

PERMIT ISSUED

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

Permit No: 03-1214	Issue Date: OCT 27 2003	CBL: 41 431 M002001
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Location of Construction: 14 Arcadia St	Owner Name: Joy Wilfred L &	Owner Address: 14 Arcadia St	Phone: 774-4803
Business Name: n/a	Contractor Name: David Lebel	Contractor Address: 15 Pine Lane Cumberland Fore	Phone: 2077814282
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Additions - Dwellings	Zone: RS

Past Use: Single Family	Proposed Use: Single Family / Addition	Permit Fee: \$426.00	Cost of Work: \$45,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB BOCA 1999	

Proposed Project Description:
Construct a 22' x 25' Addition / Master bedroom and bath.

Signature: _____
Signature: *JMB 10/27/03*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 10/02/2003	Zoning Approval	
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>JMB</i>
	<i>approved</i>		

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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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Permit No: 03-1214	Date Applied For: 10/02/2003	CBL: 431 M002001
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Location of Construction: 14 Arcadia St	Owner Name: Joy Wilfred L &	Owner Address: 14 Arcadia St	Phone: () 774-4803
Business Name: n/a	Contractor Name: David Lebel	Contractor Address: 15 Pine Lane Cumberland Fore	Phone: (207) 781-4282
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Additions - Dwellings	

Proposed Use: Single Family / Addition	Proposed Project Description: Construct a 22' x 25' Addition / Master bedroom and bath.
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 10/15/2003**Note:** **Ok to Issue:**

- 1) It is the responsibility of the owner to locate property lines for setback verification. This new structure is exactly on the required 20' setback to the front property line. If you choose to keep the structure in this location you may be required to provide a surveyors statement to verify the placement.
- 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 10/27/2003**Note:** 10/15/03 left vm w/ owner to call for more information on the structural details and interior environment. **Ok to Issue:**

Crawl space venting, steel beam spec, smoke detectors, girder and joist spans, elevator, rafter size, bath vent termination, bath ventilation, stair/gurad details

10/16/03 Spoke w/Alicia Mckenzie the owners daughter and she recommended I call the contractor. Left a vm w/David L. To call.

10/20/03 Contractor David L. Called and discussed changes in the structure and will submit new plans.

10/27 new plans submitted ok to issue

- 1) Per discussion w/ David L. On 10/20/03 guardrail will be 36" on landing and stairs with a graspable handrail attached, balusters less than 4" space, 1/2" anchor bolts and filter fabric, and trusses will be designed to span full 25' width, there will be no steel beam.
- 2) Separate permits are required for any electrical or plumbing work.
- 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

RS

Card Number 1 of 1
Parcel ID 431 M002001
Location 14 ARCADIA ST
Land Use SINGLE FAMILY

Owner Address JOY WILFRED L & ELEANOR H JTS
 14 ARCADIA ST
 PORTLAND ME 04103

Book/Page 8598/301
Legal 431-M-2
 ARCADIA ST 14
 4500 SF

Valuation Information

Land	Building	Total
\$26,780	\$57,540	\$84,320

Property Information

Year Built 1911	Style Old Style	Story Height 1.5	Sq. Ft. 1001	Total Acres 0.103		
Bedrooms 4	Full Baths 1	Half Baths	Total Rooms 7	Attic None	Basement Full	

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
GARAGE-WD/CB	1	1955	18X25	C	A
SHED-FRAME	1	1955	8X25	C	A

Sales Information

Date	Type	Price	Book/Page
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Picture and Sketch

Picture Sketch

[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-mailed.



