Form # P 04

SPLAT	IUIS CAUD	ON	PRINCIPAL	FRUNTAGE	UF	WU
	OITV		E DODT			

Please Read Application And Notes, If Any, Attached

This is to certify that ____Brown Sandra L/self

has permission to _____Construct raised patio

AT 4 Sturdivant Dr

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

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

SPECTION

Permit Number 08 1035

epting this permit shall comply with all nances of the City of Portland regulating ine and or the uctures, and of the application on file in e of buildings and

ificatio f insp pn mus n and v en perm on prod bre this ilding or rt there ed or osed-in JR NO EQUIRED.

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

PENALTY FOR REMOVING THIS CARD

Director Building & Inspection Services

City of Portland, Maine	e - Building or Use	Permi	t Application	n Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101	•						389 E02	20001
Location of Construction:	Owner Name:	_		Owner Address:			Phone:	
4 Sturdivant Dr	Brown Sandra	L		4 Sturdivant Dr			207-797-3	3464
Business Name:	Contractor Name	:		Contractor Address:			Phone	
n/a	self			Portland				
Lessee/Buyer's Name	Phone:			Permit Type:				Zone:
n/a	n/a			Alterations - Dw	ellings			R-2
Past Use:	Proposed Use:		<u> </u>	Permit Fee:	Cost of Work	: CE	O District:	1
Single Family	Single Family	/ Const	ruct raised	\$60.00	\$4,000	0.00	5	
Proposed Project Description:	patio			FIRE DEPT:	/ADDIOVED I	INSPECTI Use Group		Type: <i>5B</i>
Construct raised patio				Signature:		Signature:	7/4	<u></u>
1				PEDESTRIAN ACT	IVITIES DISTI	RICT (P.A.	D.)	
				Action: Appro	ved	oved w/Cor	nditions	Denied
	_		_	Signature:		Da	ite:	
Permit Taken By:	Date Applied For: 08/20/2008			Zoning	g Approval			
This permit application d	oes not preclude the	Spe	cial Zone or Revie	ws Zoni	ng Appeal		Historic Prese	ervation
Applicant(s) from meetin Federal Rules.		☐ Sh	oreland	☐ Variano	ce		Not in Distric	t or Landmark
2. Building permits do not i septic or electrical work.	nclude plumbing,	□w	etland	Miscell	aneous		Does Not Req	quire Review
3. Building permits are voic within six (6) months of the state of the	the date of issuance.	☐ Fl	ood Zone		onal Use		Requires Rev	iew
False information may in permit and stop all work.		☐ Su	bdivision		etation		Approved	
		☐ Si	te Plan	Approv	ed		Approved w/0	Conditions
Figure	18:1(AD _ 1	 Maj [Minor, MM	☐ Denied			Denied	
		ยะง	al conditions				ABU	
			11 20 los AB	Date:		Date:		
			ERTIFICATI	ON				
I hereby certify that I am the o I have been authorized by the o jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this appli ermit for work described	med pro cation a d in the	operty, or that the as his authorized application is is	ne proposed work is I agent and I agree issued, I certify that	to conform to the code office	all appli	cable laws of orized representations	of this esentative
SIGNATURE OF APPLICANT			ADDRESS	<u> </u>	DATE		PHO	NE
RESPONSIBLE PERSON IN CHAR	GE OF WORK TITLE				DATE		PHON	NE

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.

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 Footing/Building Location Inspection: precast piers	Prior to pouring concrete or setting
X Final inspection required at completion	of work.
Certificate of Occupancy is not required for certain pyour project requires a Certificate of Occupancy. Al	•
If any of the inspections do not occur, the project REGARDLESS OF THE NOTICE OR CIRCUM	
CERIFICATE OF OCCUPANICES MUST BE IS SPACE MAY BE OCCUPIED.	SSUED AND PAID FOR, BEFORE THE
X Jandra S.S.	$\frac{8/28/08}{\text{Date}}$
Signature of Applicant/Designee	Date
Selffu	<u> </u>
Signature of Inspections Official	Date
	PERMIT ISAUSD AND AND ADDRESS OF THE PERMIT ISAUSD CHANGE AND ADDRESS OF THE

