Form # P 04 DISPLAY THIS C	ARD C	ON PRINCIPAL	FRONTAGE	OF WORK
		OF PORT	LAND	
Please Read Application And	BU			
Notes, If Any, Attached		PERMIT	Perm	nit Number: 100231
This is to certify that Portland Housing Aut	hority/M	Lebel	F	PERMIT ISSUED
has permission to Renovate community		e and re be com nity	kitcl cabinets	
AT 14 Churchill St (66 Pembroke St.)	F		C 428 B022001	MAR 2 2 2010
provided that the person or perso	ons, fi	or containing	pting this pe	rmit shall comply with all
of the provisions of the Statutes	of Ma	e and of the	nces of the Ci	ty of Portland regulating
the construction, maintenance at this department.	nd use	f buildings and st	run vres, and of	the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	give befo lath		in. 2 ing or	ificate of occupancy must be red by owner before this build- part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept X Health Dept				3/2/10
Appeal Board				Les
Other Department Name				- Building & Inspectial Cervices
		FOR REMOVING T	HIS CARD	

,

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	City of Portland, Maine - Building or Use Permit Application				CBL;	CBL;	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-871			6 10-0231	}	428 B02	22001	
Location of Construction:	Owner Name:		Owner Address:		Phone:		
14 Churchill St (66 Pembroke St.)	Portland Hous	Portland Housing Authority					
Business Name:	Contractor Name	Contractor Name:			Phone		
}	Mark Lebel	Mark Lebel		6 Eastern Avenue Falmouth		2077976051	
Lessee/Buyer's Name Phone:			Permit Type:			Zone:	
		1	Alterations - Mu	lti Family		RT	
Past Use: Proposed Use:			Permit Fee:	Cost of Work:	CEO District:]	
Portland Housing Authority -		ing Authority /	\$100.00 \$8,000.00 FIRE DEPT: Approved INSPEC Use Gro Use Gro		4	}	
Community Center	Community C community kit	enter - Renovate Ichen			PECTION: Group: A. 3 Type: 5B		
			*See Conditions 7		IBGP	BG 2003	
Proposed Project Description:				\mathbb{D}	- tel		
Renovate community kitchenmove	and replace comm	unity kitchen cabinets.	Signature: Kignatur				
•			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D/)				
			Action: 门 Appro	ved 📋 Approved v	w/Conditions	Denied	
			Signature:		Date:		
Permit Taken By: Date	Applied For:	·····	Zoning	Approval			
gg 03	/09/2010	ł					
1. This permit application does not preclude the		Special Zone or Revi	ews Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	🚺 🚺 Varianc	D Variance		Not in District or Landmark	
 Building permits do not include plumbing, septic or electrical work. 		Wetland	[] Miscelli	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	Conditie	Conditional Use		🗌 Requires Review	
	False information may invalidate a building permit and stop all work.		1			Approved	
False information may invalid	ate a building	Subdivision	_ Interpre	tation	[_] Approved		
False information may invalid	ate a building	Site Plan	Interpre	-	Approved Approved w/(Conditions	
False information may invalid		Maj 🗌 Minor 🗌 MM	Approve	-	Approved w/C Denied	Conditions	
False information may invalid permit and stop all work	UED	Site Plan	Approve	ed	Approved w/C	Conditions	

City of Portland

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 PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@protlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X____ Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- ____X Final inspection required at completion of work.

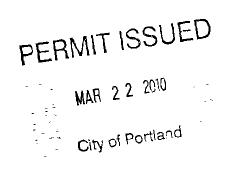
The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED MAR 22 2010 City of Portland