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	431 M001001
Location	16 ARCADIA ST
Land Use	VACANT LAND
Owner Address	JOY WILFRED L SR & ELEANOR H JTS 14 ARCADIA ST PORTLAND ME 04103
Book/Page	10446/159
Legal	431-M-1 ARCADIA ST 16-16 4500 SF

Valuation Information

Land	Building	Total
\$2,630	\$ 0.00	\$2,630

Property Information

Year Built	Style	Story Height	Sq. Ft.	Total Acres	
				0.103	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
12/04/1992	LAND		10446-159

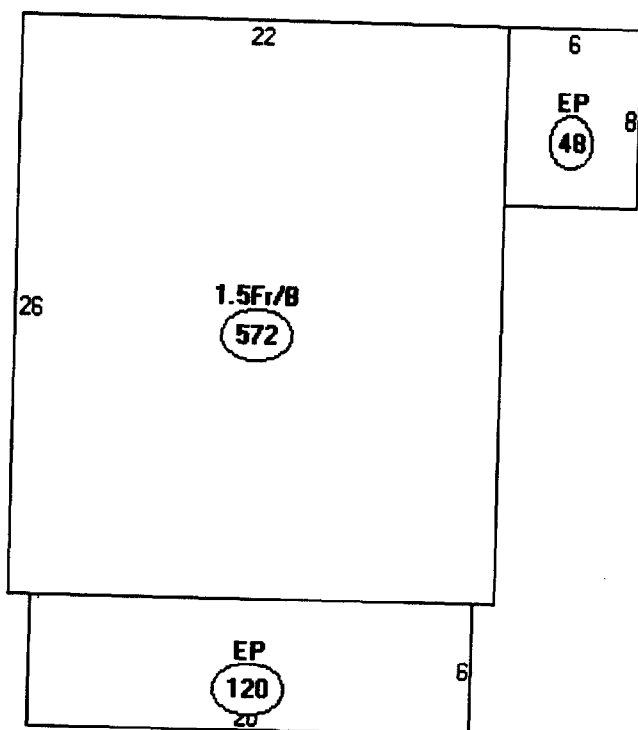
Picture and Sketch

<u>Picture</u>	<u>Sketch</u>
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Descriptor/Area

- A: 1.5Fr/B
572 sqft
- B: EP
48 sqft
- C: EP
120 sqft

740
450 garage
200 shed

1390
550 - New

1940
- 48 EP
1892

OK

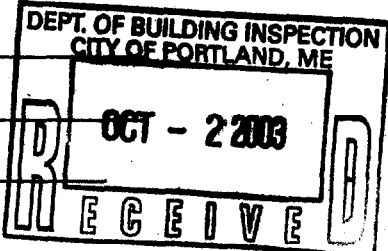
Lot 9000 SF
x 40%
3600



03-1214

All Purpose 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.

