								PERM	IT IS	SUED			
	y of Portland, Maine Congress Street, 04101	_			1	nit No: 02-02	36	Issue D MA	ate: R 2 5	2002		H00	1001
Loca	Location of Construction: Owner Name:				Owner	Address:				PF 0	ne:		
52	2 Abby Ln Knop David T			a J Jts	52 Ab	by Ln	CI	TY O	f Pof	RTLAN	Юs	7-54	465
Busi	usiness Name: Contractor Name			;; C		Contractor Address:				Phone			
n/a		Atlantic Pool			7 Union St. Biddeford				2072841505				
Less	Lessee/Buyer's Name Phone:				Permit Type:				Zone:				
n/a	n/a n/a				Swimming Pools						İ	R-Z	
Past Use: Proposed Use:					Permit Fee: Cost of Work:			ork:	CEO Di	strict	t:	1	
			/ Install 30' round pool.		FIRE I	\$37.0 DEPT:	00		,100.00	ECTION:	2		
	above ground			Approved Denied		Use	Use Group: Type: R-3 BOCA 1999 Signature: Somb						
										1-1	1	199	ĵ9
1 -	oosed Project Description:									100Cr	2	. ' '	L-
Ins	tall 30' above ground pool				Signature:		Signa	ture:	D	m	<i></i>		
					PEDESTRIAN ACTIVITIES DISTR				ISTRICT	RICT (P.A.D.)			
					Action:		pprove	ed 🗌 .	Approved	w/Conditio	ns [I	Denied
Pern	Permit Taken By: Date Applied For:				Signature: Zoning Approval			val	Date:				
gg		03/18/2002											
1.	. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Shoreland		Zoning Appeal Variance				Historic Preservation Not in District or Landman			
2.	Building permits do not in septic or electrical work.	Building permits do not include plumbing,		☐ Wetland		☐ Miscellaneous				Does Not Require Review			
3.	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			☐ Flood Zone ☐ Subdivision		Conditional Use				Requires Review			
										Approved			
				Site Plan			☐ Approved				Approved w/Conditions		
			Maj Minor MM		Denied					Denied			
			Date: 3 25 1946					Date:			\geq		
					' '								
				VEDTIELC A TL	ON								
I hay juris shal	reby certify that I am the over been authorized by the condition. In addition, if a pel I have the authority to enter a permit.	owner to make this appli ermit for work described	med pro cation a d in the	as his authorized application is is	ne propo l agent ssued, I	and I ag certify t	ree to	o confor he code	m to all official's	applicabl authoriz	e lav	ws o	f this sentative
SIG	NATURE OF APPLICANT			ADDRESS	5			DA	ТЕ	 	P	HON	E

3/20/02 left message w/ Applicant to call concerning code issues JB.
3/20/02 Mr. Knop called - Reviewed code requirements - he will submit Changes. JB.
3/21/02 Submittal addressing Code Issues ok to approve. JB

	e it disase	2.0236				
e de la compansión de l	Zoning		Approved with Con	ditions		Marge Schmuckal
and prints:	52 Abby Lane				(Bate 03/	/25/2002
				(Liven)	4 (944) 03/	/22/2002
		. Lens	large Schmuckal	l Batte 03	/25/2002	
			***************************************	g in the high demand of Polytopoling resourch in our radio (**) res		
		ed on the basis o	f plans submitted. Ar	v deviations sha	l require a sep	arate approval
before stai	ting that work.		•			
before star	ting that work.					
Please not jeopardy if	e that your pool i this pool were to	is closer than 10 fail. The Zoning	feet to your exterior of Ordinance requires a rotect your accessory	leck. This deck of 10 foot setback	ould be in stru	ctureal
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Please not jeopardy if	e that your pool i this pool were to	is closer than 10 fail. The Zoning	feet to your exterior o Ordinance requires a	leck. This deck of 10 foot setback	ould be in stru	ctureal
Please not jeopardy if	e that your pool i this pool were to g structure). Plea	is closer than 10 fail. The Zoning	feet to your exterior of Ordinance requires a rotect your accessory	eck. This deck of 10 foot setback deck.	ould be in stru	ctureal

