Form # P 04

### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

## BU

PERMIT Permit Number: 090139

This is to certify that <u>NEMEROFF STEPHEN V</u>	V & ZANNE	TROFF JTS.	<u> </u>	
has permission torepair foundation				
AT 17 HEATHER RD		CI	396\D003001	

provided that the person or persons, first or contact on accounting this permit shall comply with all of the provisions of the Statutes of Maine and 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.

Noti tion of spectio nust be give nd writte ermissio rocured g or pa hereof is befo his buil or oth ed-in. 24 lath NOTICE IS REQUIRED. HOU

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

#### OTHER REQUIRED APPROVALS

Department Name

Fire Dept.

Health Dept.

Appeal Board

Other

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, M	aine - Buil	ding or Use	Permi	t Applicatio	n Per	rmit No:	Issue Date	:,	CBL:	
389 Congress Street, 0		_				09-0139	2/19/	09	396 D	003001
Location of Construction:		Owner Name:			Owner	r Address:	$\overline{\gamma}$		Phone:	
17 HEATHER RD		NEMEROFF	STEPH	EN W & SUZ	17 H	EATHER R	D			
Business Name:	-	Contractor Name	2:		Contr	actor Address:			Phone	
		L & M Builde	rs		151	Gray Rd. Fal	mouth		2077977	089
Lessee/Buyer's Name		Phone:			Permi	t Type:				Zone:
					Alte	erations - Dw	ellings			
Past Use:		Proposed Use:	<u> </u>		Perm	it Fee:	Cost of Wor	rk:	CEO District:	
, , ,		Single Family	ingle Family Home - repair			\$110.00 \$8,500.0			5	
		foundation			FIRE	FIRE DEPT: Approved INS			CTION:	
							Denied	Use G	roup: <b>(?-3</b>	Type: 5
						<u></u>			TR	Type: 5[ (-200
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Proposed Project Description	n:								$\alpha$ $\alpha$	
repair foundation					Signat			Signati		
					PEDE	STRIAN ACT	IVITIES DIS	TRICT (	P.A.D.)	
					Action	п: П Аррго	ved Ap	proved w	/Conditions	Denied
								-	_	
					Signa	ture: 			Date:	
Permit Taken By:		pplied For:				Zoning	g Approva	al		
Ldobson	02/19	9/2009	6	-:-17		7			Historic Pre	
1. This permit applica			Spe	cial Zone or Revi	ews	Zoni	ng Appeal		HISTORIC Pre	servation
Applicant(s) from n Federal Rules.	neeting applic	able State and	Sł	noreland		☐ Varianc	e		Not in Distr	ict or Landma
			_							
2. Building permits do		olumbing,		Vetland Miscellar		aneous		Does Not Require Review		
septic or electrical v			l						D. Di.e. Desiens	
3. Building permits are			Flood Zone  Subdivision		Conditional Use  Interpretation			Requires Review  Approved		
within six (6) month False information m										
permit and stop all		u bulluling	🗆 ડા	ibaivision		interpre	tation		Approved	
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L. Chil										
			C	CERTIFICATI	ION					
I hereby certify that I am	the owner of	record of the na	med pro	operty, or that t	he prot	oosed work is	s authorized	l by the	owner of reco	rd and that
I have been authorized by										
jurisdiction. In addition,										
shall have the authority to	o enter all are	as covered by su	ach perr	nit at any reaso	nable h	our to enfor	ce the prov	ision of	the code(s) ap	oplicable to
such permit.										
SIGNATURE OF APPLICAN	T			ADDRES	SS		DATE	<u> </u>	PHO	ONE
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE					DATE	į.	PHO	ONE