CBL: 428 B022001 Building Permit #: 10-0231

City of Portland, Maine - Bui	ilding or Use Permit		Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 Tel:	Q	7) 874-8716	10-0231	03/09/2010	428 B0220
Location of Construction:	Owner Name:	[C	Wher Address:		Phone:
14 Churchill St (66 Pembroke St.)	Portland Housing Authori	ity	14 Baxter Blvd		1
Business Name:	Contractor Name: Contractor Address:			Phone	
	Mark Lebel	ļ	5 Eastern Avenue	Falmouth	(207) 797-60:
Lessee/Buyer's Name	Phone:	P	ermit Type:	······································	_₽ _ _
		}	Alterations - Mul	ti Family	
Proposed Use:		Proposed	Project Description:		
Portland Housing Authority / Comm community kitchen	nunity Center - Renovate	Renova	ite community kit	chen	
Note: Washington Gardens	Approved with Conditions		Ann Machado	Approval D	Ok to Issue:
 This permit is being approved or work. 	n the basis of plans submitted	d. Any deviat	ions shall require	a separate approval l	before starting th
Dept: Building Status: A Note:	Approved with Conditions	Reviewer:	Tammy Munson	Approval D	ate: 03/22/2 Ok to Issue:
1) Separate permits are required for need to be submitted for approva		vrinkler, fire a	larm or HVAC or	exhaust systems. Se	parate plans may
 Application approval based upor and approrval prior to work. 	n information provided by ap	oplicant. Any	deviation from ap	proved plans require.	s separate reviev
Dept: Fire Status:	Approved with Conditions	Reviewer:	Capt Keith Gaut	reau Approval D	ate: 03/19/2
Note:	· · · · · · · · · · · · · · · · · · ·		•	····	Ok to Issue:
					OK IO ISSUE.
1) No means of cgress shall be affe	-				
2) Fire extinguishers required. Insta	allation per NFPA 10				
3) The Fire alarm and Sprinkler sys Compliance letters are required.	stems shall be reviewed by a	licensed cont	ractor[s] for code	complianc e .	
4) All construction shall comply wi	ith NFPA 1 and 101.				





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.

		l
Location/Address of Construction:	PASSINGTON GARDENS	14 Church 20
Total Square Footage of Proposed Structure/	Area Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lesser or Buy	er* Telephone:
Chart# Block# Lot#	Name PORTLAND Nowsing	Butter,
1128 8 022		
90. 2000	Address	
	City, State & Zip	
Lessee/DBA (If Applicable) FIVE	Owner (if different from Applicant)	Cost Of
RECEIVEN	Name	Work: \$
MAR - 9 2010	-Address	C of O Fee; 5
MAR S Long	City, State & Zip	7 100 01
		Total Fee: \$00.00
Dept. of Building Inspec City of Portland Mai		
Current legal use (i.e. single family)	Number of Residenti	
If vacant what was the previous use?		chr.
Proposed Specific use: CABible	TTCOUNTER REPLACEM	TINT
Is property part of a subdivision?	If yes, please name	
Project description: Junp EXILY	F LABINETS + Loum Tens	W/NENK.TCher
- New Floer	Nep Rompe Nocil	estiste, num
Contractor's name:		Covenal cal
Address: 6 ENSTORN AU		
City, State & Zip		elephone: <u>297-6051</u>
Who should we contact when the permit is read	dy: Mark Lebel To	elephone: <u>650-4020</u>
Mailing address:		

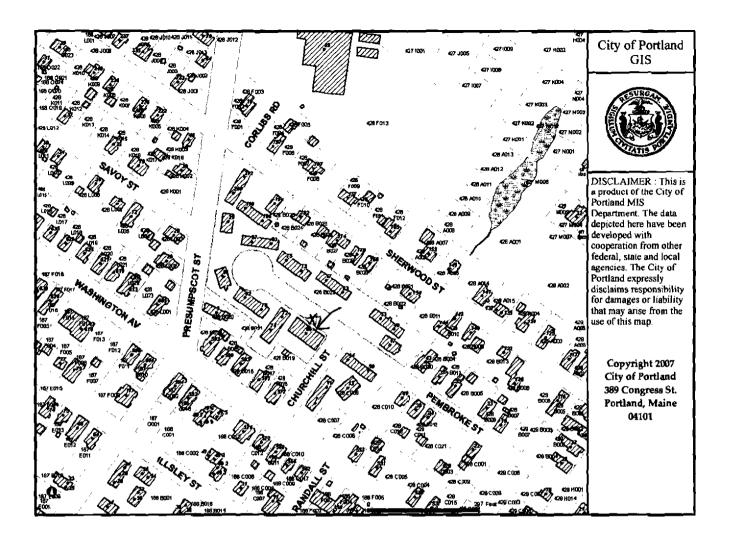
Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

