

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 06-1727	<b>Issue Date:</b>	<b>CBL:</b> 410 F01105C
------------------------------	--------------------	----------------------------

<b>Location of Construction:</b> 0 Apple Ledge Dr	<b>Owner Name:</b> Fifield Joshua T &	<b>Owner Address:</b> 5c Appleledge Dr	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Peter Cricones	<b>Contractor Address:</b> P O Box 468 Tyngsboro	<b>Phone</b> 9785093235
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b>	<b>Zone:</b>

<b>Past Use:</b> 14 existing PRUD residential units	<b>Proposed Use:</b> complete 2 PRUD residential dwelling units on previously approved site plan on existing foundations	<b>Permit Fee:</b>	<b>Cost of Work:</b> \$0.00	<b>CEO District:</b> 4
<b>Proposed Project Description:</b> build duplex - unit 4A and 4B		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature: Date:				

<b>Permit Taken By:</b> tmm	<b>Date Applied For:</b> 11/30/2006	<b>Zoning Approval</b>		
--------------------------------	----------------------------------------	------------------------	--	--

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied
	Date:	Date:	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 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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<b>Location of Construction:</b> 0 Apple Ledge Dr	<b>Owner Name:</b> Fifield Joshua T &	<b>Owner Address:</b> 5c Appleledge Dr	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Peter Cricones	<b>Contractor Address:</b> P O Box 468 Tyngsboro	<b>Phone</b> 9785093235
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b>	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 11/30/2006  
**Note:** **Ok to Issue:**

- 1) It is understood that only patios and not constructed decks will be at the rear of the buildings. ANY CHANGES to the rear patios SHALL require a separate permit with reviews and approvals.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 3) This entire PRUD property shall remain (18) residential units with the completion of the four dwelling units being proposed. Any changes of use shall require a separate permit application for review and approval.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 11/30/2006  
**Note:** **Ok to Issue:**

- 1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 2) As discussed, the R-Value must be a minimum of R-38 in the roof.
- 3) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 4) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 5) The attic scuttle opening must be 22" x 30".

#### 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 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 APPLICAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHO