## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

| C                                                                                   | ITY OF PORTLA                                                                 | ND                                                                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Please Read<br>Application And<br>Notes, If Any,<br>Attached                        | PERMIT                                                                        | Permit Number: 050714                                                       |
| This is to certify that LEFEVRE CINDY L                                             | /Joe K                                                                        | JUN 2 4 2005                                                                |
| has permission toadd bathroom & Master                                              |                                                                               | CITY OF PORTLAND                                                            |
| of the provisions of the Statutes the construction, maintenance at this department. | and use of buildings and suscitu                                              | s of the City of Portland regulating res, and of the application on file ir |
| the construction, maintenance a                                                     |                                                                               | <del>-</del>                                                                |
| and grade if nature of work requires such information.                              | b re this ding or and thereo. It ed or the losed-in. H JR NOTICE IS REQUIRED. | procured by owner before this building or part thereof is occupied.         |
| OTHER REQUIRED APPROVALS                                                            |                                                                               |                                                                             |
| Fire Dept                                                                           |                                                                               | 0 1                                                                         |
| Health Dept.                                                                        |                                                                               |                                                                             |
| Appeal Board                                                                        | / X!                                                                          | lame Double 6/22/05                                                         |
| OtherDepartment Name                                                                | — ( <i>)</i>                                                                  | Director - Building & Inspection Services                                   |

PENALTY FOR REMOVING THIS CARD

| <b>City of Portland, Maine</b> 389 Congress Street, 04101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | O                               | • •                  |                                         | No: Issue Date<br>5-071 PER                                         | MIT ISS JEDOA A008018                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|-----------------------------------------|---------------------------------------------------------------------|-------------------------------------------|--|
| ocation of Construction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name:                     |                      | Owner Add                               |                                                                     | Phone:                                    |  |
| 22 OSPREY TERR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LEFEVRE CIN                     | LEFEVRE CINDY L      |                                         | REY TERR JUN                                                        | 2 2 2006                                  |  |
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Contractor Name                 | Contractor Name:     |                                         | · Address:                                                          | Phone                                     |  |
| Joe Kinney & Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | inney & Son          | 11 Jameson Drive Falmouth 207939252     |                                                                     |                                           |  |
| _essee/Buyer's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone:                          | •                    |                                         | pe:Alteration                                                       | PORTLAND Rone:                            |  |
| Past Use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Proposed Use:                   |                      | Permit Fee: Cost of Work: CEO District: |                                                                     |                                           |  |
| 2 Unit Condo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 Unit Condo -                  | add bathroom &       | \$246.00   \$25,000.00   4              |                                                                     | 00.00 4                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Master Suite to 3rd flr         |                      | FIRE DEP                                | INSPECTION: Use Group: R. 3 Type B  IRC-2403  Signature: WB 6/22/05 |                                           |  |
| Description of the second of t |                                 |                      | _                                       |                                                                     | IRC-2003,                                 |  |
| Proposed Project Description: add bathroom & Master Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | to 3rd flr                      |                      | Signature                               |                                                                     | Signature MAB 6/22/16                     |  |
| add batiliootii & Master Suite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10 514 111                      |                      |                                         | HAN ACTIVITIES DIST                                                 | FRICT (P.A.D.)                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                      | Action:                                 |                                                                     | proved w/Conditions Denied                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                               |                      | Signature:                              |                                                                     | Date:                                     |  |
| Permit Taken By: Idobson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date Applied For:<br>06/07/2005 | Zoning Approval      |                                         |                                                                     | nl en |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Special Zone or Revi | iews                                    | Zoning Appeal                                                       | Historic Preservation                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Shoreland            |                                         | Variance                                                            | Not in District or Landmar                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Wetland              | Miscellaneous                           |                                                                     | Does Not Require Review                   |  |
| ☐ Flood Zone ☐ Subdivision ☐ Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | ☐ Flood Zone M       | Conditional Use                         |                                                                     | Requires Review                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Subdivision TW       | ork [                                   | Interpretation                                                      | Approved                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | ☐ Site Plan          |                                         | Approved                                                            | Approved w/Conditions                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Maj Minor MM         | 1 [                                     | Denied                                                              | Denied                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Date: Mb 6 21        | 2/05 Dat                                | te:                                                                 | Date:                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                      | 1                                       |                                                                     | ()                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | CERTIFICAT           | ION                                     |                                                                     |                                           |  |

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 |
|------------------------|---------|------|-------|
|                        |         |      |       |
|                        |         |      |       |

