Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK **CITY OF PORTLAND** Please Read BU Application And TION Notes, If Any. PERMIT Permit Number: 090217 Attached FERI TISSUED This is to certify that _____ROONEY ANN L & JAMES J TS has permission to _____amendment to permit #090146 am sup new , change ader in living room 402-C00100 2000 AT -1269 WASHINGTON AVE--CĐ provided that the person or persons, fir or co on ac ting this permit shall comply with all of the provisions of the Statutes of Marke and of the One proces of the City of Portland regulating buildings and structures, and of the application on file in the construction, maintenance and use this department. Noti ition of spectio nust be Apply to Public Works for street line nd writte iermissic give rocured A certificate of occupancy must be and grade if nature of work requires g or pa befo inis buil hereof is procured by owner before this buildsuch information. ed-in. 24 lath or oth ing or part thereof is occupied. HOU NOTICE IS REQUIRED. OTHER REQUIRED APPROVALS Fire Dept. Health Dept. Appeal Board Other _ Department Name PENALTY FOR REMOVING THIS CARD

City of Portland, Mai	ne - Building or Use	Permit Applicatio	n Pe	rmit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703		, Fax: (207) 874-87	16	09-0217	3/23/0	19	402 C0	01001
Location of Construction: Owner Name:			Owner Address:				Phone:	
1269 WASHINGTON AVE ROONEY AN		N L & JAMES J H JT 1269 WASH		9 WASHINGT	TON AVE			
Business Name: Contractor Name		: Contractor Address:			Phone			
Lessee/Buyer's Name	Phone:			it Type: endment to D	uplex		L	Zone:
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CE	O District:	7
2 Unit Residential	1 -	2 Unit Residential - amendment to permit #090146 I-beam support,		\$30.00	\$30.	00	4	
	permit #09014			FIRE DEPT:		SPECTI	ON:	
	new wall, char room	nge header in living			Denied	se Group	R-3	туре: 5 <u></u> 3 До <i>0</i> 3
						-	IRC-c	2003
Proposed Project Description:			7				DA A]
amendment to permit #090	146 I-beam support, new v	wall, change header in	Signature: Sign			gnature:	nature:	
living room		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
			Actio	on: Approve	ed 🗌 Approv	ed w/Cor	nditions	Denied
			Signa	ature:		Da	ite:	
Permit Taken By:	Date Applied For:	Applied For:		Zoning Approval				
Ldobson	03/23/2009							
1. This permit application	n does not preclude the	Special Zone or Reviews		rs Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	Uariance			Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.		Wetland Miscelland		neous	Does Not Require Review			
 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 Rev	view
				Interpretation			Approved	
		Site Plan			d		Approved w/	Conditions
a state and the state of the st	· · · · · · · · · · · · · · · · · · ·	Maj 🗌 Minor 🗌 MM	1	Denied			Denied	
PERG		Date: 3/23/09	0	Date:		Date:	£20	
		·/ /						

CERTIFICATION

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I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

•	ne - Building or Use Permit)1 Tel: (207) 874-8703, Fax: (Permit No: 5 09-0217	Date Applied For: 03/23/2009	CBL: 402 C001001	
Location of Construction:	Owner Name:		Owner Address:		Phone:	
1269 WASHINGTON AVE	ROONEY ANN L & J	AMES J H JT	1269 WASHING	TON AVE		
Business Name: Contractor Name:			Contractor Address:	Phone		
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Duplex		uplex	_	
Proposed Use:		Propos	ed Project Description			
2 Unit Residential - amend new wall, change header in 1	ment to permit #090146 I-beam s living room		dment to permit #09 r in living room	90146 I-beam suppor	t, new wall, change	
Dept: Zoning S Note:	Status: Approved	Reviewer	: Chris Hanson	Approval D	ate: 03/23/2009 Ok to Issue: ☑	
Note:	Status: Approved Status: Approved with Condition		: Chris Hanson : Chris Hanson	Approval D Approval D	Ok to Issue: 🗹	
Note: Dept: Building S Note:	Status: Approved with Condition	s Reviewer	: Chris Hanson	Approval D	Ok to Issue: 🗹	
Note: Dept: Building S Note: 1) The design load spec she	Status: Approved with Condition eets for any engineered beam(s) / uired for any electrical, plumbing.	s Reviewer Trusses must be	: Chris Hanson e submitted to this c	Approval D	Ok to Issue: ✓ ate: 03/23/2009 Ok to Issue: ✓	

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: 1269 Washington Ave						
Total Square Footage of Proposed Structure/A <u>224v</u> <u>so/(+</u> Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	rea	Square Footage of Lot	Number of Stories			
Tax Assessor's Chart, Block & Lot	Applicant *r	nust be owner, Lessee or Buye	er* Telephone:			
Chart# Block# Lot#	Nome John Murry		329.2047			
	Ivanic St. J.		5612011			
402- (-1	Address 252 Route One					
	City, State & Zips artorouf arE Unic 74					
Lessee/DBA (If Applicable)	Owner (if di	fferent from Applicant)	Cost Of			
	Name		Work: \$			
	Address		C of O Fee: \$			
	City, State &	7.in	Total Fee: \$_30			
		· Arp	Total Fee: \$			
Current legal use (i.e. single family) <u>Two Family</u> Number of Residential Units If vacant, what was the previous use? Proposed Specific use: <u>Two Family</u> Is property part of a subdivision? <u>No</u> If yes, please name						
Project description: Amendment to Permit						
I-Beam Support, New Wall, No need for header into Iwing Roin						
Contractor's name: <u>Sime HS AFS: ve</u>						
Address:						
City, State & Zip	T	elephone:				
Who should we contact when the permit is read	elephone: <u>883-4322</u>					
Mailing address:		·				