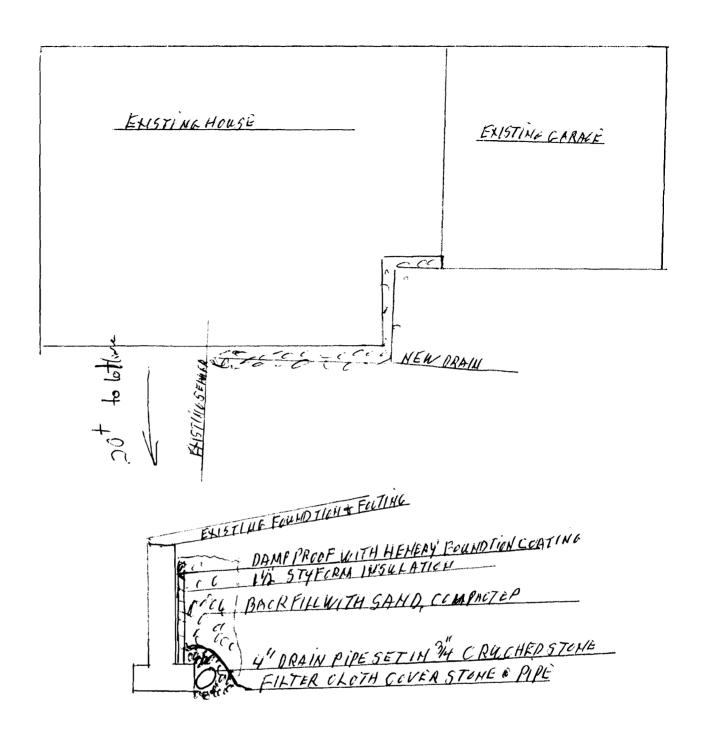
City of Portland, Main	e - Building or Use	Permi	t Applicatio	n Pe	ermit No:	Issue Date	<del></del>	CBL:	
389 Congress Street, 0410					09-0139	2/19/	09	396 D0	03001
Location of Construction:	Owner Name:		-	Owne	er Address:	1/		Phone:	
17 HEATHER RD	NEMEROFF	STEPH	EN W & SUZ	17 H	HEATHER R	D			
Business Name:	Contractor Nam	e:		Contr	actor Address:			Phone	-
	L & M Builde	ers		151	Gray Rd. Fal	mouth		20779770	)89
Lessee/Buyer's Name	Phone:			Permi	it Type:				Zone:
				Alte	erations - Dw	ellings			
Past Use:	Proposed Use:			Perm	it Fee:	Cost of Wor		CEO District:	<u>†</u>
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Proposed Project Description:	L	<del>_</del>	<del> </del>	┨				- A	
repair foundation				Signa	ture:		Signatur	אוא נוצא	
Topan Tounaution					ESTRIAN ACTI	VITIES DIST	<u> </u>		
				1					5
				Actio	n: Approv	ed App	oroved w/C	Conditions	Denied
				Signa	iture:			Date:	
Permit Taken By:	Date Applied For:	1	<del></del> _		Zoning	Approva			
Ldobson	02/19/2009				Zoning	Approva	11		
		Spe	cial Zone or Revie	ws	Zonii	ıg Appeal		Historic Pres	ervation
1. This permit application of Applicant(s) from meeting			. one land		Variance			Not in Distric	ot on I andma
Federal Rules.	ng appricable state and		oreland		Varianc	ŧ			t of Landma
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2. Building permits do not		- "	etland		Miscellaneous Does Not R			Does Not Rec	quite Review
septic or electrical work.		Flood Zone		Conditional Use			l r	Requires Review	
3. Building permits are voice within six (6) months of		- 1	ood Zone	Interpretation				requires review	
False information may in		<sub>                                    </sub>	bdivision					Approved	
permit and stop all work		5u	a \						
			te Plan		Approve	d		Approved w/0	Conditions
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I hereby certify that I am the o I have been authorized by the	owner of record of the ha	meu pro	pperty, or that the	e prop	osed work is	autnorized	by the o	wner of record	d and that
jurisdiction. In addition, if a p	ermit for work describe	d in the	application is is	sued. 1	I certify that t	he code offi	icial's au	thorized repre	esentative
shall have the authority to ente	er all areas covered by su	ich perm	it at any reason	able h	our to enforce	e the provis	sion of the	he code(s) apr	licable to
such permit.	•	_				-		( ) 11	
SIGNATURE OF APPLICANT			ADDRESS			DATE		DITO	
DIGITAL OF ALFLICANT			ADDRESS			DATE		PHON	NE
RESPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE					DATE		PHON	NE NE

City of Portland, Maine - Bu 389 Congress Street, 04101 Tel	0	Permit No: 09-0139	<b>Date Applied For:</b> 02/19/2009	CBL: 396 D003001				
Location of Construction:	Owner Name:	Į.	Owner Address: Phone:					
17 HEATHER RD NEMEROFF STEPHEN W & SUZ			17 HEATHER RD					
Business Name:		Contractor Address:		Phone				
L & M Builders			151 Gray Rd. Falm	(207) 797-7089				
Lessee/Buyer's Name	-	Permit Type:						
			Alterations - Dwe	llings				
Proposed Use:		Propose	d Project Description:		<u></u>			
Dept: Zoning Status:	Approved	Reviewer:	Chris Hanson	Approval D	oate: 02/19/2009			
Note:					Ok to Issue:			
Dept: Building Status:	Approved with Condition	s <b>Reviewer</b> :	Chris Hanson	Approval D	Pate: 02/19/2009			
Note:					Ok to Issue:			
Application approval based upon and approrval prior to work.	on information provided by	applicant. Any	deviation 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.

