Fire Dept.

Health Dept.

Appeal Board

Other ___

Department Name

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	ITY OF I	PORTLAI	ND	
Please Read Application And Notes, If Any, Attached	BU PEI	RMIT	Perm t Nur	PERMIT ISSUED
This is to certify thatCROOKER GIRLS DE	EVELOPI NT LLC	enstruction		OCT - 5 2009
has permission toenlarge 2 existing overh AT 270 VERANDA ST	nangs	СВ 43	34 B001001	CITY OF PORTLAND
provided that the person or person of the provisions of the Statutes	of Mage and o	of the concess	of the City of	of Portland regulating
the construction, maintenance at this department.	nd use of buildi	ngs and structure	es, and of the	e application on file i
Apply to Public Works for street line and grade if nature of work requires such information.	9	espection must be permissic procured ag or part hereof it sed-in. 2. IS REQUIRED.	procured t	ate of occupancy must be by owner before this build-thereof is occupied.
OTHER RECUIRER ARRESTAL S				

City of Portland, N 389 Congress Street,		-			- 1	09-1040	Issue Date	į	434	B001001
Location of Construction:		Owner Name:	, 1 421.	[207] 07 1 07 10		er Address:	<u> </u>		Phone:	_
270 VERANDA ST		CROOKER G	IRLS D	EVELOPME		VERANDA S'	Г		1	
Business Name:		Contractor Name			Contr	actor Address:			Phone	
		S. W. Constru	ction		33 E	Delaware Ave S	South Portl	and	20775	13817
Lessee/Buyer's Name		Phone:			Permi	it Type:			•	Zone:
]	Alte	erations - Dupl	ex		_	15-5
Past Use:		Proposed Use:			Perm	nit Fee:	Cost of Wor	k: C	CEO District	" 9A22
2 Family Home	15. A 40	2 Family Hom	e - enla	rge 2 existing		\$150.00	\$13,00		4	
\$106-1700	cange of a	overhangs			FIRE	E DEPT:	Approved	INSPEC'	_	T 670
2 Family Home #06-1700 to 2 D	۱ ،						Denied	Use Grou	up: <i>R3</i>	Type 5B
								-	RC 7	2/12/2
Proposed Project Description										2003 Ox/2/09
enlarge 2 existing overl					Signa	iture		Signatur	Dm.	0x 6/10
omarge 2 existing even	65					ESTRIAN ACTIV	TITIES DIST		V	0/407
					Actio			oroved w/C		Denied
					Signa	ature:		ĵ	Date:	
Permit Taken By:		plied For:	Ī			Zoning .	Approva	ıl		
Ldobson	09/21	/2009				7			17/4 - 1 - 1	N
1. This permit applica				cial Zone or Review) [Zoning	Appeal			Preservation
Applicant(s) from Federal Rules.	meeting applic	able State and		oreland town MW	15°	Variance			V Not in Di	strict or Landmarl
2. Building permits d septic or electrical	etland & W. 110	Miscellaneous				Does Not Require Review				
3. Building permits a within six (6) mont	re void if work		Fl	ood Zone		_ Condition	al Use		Requires	Review
False information repermit and stop all	-	a building	☐ Sı	ıbdivision		Interpreta	tion		Approved	1
			Si	te Plan		Approved			Approved	l w/Conditions
PERMIT I	SSUED		Maj "[Minor MM	\supset	Denied			Denied	\bigcap
		1	OL	-w Mr co		 			_	
OCT - !	5 2000		Date:	S ala	1	Date:		Dat	te:	
	5 2003			110	V_0)Ø				
					ſ					/
CITY OF PO	JRILAND									
			(CERTIFICATIO	N					
I hereby certify that I an	the owner of	record of the na				nosed work is:	authorized	hy the o	wner of re	cord and that
I have been authorized b										
jurisdiction. In addition										
shall have the authority such permit.	to enter all area	as covered by su	ich perr	nit at any reason	able I	hour to enforce	the provi	sion of t	he code(s)	applicable to
suon poinnit.										
SIGNATURE OF APPLICAN	NT			ADDRESS			DATE		P	PHONE
										_
RESPONSIBLE PERSON IN	I CHARGE OF W	ORK, TITLE					DATE		P	HONE