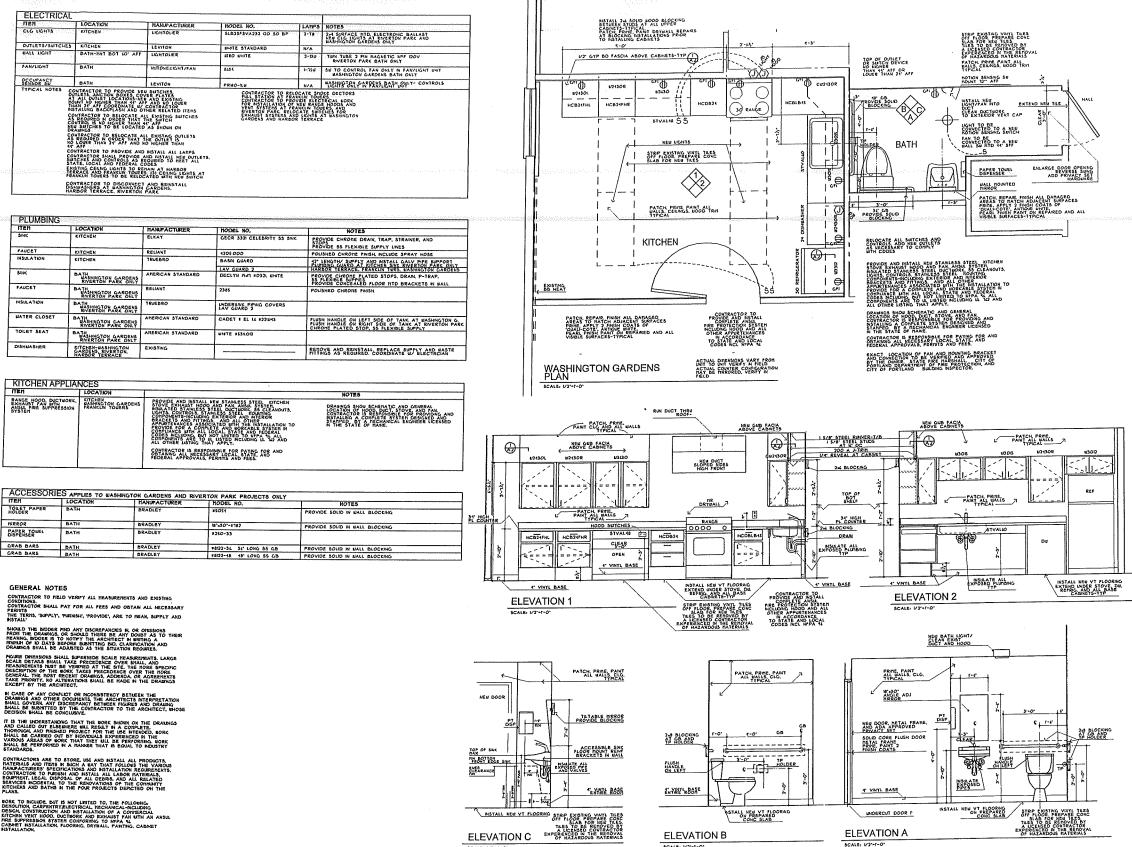
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division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

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

Signature: Date:

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





SCALE: 1/2"+1-0"

SCALE, V2-1-0

project title COMMUNITY ROOM KITCHEN and BATH RENOVATION



GTA.2 architects 44 oak street podiand, mapp 04101 207-771-5481 (ar 774-0846

revisions date

JANUARY, 2010 sheet tille

FLOOR PLANS INTERIOR ELEVATION

WASHINGTON GARDENS

scale AS NOTED drawn by SMT

project numb 0809

sheet number

A 1