

City of Portland, Ma	ine - Building or Use	Permit Application	on Per	mit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-				08-0387		423 A005045
Location of Construction:	Owner Name:	Owner Name:		Address:		Phone:
45 WELLSTONE unit 45	CALL MARY	CALL MARY L WID WWII VET		45 WELLSTONE DR		
Business Name: Contractor Name		2:	Contra	ctor Address:		Phone
	Maine Properties, Inc.		PO B	PO Box 368 Scarborough		2078833753
Lessee/Buyer's Name	Phone:		Permit Add	Type: itions - Mult	i Family	Zone: R -5
Past Use:	Proposed Use:		Permi	t Fee:	Cost of Work:	CEO District:
Multi Condo Unit 45 PRUD : Legal us	existing deck	Multi Condo Unit 45- Remove existing deck & replace w/new PT deck same foot print		\$40.00 \$1,500.00 4 FIRE DEPT:		
Proposed Project Description:	eplace w/new PT deck sam	_	Signate PEDES Action Signat	STRIAN ACT	WITIES DISTRIC	nature: T (P: D.) t w/Conditions Denied Date:
Permit Taken By:	Date Applied For:	<u> </u>	oigilat			
ldobson	04/22/2008			Zoning	Approval	
1. This permit application	on does not preclude the	Special Zone or Rev	iews	Zoni	ng Appeal	Historic Preservation
• • • •	eting applicable State and	Shoreland		Variance	e	Not in District or Landmark
 Building permits do not include plumbing, septic or electrical work. 		Wetland		Miscellaneous		Does Not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone		Conditio	onal Use	Requires Review
False information may permit and stop all wo	-	Subdivision			ation	Approved
		Site Plan			ed	Approved w/Conditions
PERMIT	IS20FD	Mai Minor MI	1 - 1 endy	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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

•	- Building or Use Permit Tel: (207) 874-8703, Fax: (6 Permit No: 08-0387	Date Applied For: 04/22/2008	CBL: 423 A005045
Location of Construction: Owner Name:		Owner Address:		Phone:	
45 WELLSTONE unit 45	CALL MARY L WID WWII VET		45 WELLSTONE DR		
Business Name:	Contractor Name:	Contractor Name:		Contractor Address:	
	Maine Properties, Inc.		PO Box 368 Scart	oorough	(207) 883-3753
Lessee/Buyer's Name	Phone:		Permit Type:		
	1		Additions - Multi	Family	
			Auditions - Multi		
Proposed Use: Multi Condo Unit 45- Remove deck same foot print	e existing deck & replace w/nev	1 -	sed Project Description:		deck same foot print
Multi Condo Unit 45- Remove deck same foot print		w PT Rem	sed Project Description:	replace w/new PT	
Multi Condo Unit 45- Remove deck same foot print Dept: Zoning Sta	itus: Approved with Condition	w PT Rem	sed Project Description:	replace w/new PT	Date: 04/25/2008
Multi Condo Unit 45- Remove deck same foot print Dept: Zoning Sta Note: 1984 PRUD - legal pr 1) This permit is being appro		w PT Rem ns Reviewe idos. itted. Any dev	sed Project Description: ove existing deck & r: Marge Schmuck iations shall require	replace w/new PT al Approval I	Date: 04/25/2008 Ok to Issue: ♥
Multi Condo Unit 45- Remove deck same foot print Dept: Zoning Sta Note: 1984 PRUD - legal pr 1) This permit is being appro work. It is understood that	atus: Approved with Condition roperty use is 72 residential con wed on the basis of plans submi	w PT Rem ns Reviewe idos. itted. Any dev be increased du	sed Project Description: ove existing deck & r: Marge Schmuck iations shall require	replace w/new PT al Approval I a separate approval	Date: 04/25/2008 Ok to Issue: before starting that

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

X Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers

X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

X Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects <u>DO</u> require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE-MAY BE OCCUPIED.

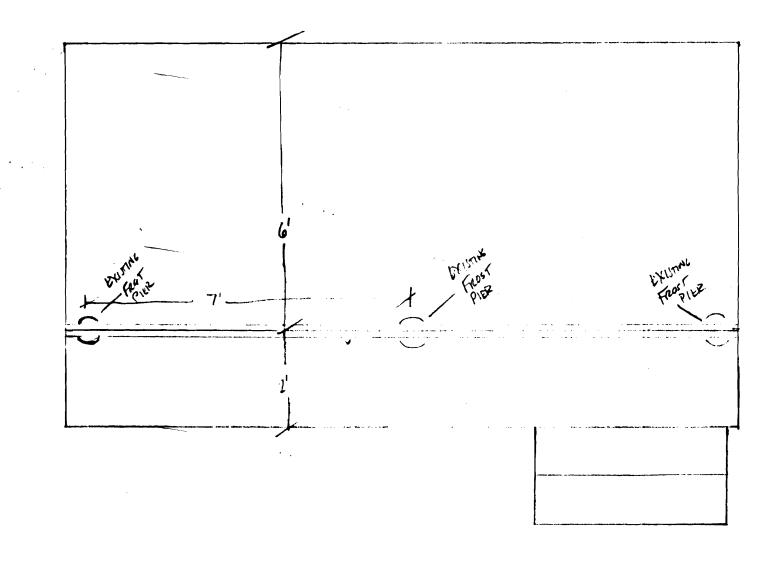
Signature of Applicant/Designee

Signature of Inspections Official



207 / 883-3753 Fax • 207 / 883 - 0364

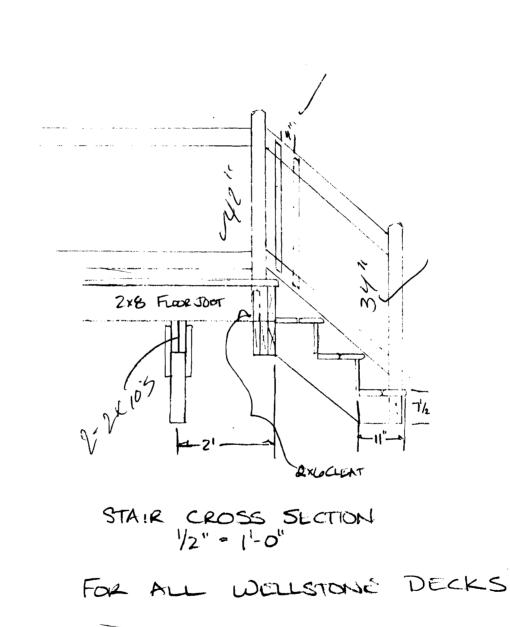
BEAM LOCATION & STRINGER DETAIL



1/2" = 1'-0" # 45 WELLSTONE

A Complete Remodeling Company Residential & Commercial





A Complete Remodeling Company Residential & Commercial



General Building Permit Application

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

Location/Address of Construction: 45 wellstone Drive				
Total Square Footage of Proposed Structure/Area Square Footage of Lot				
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 423 A 005045	Applicant * <u>must</u> be owner, Lessee or Buyer* Name Maine Properties Wellstone Condominium Hss. Address Wellstone Drive City, State & Zip Portland Me 04103 (Apperty Manaser			
Lessee/DBA (If Applicable) Owner (if different from Applicant) Cost Of Name Mary Call Work: \$ Address 45 Wellstone Dr. City, State & Zip Portland, Mr 04/03 Total Fee: \$		ork: \$		
Current legal use (i.e. single family) <u>Condominum Single family Townhouse</u> If vacant, what was the previous use? Proposed Specific use: <u>Recreation (Deck)</u> Is property part of a subdivision? <u>Yes Condo</u> If yes, please name <u>Wellstone</u> Drive Project description: Remove existing deck and replace $\omega/\text{New P.T. Deck Same}$ Size as <u>Original</u> (replacing due to Rott)				
Contractor's name: <u>Maine Properties Inc</u> Address: <u>PD Box 368 / 197 US Rt 1</u> City, State & Zip <u>Scarborough</u> <u>Me 04070</u> Who should we contact when the permit is ready: <u>IRAUS BUAKE</u> Telephone: <u>415-3450</u> Mailing address: <u>PD Box 368 Scarborough</u> <u>Me 04074</u>				

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

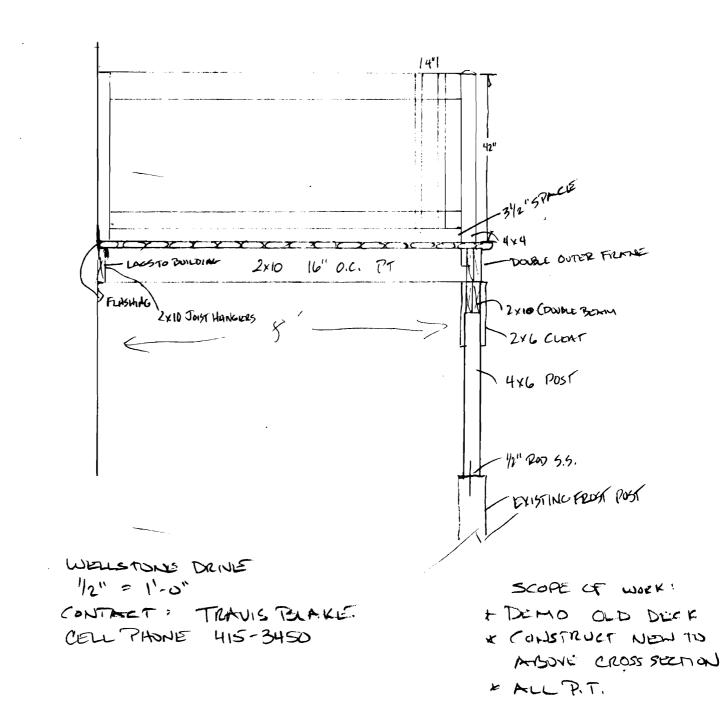
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division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