## All Purpose Building Permit Application

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

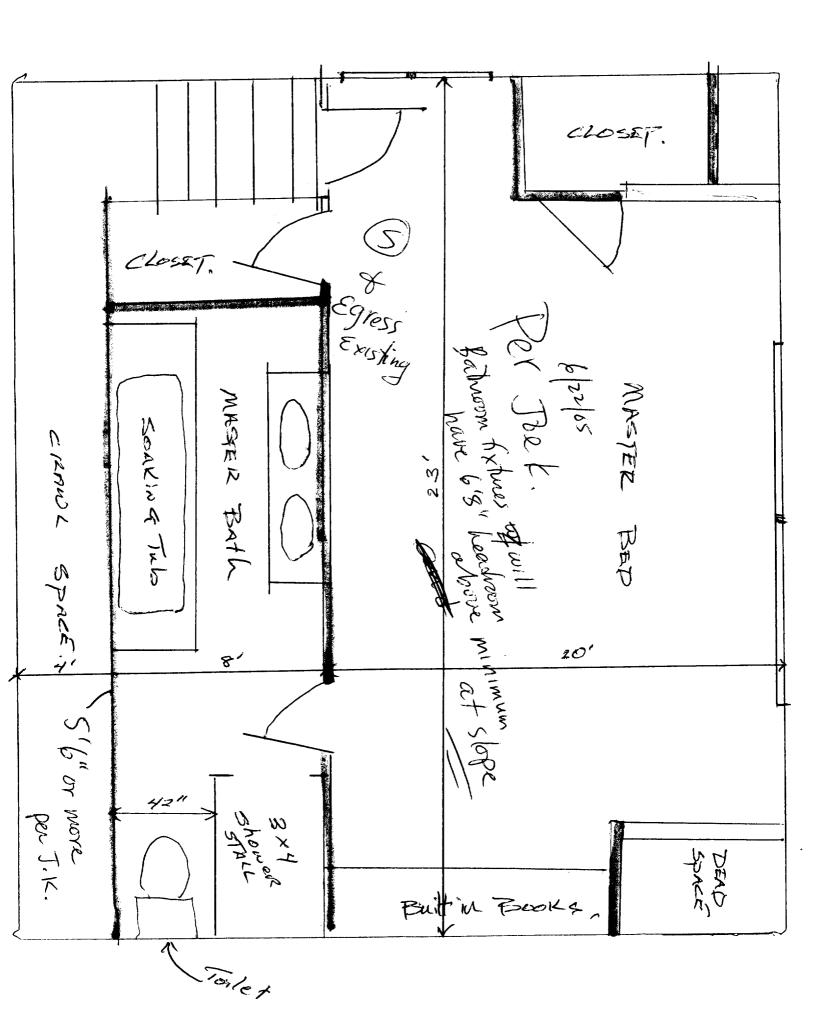
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | æ                                                        |          |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|----------|------------------------------------------|
| Total Square Footage of Proposed Structu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ure                | Square Footage of Lot                                    | -<br>-   |                                          |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 416 AAOO3 018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Owner:             | "andy herevre                                            |          | Telephone:<br>878-3252                   |
| Lessee/Buyer's Name (If Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | name, address &  Kinney + Son luc  punce & PN Dr.  H Me. | Co<br>Wo | st Of<br>ork: \$ <u>25 000</u><br>or: \$ |
| Current use: Coxto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                          |          | NSPECTION                                |
| If the location is currently vacant, what was Approximately how long has it been vacant. Proposed use:  Project description:  Contractor's name, address & telephone:  Who should we contact when the permit Mailing address:  We will contact you by phone when the preview the requirements before starting and the st | Joe<br>is ready;_∽ | Hy. You must come in and a Plan Reviewer. A stop w       | pick     | up the permit and order will be issued   |
| and a \$100.00fee if any work starts before  IF THE REQUIRED INFORMATION IS NOT INCL  DENIED AT THE DISCRETION OF THE BUILDING  INFORMATION IN ORDER TO APROVE THIS PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UDED IN THE        | SUBMISSIONS THE PERMIT W                                 | ILL BI   |                                          |