Location/Address of Construction: 17 HE	ATHER	RD			
Total Square Footage of Proposed Structure/A	rea	Square Footage of Lot		Number of Stories	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	must be owner, Lessee or ZANNE © 5TEPHON THEATHER RO & ZipPORTLAND,ME. 0	HON HEMEROFF (207) 874-09			
Lessee/DBA (If Applicable)	Owner (if of Name Address City, State &	lifferent from Applicant)	C	ost Of 8,500 ork: \$ 8,500 of O 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:	I	f yes, please name			
Contractor's name: LYM BLN'S INC. Address: 1516RAY RD City, State & Zip FALMOUTH, ME. 041				hone: <u>831-3099</u>	
Who should we contact when the permit is ready Mailing address:	y. LYM B MOUTH X	1P'S INC 1E: 04/05	_ Telepl _	none: <u>931-3099</u>	
Please submit all of the information of do so will result in the				Failure to	
order to be sure the City fully understands the fully request additional information prior to the issues form and other applications visit the Inspection ision office, room 315 City Hall or call 874-8703.	nance of a pe	rmit. For further informa	tion or to	download copies of	
	med property,	or that the owner of record	authorizes	the proposed work and	
reby certify that I am the Owner of record of the nat I have been authorized by the owner to make this ap of this jurisdiction. In addition, if a permit for work orized representative shall have the authority to enterisions of the codes applicable to this permit.	described in t	his application is issued, I co	ertify that t	he Code Official's	



FOR-SUZAHHE & STEPHON NEMEROFF
17 HEATHER RD. PORTLAND, ME
PERIMETER DRAIN DETAIL
BY LYM BLOSING.
DATE 2-14-09
FOUNDTICH REPAIR.

# 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 Foundation Inspection: Prior to placing ANY backfill for below grade occupiable space

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

Signature of Inspections Official

CBL: 396 D003001 Building Permit #: 09-0139

City of Portland, Main	e - Building or Use	Permi	t Application		issue Date	/	CBL:		
389 Congress Street, 0410	1 Tel: (207) 874-870	3, Fax:	(207) 874-8716	09-0139	2/19/	09	396 D0	03001	
Location of Construction: Owner Name:			Owner Address: / / Phone:						
17 HEATHER RD NEMEROFF STEPHEN W & S			EN W & SUZ	17 HEATHER RD					
Business Name:	Contractor Nam	ne:		Contractor Address:		Phone			
	L & M Builde	ers		151 Gray Rd. Fal		2077977089			
Lessee/Buyer's Name Phone:				Permit Type:				Zone:	
			][	Alterations - Dw	ellings				
Past Use:	Proposed Use:			Permit Fee:	k: CE	O District:			
Single Family Home Single Fami		Home - repair		\$110.00	\$8,50				
	foundation			FIRE DEPT:	INSPECTI				
					Denied	Use Group	(K-3	Type: 5[	
							IRO	(-200)	
Proposed Project Description:							00 M		
repair foundation			<u>_</u>	Signature:		Signature: CX 44			
				PEDESTRIAN ACTI	IVITIES DIST	RICI (P.A.	CT (P.A.D.)		
				Action: Approv	ved 🗌 App	proved w/Cor	nditions	Denied	
				Signature:		Da	nte:		
Permit Taken By:	Date Applied For:	Τ			Annwara				
Ldobson	02/19/2009			Zoning	Approva	11			
1. This permit application		Spe	cial Zone or Review	s Zonii	ng Appeal	$\neg \top$	Historic Pres	ervation	
Applicant(s) from meeti		Shoreland		Variance			Not in District or Landm		
Federal Rules.		Siloreland		varance			1 Total in District of Landin		
2. Building permits do not include plumbing,		Wetland		Miscellaneous			Does Not Require Review		
septic or electrical work.									
3. Building permits are voi		Flood Zone		Condition	nal Use		Requires Rev	iew	
within six (6) months of									
False information may in permit and stop all work			bdivision	Interpret	ation		Approved		
perimi una stop un work		 		<b>-</b>					
			e Plan	Approve	d		Approved w/0	Conditions	
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and the second s	er e maner i								
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hereby certify that I am the o	wner of record of the na	med pro	perty, or that the	proposed work is	authorized	by the owr	ner of record	d and that	
have been authorized by the urisdiction. In addition, if a p	permit for work described	d in the a	s nis audiorizeu a application is issu	igent and I agree to	o contorm t he code offi	o all appilo	cable laws o	OI this	
hall have the authority to ente	er all areas covered by su	ch perm	it at any reasonal	ole hour to enforce	the provis	sion of the	code(s) apr	olicable to	
euch permit.	-	-	-		1		(-/ -rr		
SIGNATURE OF APPLICANT			ADDRESS	<del></del>	DATE		PHON	JE	
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03/10/09 Unter proofing okony

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