City of Portland, Maine - H	Building or Use Permi	t	Permit No:	Date Applied For:	CBL:
389 Congress Street, 04101 To	el: (207) 874-8703, Fax: ((207) 874-8716	6 09-1040	09/21/2009	434 B001001
Location of Construction:	Owner Name:		Owner Address:		Phone:
270 VERANDA ST	CROOKER GIRLS D	EVELOPME	270 VERANDA S	Γ	
Business Name:	Contractor Name:		Contractor Address:		Phone
	S. W. Construction		33 Delaware Ave S	South Portland	(207) 751-3817
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dupl	ex	
Proposed Use:		Propose	ed Project Description:		
2 Family Home - enlarge 2 existing	ng overhangs	enlarg	ge 2 existing overhar	ngs	
Dept: Zoning Status	: Approved with Condition	ns Reviewer	: Marge Schmucka	l Approval D	Date: 09/22/2009
Note:					Ok to Issue:
1) Separate permits shall be requ	ired for future decks, sheds	, pools, and/or g	arages.		
This is NOT an approval for a not limited to items such as st	•		•	• •	nt including, but
 This property shall remain a t approval. 	wo (2) family dwelling. Any	y change of use s	shall require a separa	ate permit application	on for review and
4) This permit is being approved work.	on the basis of plans subm	itted. Any devia	tions shall require a	separate approval b	pefore starting that
Dept: Building Status	: Approved with Condition	ns Reviewer	: Tom Markley	Approval D	Pate: 10/02/2009
Note:					Ok to Issue:
Application approval based u and approrval prior to work.	pon information provided by	y applicant. Any	deviation from app	roved plans requires	s separate review

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any githin the City, navment arrangements must be made before

Location/Address of Construction: 270	D Veranda S	lreet
Total Square Footage of Proposed Structure	e/Area Square Footage of L	ot Number of Stories
Tax Assessor's Chart, Block & Lot	Applicant *must be owner, Lessee	
Chart# Block# Lot#	Name (rooker girls	207 837-082
737 5 1	Address 270 Veranda	
	City, State & Zip Polland M	
Lessee/DBA (If Applicable)	Owner (if different from Applican	t) Cost Of
	Name	Work: \$ 13,000
	Address	C of O Fee: \$
	City, State & Zip	
		Total Fee: \$
Proposed Specific use: Is property part of a subdivision? Project description: Exciption	If yes, please name overhangs	0.3.2 ()
	struction Inc.	
Contractor's name: 500 (on		
Contractor's name: 50 Con Address: 33 Delawase	Ave	<u> </u>
- -		— Telephone: <u>207-751-381</u> 7
address: 33 Delawase	ME 04106	-
Address: 33 Delawase City, State & Zip S. Postkand	ME 04106	
Address: 33 Delawas e City, State & Zip S. Porland Who should we contact when the permit is re	ady: above	Telephone:
Address: 33 Delawas e City, State & Zip S. Porland Who should we contact when the permit is refailing address: Please submit all of the information	ady: above	Telephone: necklist. Failure to
Address: 33 Delawas e City, State & Zip S. Porland Who should we contact when the permit is refailing address: Please submit all of the information	ady: 04106 ady: abouc n outlined on the applicable Che automatic denial of your peri	Telephone: necklist. Failure to mit.