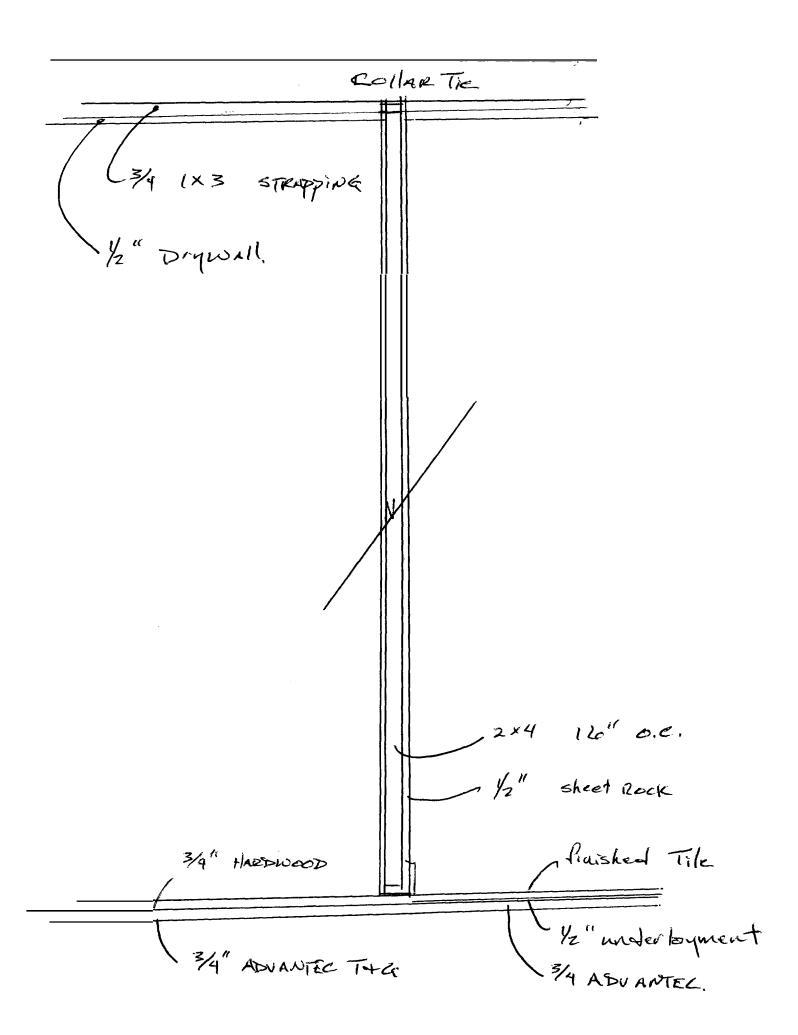
This is NOT a permit, you may not commence ANY work until the permit is issued.

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

Date:

Signature of applicant:





| City of Portland, Maine - Building or Use Permit                                                                                              |                                                            |                          | Permit No:             | Date Applied For:         | CBL:                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------|------------------------|---------------------------|-------------------------|--|
| 389 Congress Street, 04101 T                                                                                                                  | O                                                          |                          | 5 05-0714              | 06/07/2005                | 416A A003018            |  |
| Location of Construction:                                                                                                                     | Owner Kame:                                                |                          | Owner Address:         |                           | Phone:                  |  |
| 22 OSPREY TERR                                                                                                                                | LEFEVRE CINDY L                                            | LEFEVRE CINDY L          |                        | 22 OSPREY TERR            |                         |  |
| Business Name:                                                                                                                                | Contractor Name:                                           | Contractor Name:         |                        | Contractor Address:       |                         |  |
|                                                                                                                                               | Joe Kinney/ Kinney &                                       | Joe Kinney/ Kinney & Son |                        | 11 Jameson Drive Falmouth |                         |  |
| Lessee/Buyer's Name                                                                                                                           | Phone:                                                     |                          | Permit Type:           |                           |                         |  |
|                                                                                                                                               |                                                            |                          | Alterations - Dwe      | ellings                   |                         |  |
| Proposed Use:                                                                                                                                 |                                                            | Propose                  | ed Project Description |                           |                         |  |
| 2 Unit Condo - add bathroom &                                                                                                                 | Master Suite to 3rd flr                                    | add ba                   | athroom & Master       | Suite to 3rd flr          |                         |  |
|                                                                                                                                               |                                                            |                          |                        |                           |                         |  |
|                                                                                                                                               |                                                            |                          |                        |                           |                         |  |
|                                                                                                                                               |                                                            |                          |                        |                           |                         |  |
|                                                                                                                                               |                                                            |                          |                        |                           |                         |  |
| Dept: Zoning Statu                                                                                                                            | s: Approved                                                | Reviewer                 | : Jeanine Bourke       | Approval D                | <b>Date:</b> 0612212005 |  |
| Note:                                                                                                                                         |                                                            |                          |                        |                           | Okto Issue: 🔽           |  |
| 1) This unit shall remain a single family condominium. Any change of use shall require a separate permit application for review and approval. |                                                            |                          |                        |                           |                         |  |
| Dept: Building Statu                                                                                                                          | s: Approved with Condition                                 | ns- Reviewer             | Jeanine Bourke         | Approval I                | Date: 06/22/2005        |  |
| <b>Note:</b> 6/22 Spoke w/Joe K. For bath fixtures will meet th                                                                               | more details on headroom,<br>e min. 6'-8" above the fixtur |                          | he will get back. Jo   | oe called to say the      | Ok to Issue:            |  |
| Permit approved based on the noted on plans.                                                                                                  | e plans submitted and review                               | ved w/owner/con          | tractor, with addition | onal information as a     | agreed on and as        |  |

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