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

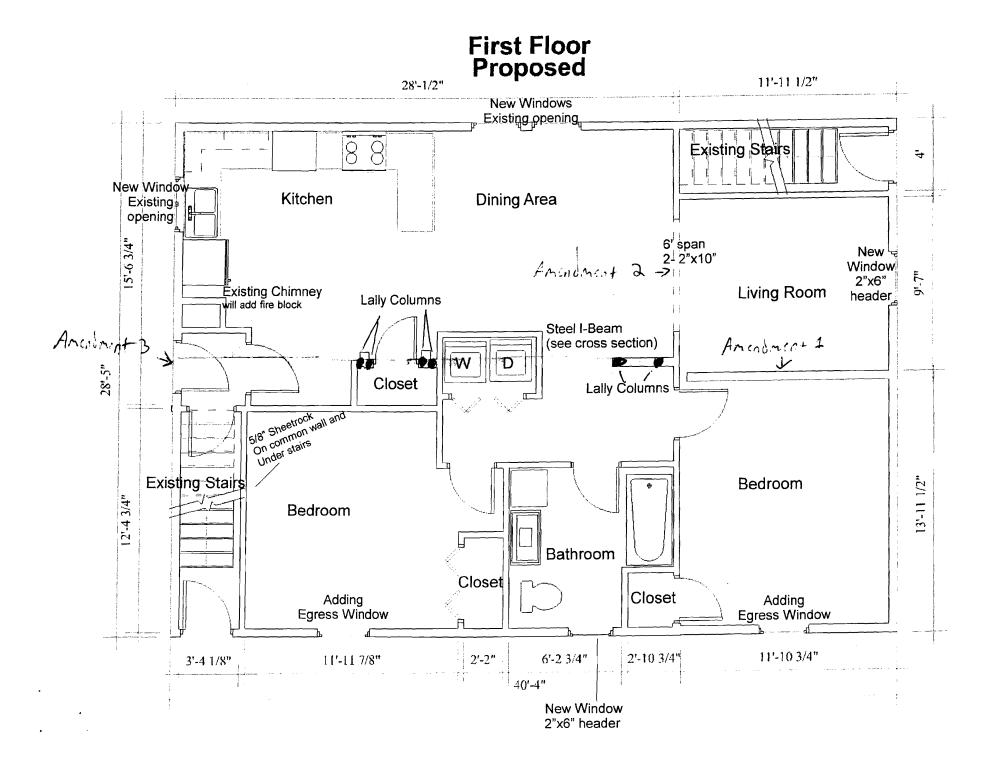
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

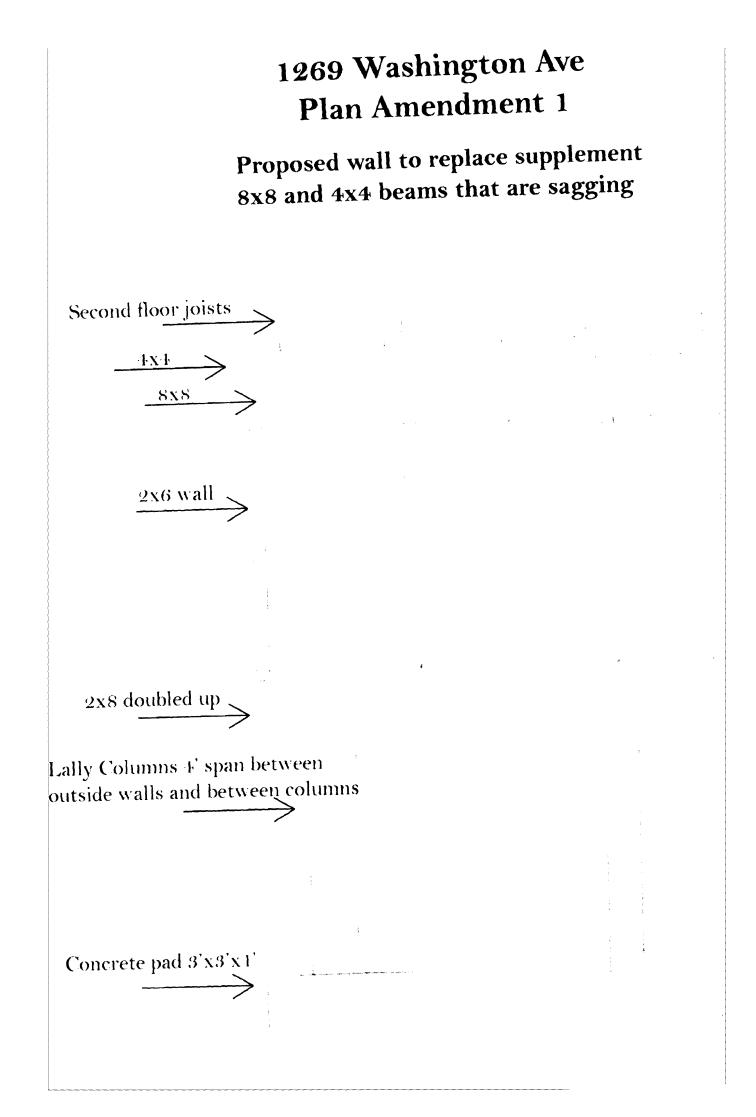
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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:	AL	Date:	3/23/09	
This is not	t a manual			· ·

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

Revised 07-11-08





1269 Washington Ave Plan Amendment 1b