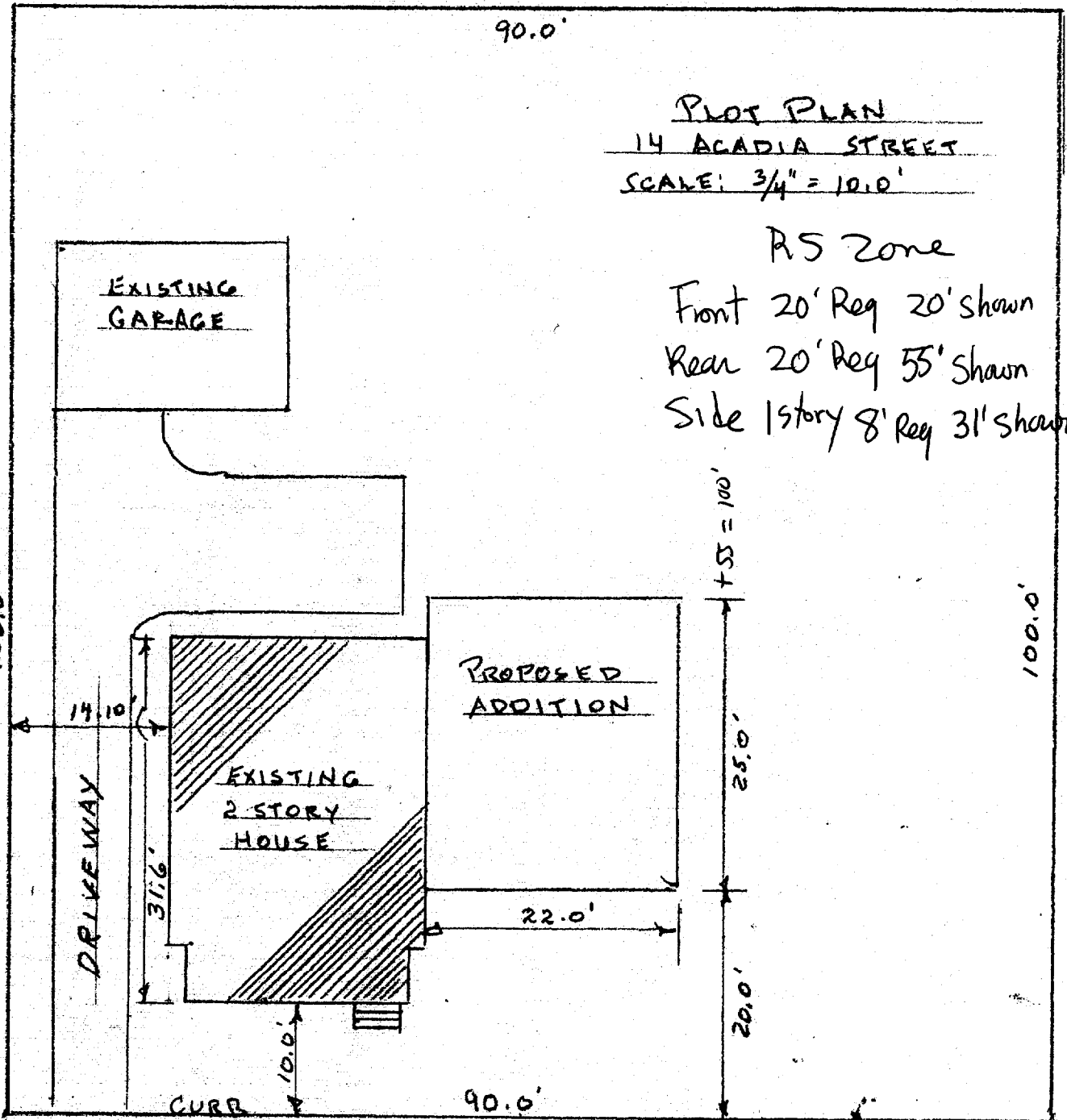
Location/Address of Construction: <u>14 Arcadia ST</u>		
Total Square Footage of Proposed Structure <u>550 sq ft</u>	Square Footage of Lot <u>9,000 sq ft</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>431</u> Block# <u>M</u> Lot# <u>002</u>	Owner: <u>Wilfred H. Joy</u>	Telephone: <u>774-4803</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Wilfred H. Joy</u> <u>14 Arcadia ST</u> <u>Tel 774-4803</u>	Cost Of Work: \$ <u>45,000</u> Fee: \$ <u>396.00</u>
Current use: <u>home</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Master Bed Room & Bath</u>		
Project description: _____		
<div style="text-align: right;">  </div>		
Contractor's name, address & telephone: <u>David Lebel</u> <u>Tel 781-4282</u> <u>15 Pine Lane Cumberland Foreside, Me 04110</u>		
Who should we contact when the permit is ready: _____		
Mailing address: _____		
<p>We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>774-4803</u></p>		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Alicia MacKenzie</u>	Date: <u>10/2/03</u>
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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

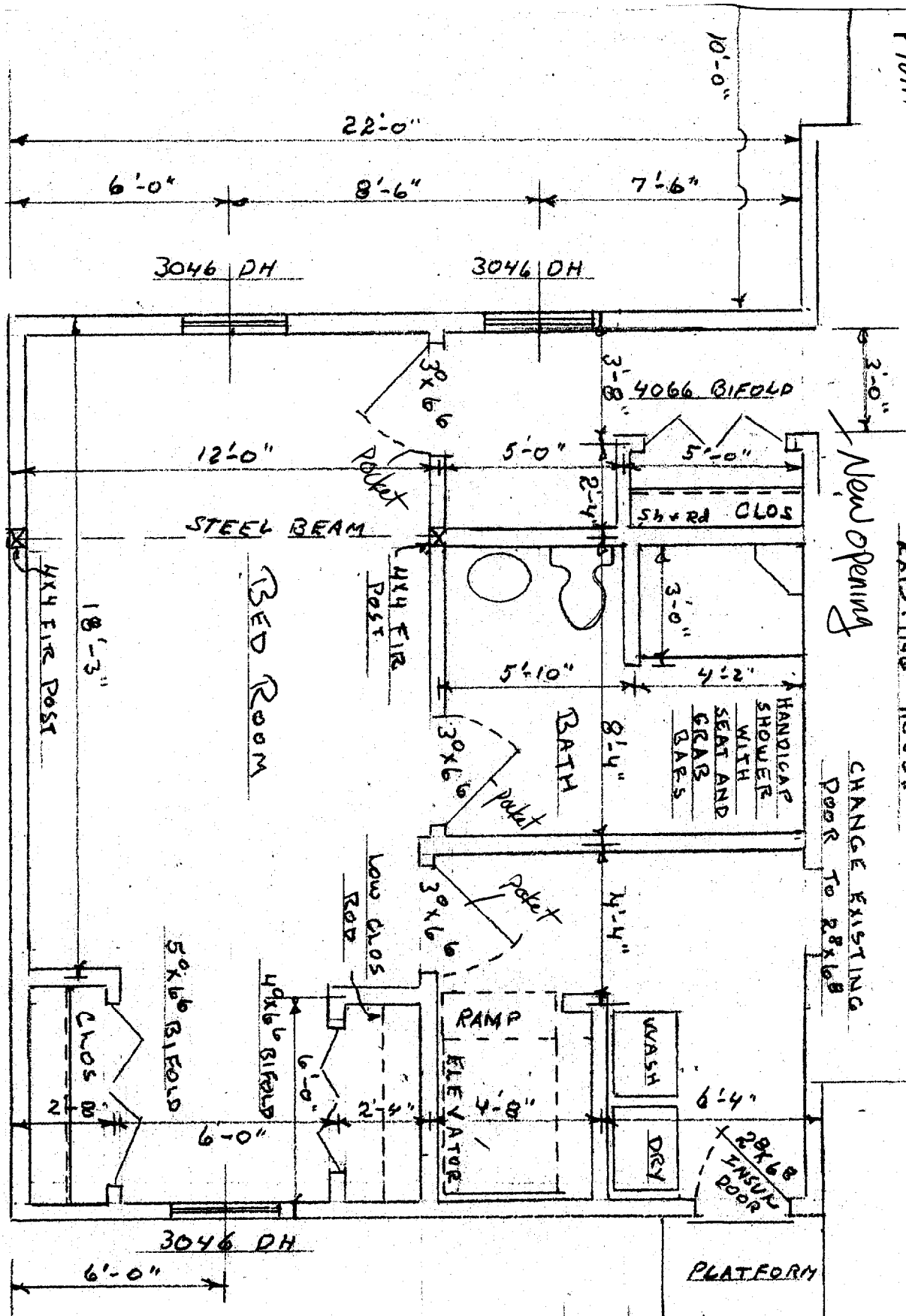


PLOT PLAN
14 ACADIA STREET
SCALE: 3/4" = 10.0'

RS Zone
 Front 20' Req 20' shown
 Rear 20' Req 55' shown
 Side 1story 8' Req 31' shown

ACADIA STREET

Front



EXISTING HOUSE
 CHANGE EXISTING DOOR TO 28x68
 NEW OPENING

NO OF STEPS
 AS NECESSARY
 HAND RAILS BOTH
 SIDES OF STEPS

FLOOR PLAN

25'-0"

22'-0"

6'-0"

8'-6"

7'-6"

10'-0"

3046 DH

3046 DH

12'-0"

STEEL BEAM

BED ROOM

4x4 FIRE POST

18'-3"

4x4 FIRE POST

BATH

HANDICAP SHOWER WITH SEAT AND GRAB BARS

5'-10"

8'-4"

LOW CLOS

RAMP ELEVATOR

WASH

DRY

6'-4"

28x68 INSUL DOOR

PLATFORM

3046 DH

6'-0"

50x60 BIFOLD

40x60 BIFOLD

CLOS

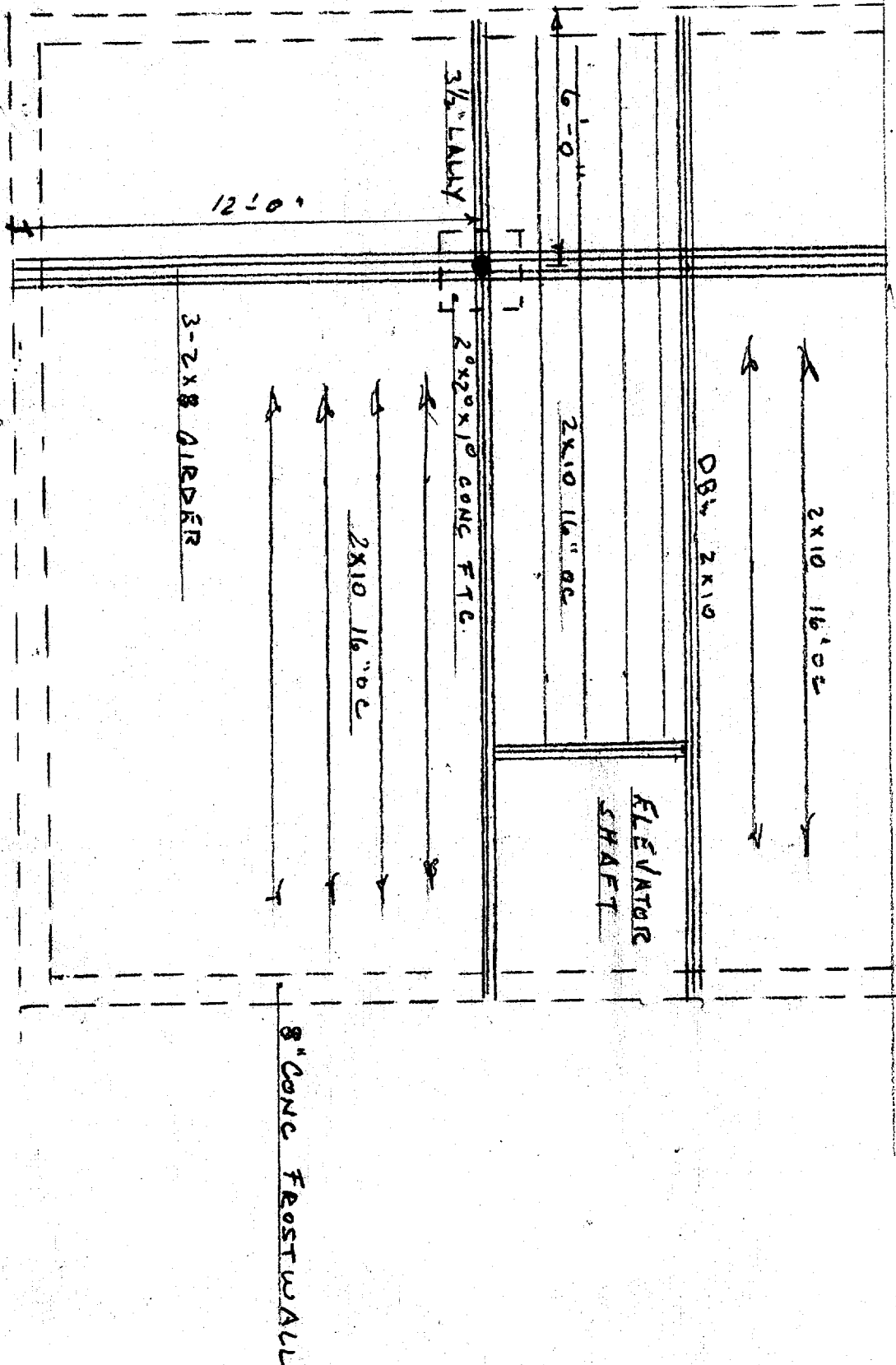
NO OF STEPS

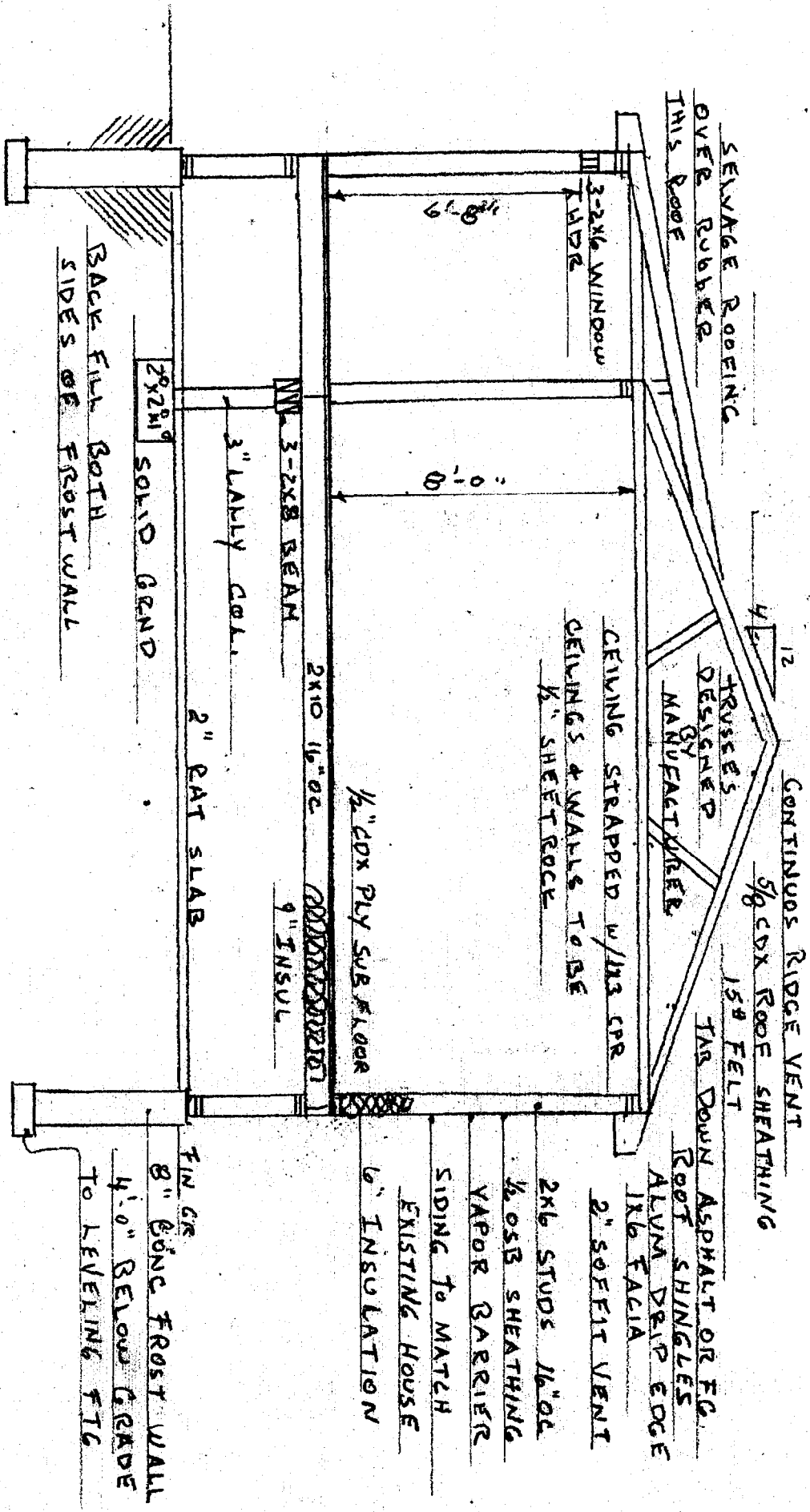
AS NECESSARY

HAND RAILS BOTH

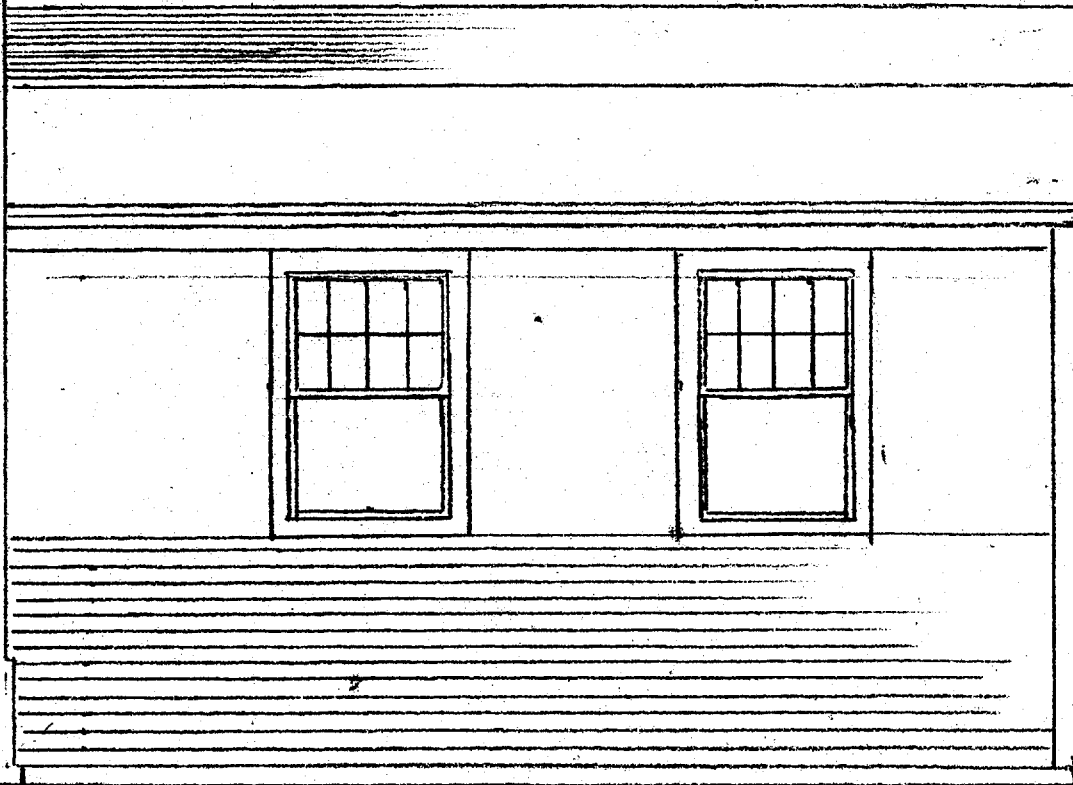
SIDES OF STEPS

FOUNDATION + FLOOR FRAMING





FRAMING SECTION



CRD

FRONT ELEVATION