CBL: 389 E020001 **Building Permit #**: 08-1035

City of	Portland, Mai	ne - Building or Use Permit	į	Permit No:	Date Applied For:	CBL:
389 Con	gress Street, 041	01 Tel: (207) 874-8703, Fax: (2	207) 874-871	6 08-1035	08/19/2008	389 E020001
Location of	f Construction:	Owner Name:		Owner Address:		Phone:
4 Sturdiv	ant Dr	Brown Sandra L		4 Sturdivant Dr		207-797-3464
Business Na	ame:	Contractor Name:		Contractor Address:		Phone
n/a		self		Portland		
Lessee/Buy	er's Name	Phone:		Permit Type:		•
n/a		n/a		Alterations - Dwe	ellings	
Proposed U	Jse:		Propos	ed Project Description:		
Single Fa	amily / Construct i	raised patio	Cons	truct raised patio		
Dept:	Zoning	Status: Approved with Condition	s Reviewe	: Ann Machado	Approval I	Date: 08/20/2008
	Applicant did not been started. See J	realize that they needed a permit for pictures.	or the patio, but	since it is raised, th	ey do. Work has	Ok to Issue:
comp		pased on setbacks provided by owr quired setbacks. Due to the proxim			•	
2) This work		proved on the basis of plans submi	itted. Any dev	ations shall require	a separate approval	before starting that
Dept:	Building	Status: Approved	Reviewe	: Tammy Munson	Approval D	Date: 08/22/2008

Ok to Issue:

Note:

General Building Permit Application

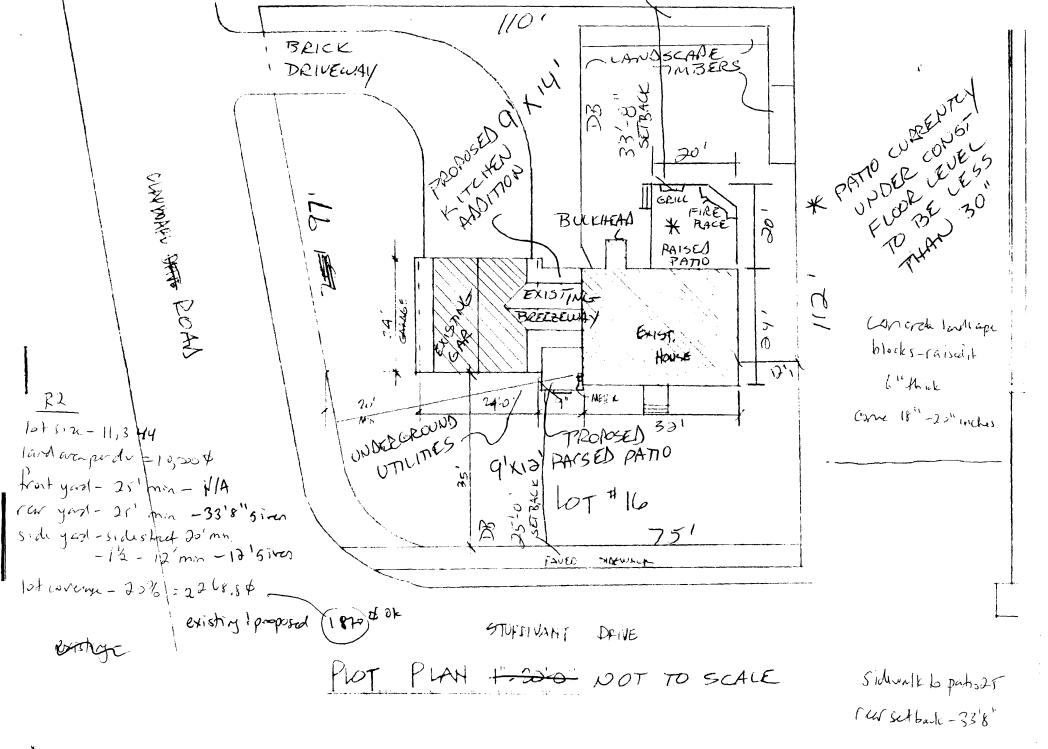
If you or the property owner owes real estate or personal property taxes or user charges on any perty within the City, payment arrangements must be made before permits of any kind are accepted