All Purpose 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: 52 Abby Lane Portland								
Total Square Footage of Proposed Structure 30 foot round pool 11,554								
Tax Assessor's Chart, Block & Lot Chart#30% Block# H Lot# (20)	Owner: Dave Knop	Telephone:						
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Dave Knof 52 Abby Lane fortland 04103	Cost Of Work: \$1100.00 Fee: \$ 37 -						
What size is the pool: 30 ft. round Above or below ground: about Dimensions of decking and/or platforms: na								
Contractor's name, address & telephone: Don Ballard - Atlantic Pool + Billiards 7 Union St Bidd Hod, mE 04005 284-1505								
Who should we contact when the permit is ready: Dave Knop								
Mailing address: 52 Abbyln. Portland, ME 04103								
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 797-5465								

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.

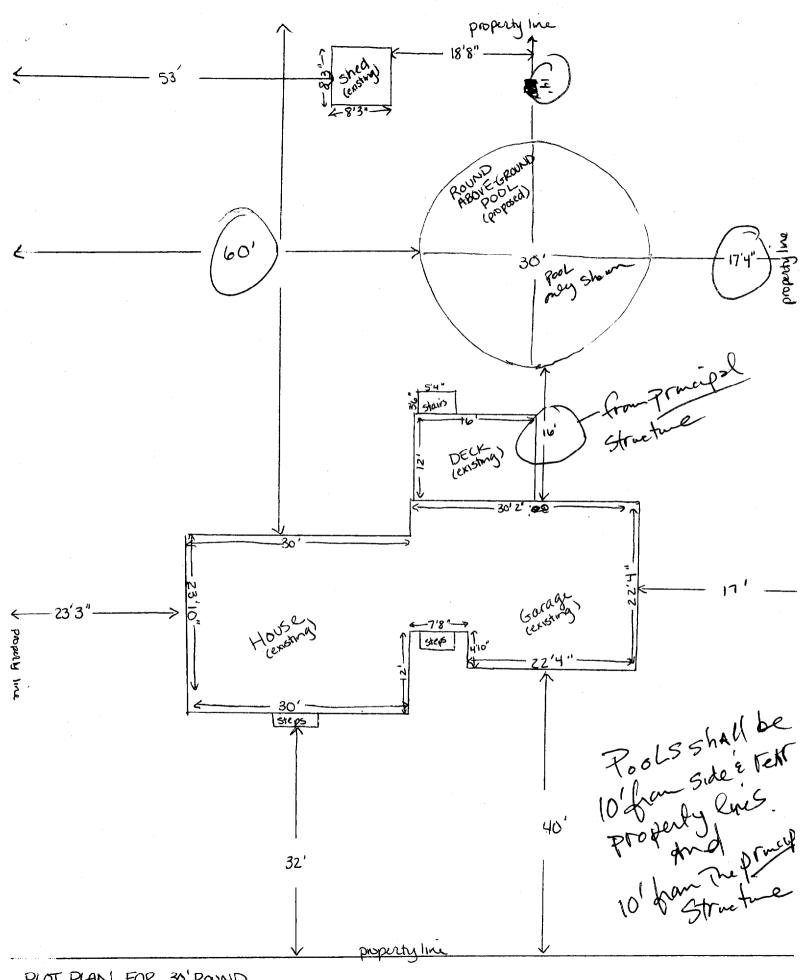
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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 of applicant: Date: 3/1/62

This is NOT a permit; you máy not commence ANY work until the permit is issued.