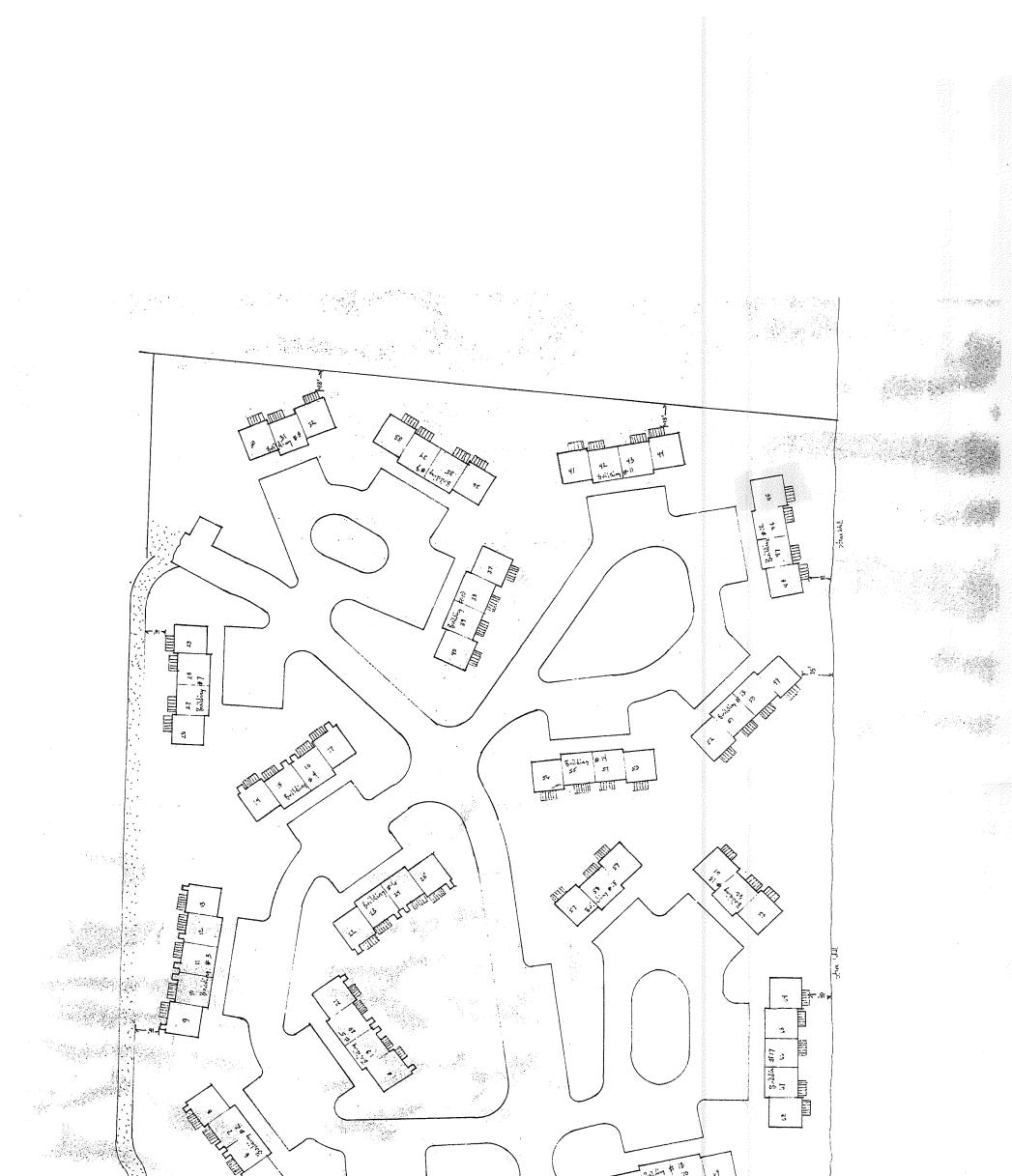
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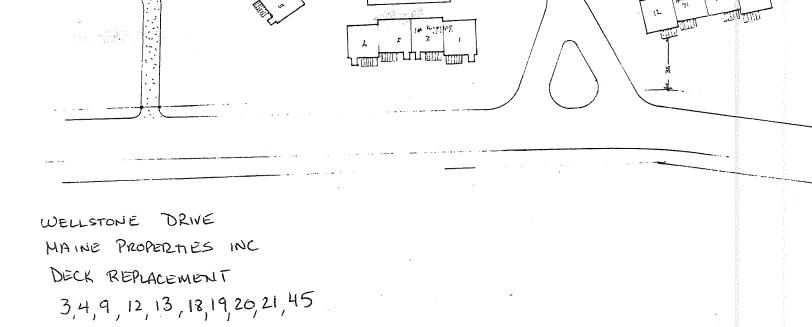
Signature: K	Date: 4/22/08

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









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