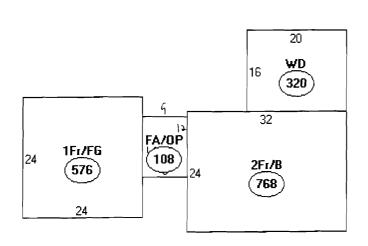
Location / Address of Construction: 11	SHIDA WALLET	
Location/Address of Construction: U S Total Square Footage of Proposed Structure/	Area Square Footage of Lot	Number of Stories
	Applicant *must be owner, Lessee or B	uyer* Telephone:
Chart# Block# Lot#	Name SANDRA BISSO	
389 E 020	Name SANDRA 13/5501 Address Y STUDIVANT	De 797-3464
	City, State & Zip PORTAND, ME	04103
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of Work: \$ 4,000
	Name	Work: \$ 1,000
	Address SAME	C of O Fee: \$
	City, State & Zip	Total Fee: \$
Is property part of a subdivision? Project description: CONSTRUCT FIREPLACE AND GAS	PATISES PATIO (SEE	E PCAW) WITH
Contractor's name:		
Address: SECF		
City, State & Zip		Telephone:
Who should we contact when the permit is rea	dy:	Telephone:
Mailing address:		
Please submit all of the information do so will result in the	outlined on the applicable Check automatic denial of your permit	
order to be sure the City fully understands the ay request additional information prior to the is is form and other applications visit the Inspectivision office, room 315 City Hall or call 874-8703.	suance of a permit. For further informatio	n or to download copies of