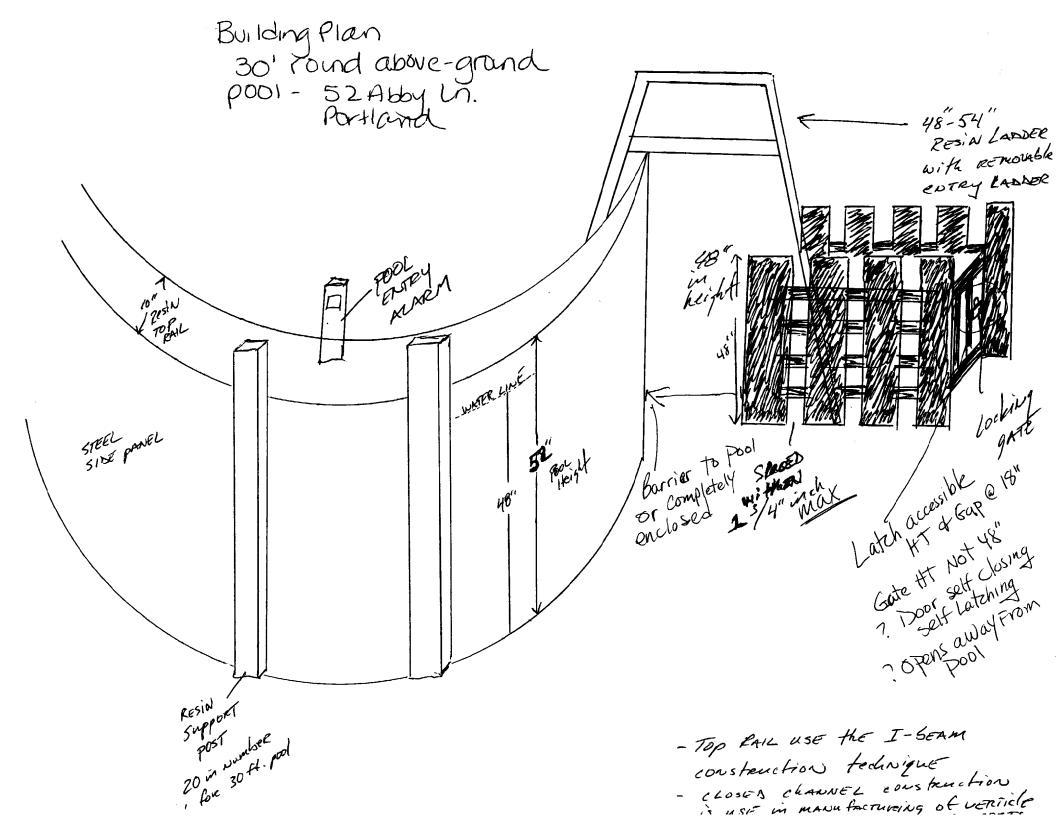
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

MAR 1 8 20002



PLOT PLAN FOR 30' ROUND ABOVE-GROUND POOL AT 52 ABBY LANE PORTLAND

STREET





SACO BAY ORTHOPAEDIC & SPORTS PHYSICAL THERAPY. P.A.

400 North Street, Suite 2 Saco, ME 04072 (207) 282-7121 Fax:(207) 282-0073

For 52 Abby Lane GBL 388-H-001

FAX COVER SHEET

FAX NO. (207) 282-0073 TELEPHONE NO. (207) 282-7121

DATE: 3/21/02

TO: Jeanic

RE: poor pear. T

FROM: DAVID Knop

PAGES INCLUDING COVER SHEET:

****** CONFIDENTIALITY NOTICE******

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OF ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS NOTED ABOVE, VIA THE UNITED STATES POSTAL SERVICE.

THANK YOU!!!

spece cont SELE CLOSING gate 8 I wo work than 2" " above ground lovel? I winimon of 48" Enthan & side high GATE pool 3" down ok of solid construction GATE DOOK - SOLID SIDE Viately on reverse CLOSEST TO J BARRIER POST side of Door Lach a Kinimum will butt up Litch 3" down of 18" against side of opening outweed pool to mant sear access

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 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:

	the procedure is not followed as stated oe scheduled with your inspection team upon
receipt of this permit. Jay Reynolds, Develor also be contacted at this time, before any sit single family additions or alterations.	opment Review Coordinator at 874-8632 must be work begins on any project other than
Footing/Building Location Inspec	tion: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
WA Foundation Inspection:	Prior to placing ANY backfill
AK_ Framing/Rough Plumbing/Electri	cal: Prior to any insulating or drywalling
Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
Certificate of Occupancy is not required for you if your project requires a Certificate of Cinspection	
phase, REGARDLESS OF THE NOTICE	
BEFORE THE SPACE MAY BE OCCUPANTED	ES MUST BE ISSUED AND PAID FOR, PIED
Alsa Knop	3-26-02
Signature of applicant/designate	Date /24/02
Signature of Inspections Official	Date
CBL: 388 / +00/06 Building Permit #: _	02-0236