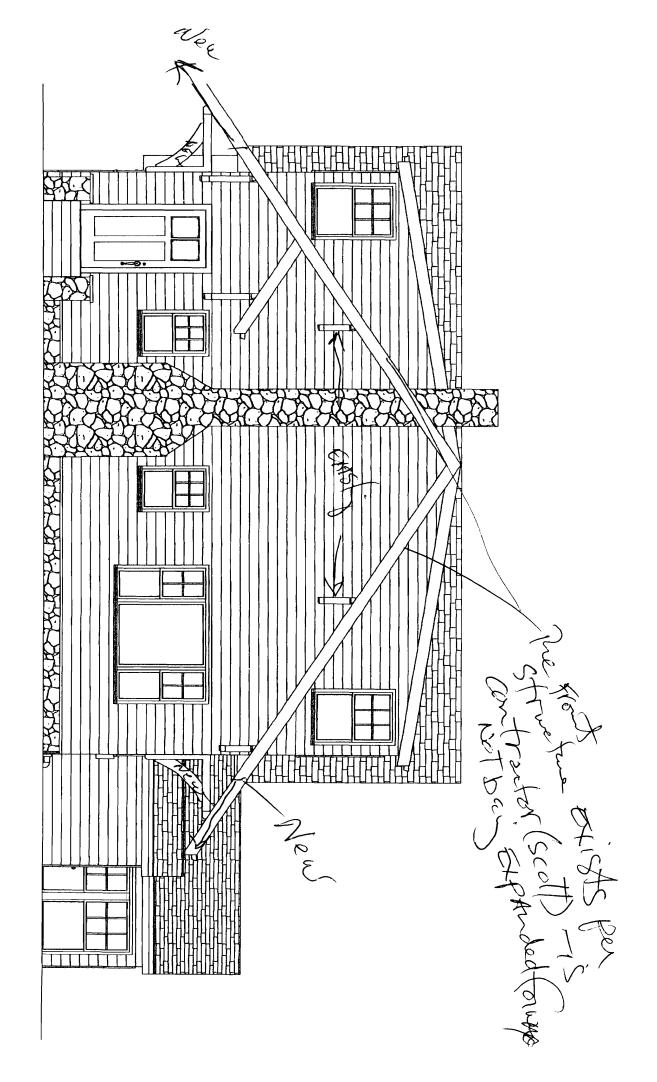
In ma thi

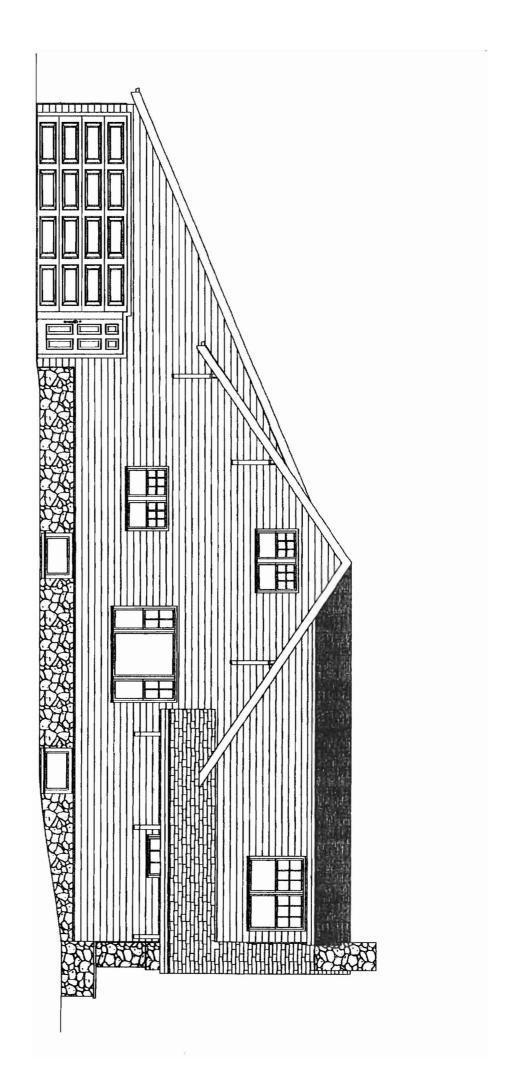
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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.

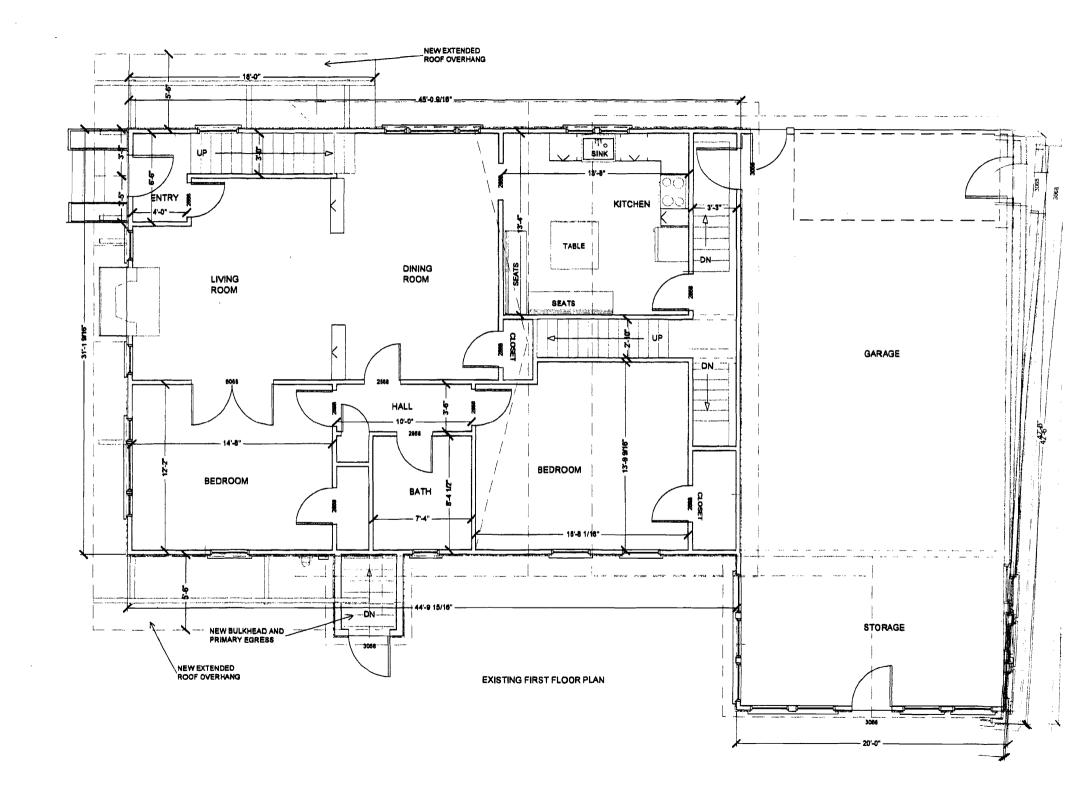
Signature: Date:

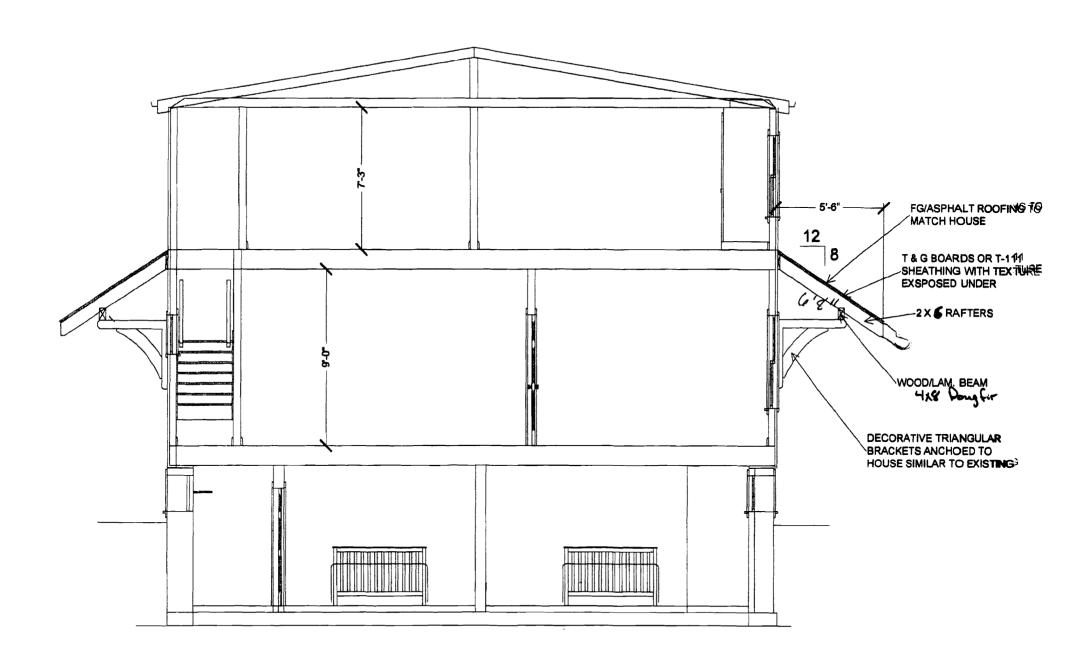
This is not a permit; you may not commence ANY work until the permit is issue

of Front: 20 mm or Average on enthuside - Expans REAT: NA Side Abuthing A Mychbar: 12'reg - 22' Shown Side Abuthing A Street: 15' Cey - 191 Im plued 8" Wooden Fence Criss Coast Garage 25± 100 25± #270 Veronda 400 454 roof 27 over irongs er end Smon in blus 99 87 per 145,85505 Veranda Street





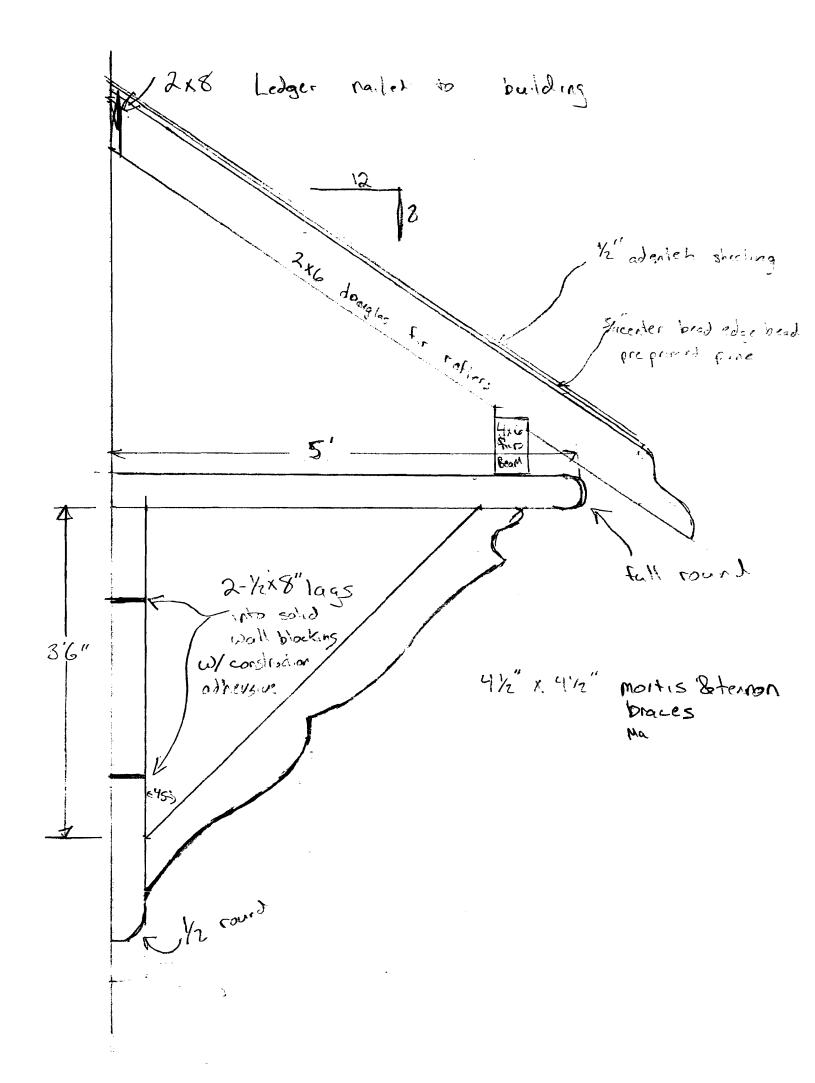




+	SUMMARY OF BUILDINGS											
1	OCC.A	TYPE	GR.	AGE	REMOD.	COND.	REP. VAL.	P. D.	PHY. VAL.	F. D.	SOUND VAL.	TAX VAL.
7	Dwa	15 FR	<u>C</u>	1516		F	6470	45%	3560	A		
1	~ /	В					·		• .	В		
1		c								С		
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		E						ļ		E		
-		F	21 1,0						<u> </u>	F		
7		G	<u> </u>			1 - 20,000	. 20.					
	YEAR	1931	İ		. ,	ΙĪ	19	51 TQT	AL BLOGS.		3560	
-	TAX VAL.						19			19		
7	OLD VAL.						19			19		1575
_	CHANGE				ł		19_			19		74

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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 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

Date

Data

CBL: 434 B001001 **Building Permit #:** 09-1040