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: Andra 2	Date: $8/19/08$

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





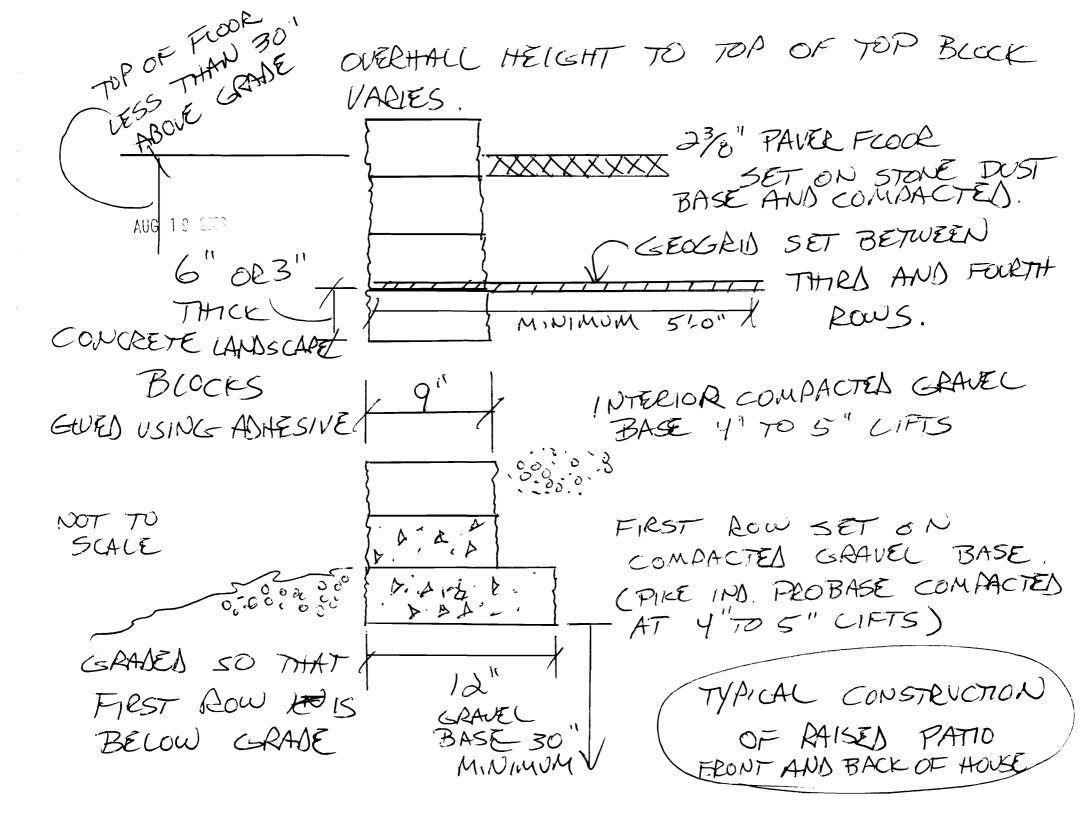
Descriptor/Area

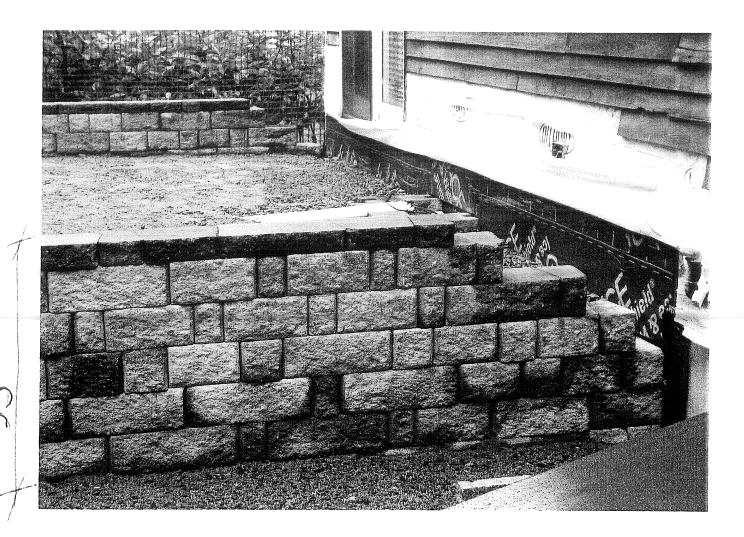
- A: 2Fr/B 768 sqft
- B:FA/OP 108 sqft
- C:1Fr/FG 576 sqft
- D:WD 320 sqft

built 1985

AT RAISED PATIO AUG 19 2008 12" X2" GRANITE 6" LANDSCAPE BLOCK WITH 1/4" FILLER 12" COMPACTED

NOT TO SCACE GRAVEC AT 4" 705" LIFTS





The CENATIVE W.

1/2/10

CHAK TOFLERE

10

THON FLOOR TO TOP OF 12 AT 361 OR HIGHER C"70 18" 2 COLUMNS

10 FOUNDATION WALL ATCH STING FOUNDATION WALL HERE AAUTING EXISTING EXISANC GARAGE KXISMUG HEUSE 14' FRUST WALL + OR H AMENDED FOUNDATION NOT TO PLAN SCALE

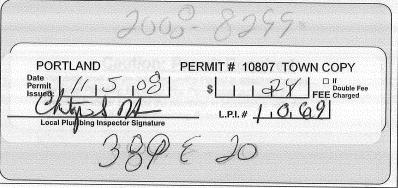
PLUMBING APPLICATION

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date



Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PER MIT INFORMATION				
This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:		
1. NEW PLUMBING	1. ☐ SINGLE FAMILY DWELLING	1. E MASTER PLUMBER		
2. RELOCATED	2. MODULAR OR MOBILE HOME	2. ☐ OIL BURNERMAN		
PLUMBING	3. MULTIPLE FAMILY DWELLING	3. MFG'D. HOUSING DEALER/MECHANIC		
	4. ☐ OTHER – SPECIFY	4. ☐ PUBLIC UTILITY EMPLOYEE		
		5. PROPERTY OWNER		
		LICENSE # 1/526		

75 958

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by		Hosebib / Sillcock		Bathtub (and Shower)
the local Sanitary District.		Floor Drain		Shower (Separate)
OR		Urinal		Sink
HOOK-UP: to an existing subsurface wastewater disposal system.	1	Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
der gound GALL		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
OR		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other:		Water Heater
[\$0.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
Page 1 of 1 HE-211 Rev. 08/05		TOWN COPY	24	Permit Fee (Total)