Contractor's name: Bonnie Address: 88 Pillsbury St	Jackson	- Cell 232 319
	Jackson	- Cell 232 319
Contractor's name: Bonnie Address: 88 Pillsbury St	Jackson t and ME 04106	- - Cell 232 319 _Telephone: <u>799-638</u> (
Contractor's name: Address: 88 Pillsbury St City, State & Zip Scuth Portle Who should we contact when the permit is re	Jackson t and ME 04106	- Cell 232 319 _ Telephone: <u>799-638</u> 0

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. 1 March 2.33.08		Date: 2.22.08	
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This is not a permit; you may not commence ANY work until the permit is issue

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

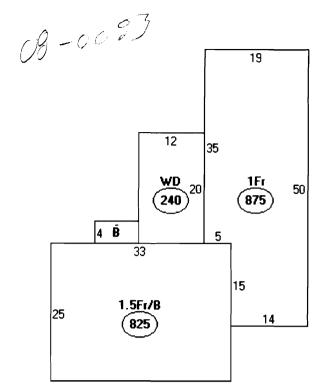
Permits expire in 6 months, if the project is not started or ceases for 6 months.

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.

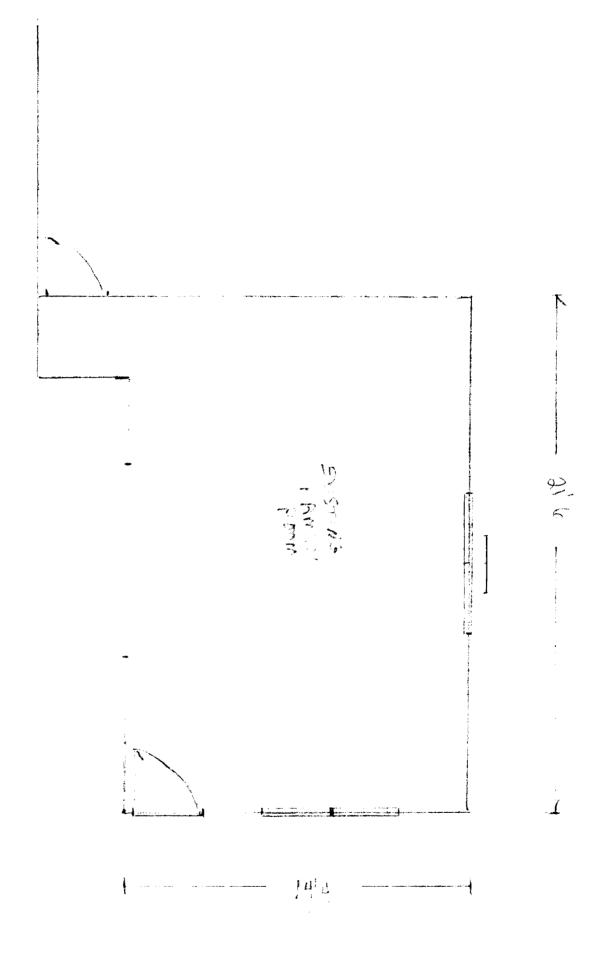
A Pre-construction Meeting will take place upo	on receipt of your building permit.
MFooting/Building Location Inspection:	Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
MA Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use.	r to any occupancy of the structure or NOTE: There is a \$75.00 fee per ection at this point.
Certificate of Occupancy is not required for certaryou if your project requires a Certificate of Occup inspection If any of the inspections do not occur, to phase, REGARDLESS OF THE NOTICE OR	che project cannot go on to the next CIRCUMSTANCES.
CERIFICATE OF OCCUPANICES M	
BEFORE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designer	2-27-08 Date 2/37/08
Signature of Inspections Official	2/37/08 Date
CBL: 385-8014 Building Permit #: 2	3-0155

385-B-14



Descriptor/Area	1 (
A: 1.5Fr/B 825 sqft	825
B:FUB 32 saft	32
C:WD 240 sqft	240
D:1Fr 875 sqft	875
	1972P

6853 × 356 = 2398,550 wty



WINI COWS Paradym DH3248

Thermatry 3'0 x68
Glouglass 9 / He
single bere

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Paradym NC U=.30 w Low E+Agur

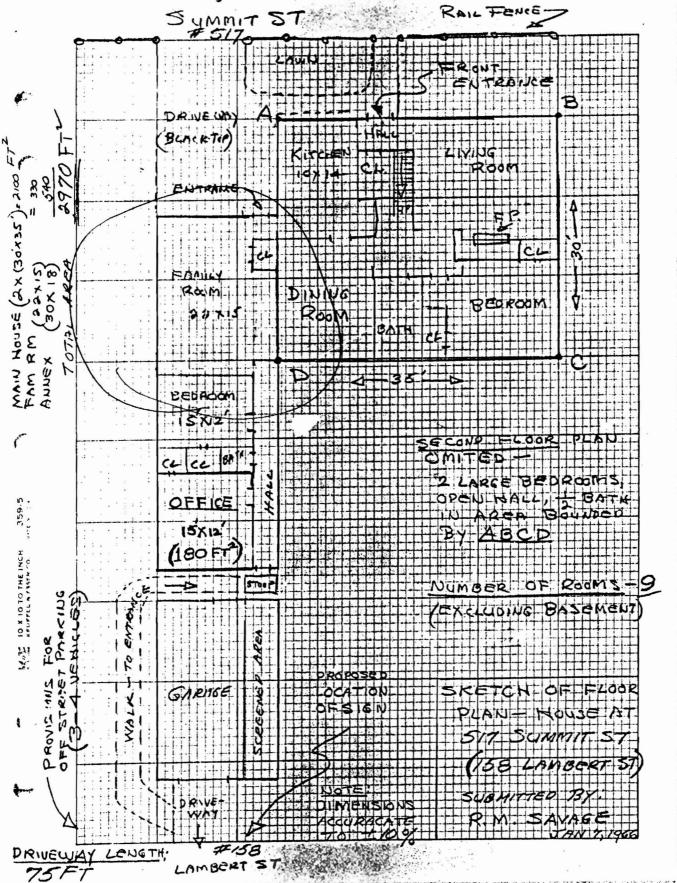
Change from 1 win

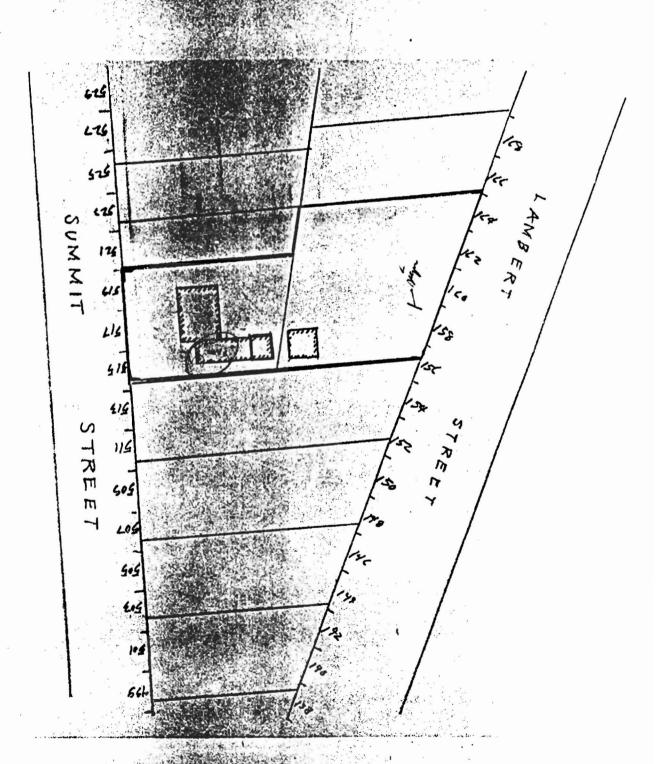
5 - E 35.05.30

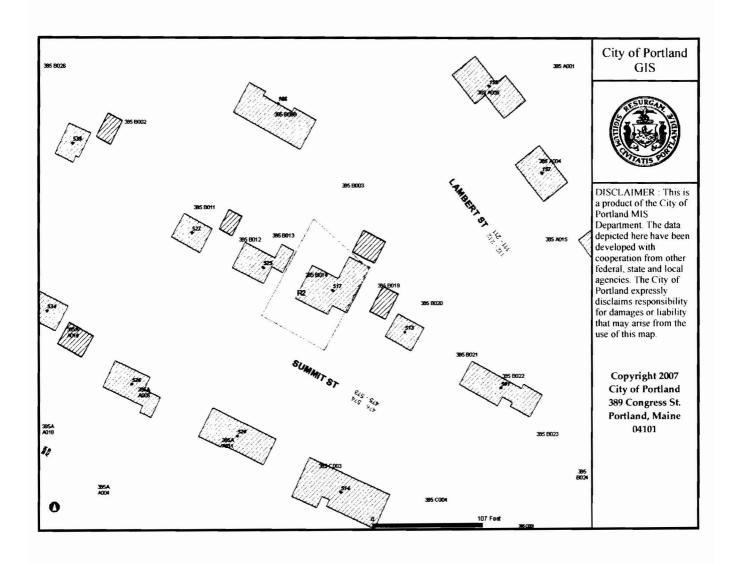
2000



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CITY OF PORTLAND, MAINE

Department of Building Inspections

Le	bruare 22 2065
	. 🗸
Received from Marilyn A	Kerby
Received from Marilyn A Location of Work 517 Juminu	d Struct
Cost of Construction \$ Permit Fee \$	
Building (IL) \(\) Plumbing (I5) \(\) Ele	octrical (I2) Site Plan (U2)
CBL: 385-B014	
Check #:	otal Collected \$ 80°°

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy