Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGER OF 1350 FIX

CITY OF PORTLAND

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Please Read Application And Notes, If Any, Attached

CTION PERMIT

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JUL 1 2 2005 Permit Number: 050911

CITY OF PORTLAND

epting this permit shall comply with all

tures, and of the application on file in

ances of the City of Portland regulating

This is to certify that ____ Dobson Daniel & /Owner has permission to Ammendment to permit #050 design ulk hea **changi** 409 G009001 AT 24 Nottingham Ave

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

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

ication insped n must n procu h and w n permi g b re this t thered ding or la osed-in. ed or d R NOTICE IS REQUIRED.

of buildings and s

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

Location of Construction: Owner Name: Owner Address: Owner Address					PERM	IT ISSUED	
Location of Construction: Owner Name: Owner Address: 24 Nottingham Ave Dobson Daniel & 24 Nottingham Ave Dobson Daniel & 24 Nottingham Ave Dobson Daniel & 24 Nottingham Ave Owner O	•	O			Issue Date:	CBL:	.001
24 Nottingham Ave Busines Name: Contractor Name: Owner Lessee/Buyer's Name Proposed Use: Single Family Home Single Family Home Single Family Home/Ammendment to permit #050633 changing design of bulk head size Permit Taken By: Idobson Date Applied For: 07/07/2005 Date: Signature: Date: Permit Taken By: Idobson O7/07/2005 Special Zone or Reviews Shoreland Wetland Shoreland Wetland Miscellaneous Require Miscellaneous Require Miscellaneous Require Approved Approved			3, Fax: (207) 874-871	<u> </u>	1 JUL	1 2 2005 409 G00	001
Business Name: Contractor Name: Owner Contractor Address: CITY OF PORTIAN					Ave	Phone	
Permit Fee: Cost of Work: CEO District Single Family Home Sing	Business Name: Contractor Name:			Contractor Address: CTY OF PORT PAND			
Single Family Home Single Family Home	Lessee/Buyer's Name	Phone:]			one:
Single Family Home Single Family Home	Past Use:	Proposed Use:		Permit Fee:	Cost of Work:	: CEO District:	<u> </u>
Action: Approved Approved w/Conditions Signature: Date: Permit Taken By: Idobson Date Applied For: 07/07/2005 Special Zone or Reviews Shoreland Wetland Wet	Single Family Home Single Family to permit #050		0633 changing design		0 \$30 Approved	0.00 4	
Action: Approved Approved w/Conditions Signature: Date: Permit Taken By: Idobson Date Applied For: 07/07/2005 Special Zone or Reviews Shoreland Wetland Wet					Denied	IRC-200	3
Action: Approved Approved w/Conditions Signature: Date: Permit Taken By:				_		Signature MB 7/	2/05
Permit Taken By: Idobson				Action: Ap	proved Appro	oved w/Conditions D	enied
Special Zone or Reviews Zoning Appeal Historical Shoreland Variance	Downit Tokon Dru	D (A P I E	1	_			
2. Building permits do not include plumbing, septic or electrical work. 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 Conditional Use Require Approved Approved Approved Approved Denied Denied CERTIFICATION 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 of the named property, or that the proposed work is authorized by the owner of record of the named property, or that the proposed work is authorized by the owner of record of the named property, or that the proposed work is authorized by the owner of record of the named property.	·			Zoni	ng Approval		
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within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work Site Plan Mm Denied Denied Date: Da			Wetland	Mise	cellaneous	Does Not Requi	re Review
Site Plan 2005 Approved Approved Denied Denied Denied Denied Date: CERTIFICATION 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 of the named property.	within six (6) months of the	1 10 2	~		Requires Review	7	
Maj Minor MM Denied Denied Date: CERTIFICATION 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 of the named property.		1 = 81 <	Olo Inter		Approved		
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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 re-			Date M Q 1 12	Date:		Date	
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 re-						V	
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 re-							
I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable lajurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s such permit.	I have been authorized by the ovijurisdiction. In addition, if a pe shall have the authority to enter	wner to make this appli rmit for work described	ication as his authorized d in the application is is	l agent and I agr sued, I certify th	ee to conform to nat the code offic	all applicable laws of cial's authorized represe	this entative

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE

City of Portland, Maine - Building or Use Permit Permit No: Date Applied For: CBL:							
389 Congress Street , 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 05-0911 07/07/2005 409 G009001							
Location of Construction:	Owner Name:	(Owner Address:		Phone:		
24 Nottingham Ave	Dobson Daniel &		24 Nottingham Ave	•			
Business Name:	Contractor Name:		Contractor Address:		Phone		
	Owner		Portland				
Lessee/Buyer's Name	Phone:	[1	Permit Type:				
			Amendment to Sin	gle Family			
'roposed Use: Proposed Project Description:							
Single Family Home/ Ammendment t design of bulk head size	o permit #030033 chang	ang Amme	ndment to permit #0	050053 changing des	ign of bulk head size		
Note: 7/7/05 left vm w/Dan D. For where bulkhead is located. 7/12 Owner came in w/plot plan showing bulkhead, ok to issue 1) Approved using Sec. 14-425 to allow a bulkhead in the required rear setback, 6' max projection, 50 sf max, and max 24" in height Dept: Building Status: Approved, Reviewer: Jeanine Bourke Approval Date: 07/07/2005 Note: Same Conditions affly OS-0633							
Jume 60	nailions a	177	3-0675				

All Purpose Building Permit Application

Ifyou 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: 24 10T	Tingham Ave	PORT 04103				
Total Square Footage-of Proposed Structure	Square Eootage of Lot					
Tax Assessor's Chart, Block & Lat Chart# Block# Lot# Owner:	cidi OoBson	Telephone: 747-a23x				
telephone:	name, address & Dan Dobson 24 Nottinghou 190+ ME 04/03	cost Of Work: \$ (1/4000) Fee: \$ 30%				
Current use: HOMC						
If the location is currently vacant, what was prior use: _						
Approximately how long has It been vacant:						
Proposed use: AMCODMCT TO FOR Project description: Change Bulkhead	2,40					
Contractor's name, address & telephone:						
Who should we contact when the permit is ready: <u>OAN DOBGON</u> Mailing address: 24 NOTTING HAM AVE PORTURARECEIVED						
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: 797-8737						
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WIE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.						
I hereby certify that I am the Owner of record of the named property, have been authorized by the owner to make this application as his/high jurisdiction. In addition, if a permit for work described in this application shall have the authority to enter all areas covered by this permit at art to this permit.	er authorized agent. I agree to co in is issued, I certify that the Codes	onformto all applicable laws af t his Official's authorized representative				
Signature of applicant:	Date: 7	-7-05				

This is NOT a permit, you may 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

NE & DIAD TO SHOW BUIKHERD ON READ OF FOUNDATION TYPE'B" BUIK HEAD + OD" H X 56"W X 66" DEEP Existing driveway

FOMIT

ROAD SIDE

