Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BU LDING INSPECTION

PERMIT

Permit Number: 090667

This is to certify that	CAPOZZA JEANNE I /Christia	n Pulcifur		
has permission to	Repair Existing Deck, Replace I	Raiters and Trim Boards		
AT _18 MAPLEWOOD	ST		CBL 437 A00	94001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part mereof is lather or otherwise closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

	STATE OF THE PERSON NAMED IN			
	бтне	H HEEWARD A HEROYALA		7
Fire Dept	l	THE TOUCH		L
Health De	pt			L
Appeal B	oard_	JUL 7 2000		L
Other _		7 2009		
- 1	L	Department Name	- 1	
L	C	ITY OF PORTLAND	d	Εľ

ENALTY FOR REMOVING THIS CARD

City of Portland, Maine	- Buil	ding or Use l	Permi	t Application	Per	rmit No:	Issue Date	:	CBL:	
389 Congress Street, 04101		_		* *	- 1	09-0667			437 A0	04001
Location of Construction:		Owner Name:			Owne	r Address:			Phone:	
		CAPOZZA JE	CAPOZZA JEANNE I			HARDY RD			207-671-	5545
Business Name:		Contractor Name				actor Address:		~~~	Phone	
		Christian Pulcifur			PO I	Box 818 Win	dham		20767155	545
Lessee/Buyer's Name		Phone:				t Type:				Zone:
					Alte	erations - Du	olex			RS
Past Use:		Proposed Use:		1	Permit Fee: Cost of Work:			k.	CEO District:	
Two Family Residential		Two Family R	ial - Renair		\$70.00 \$4,50			4		
		Existing Deck,			FIRE DEPT: INS			INSPE	CTION.	
		Trim Boards.	•				Approved	Use Gr	oup: 123	Type:
à s						L	Denied	1		
	st-	2 d v.						_	TRC 2	W3
Proposed Project Description:									76	1.0
Repair Existing Deck, Replace	Rafter	s and Trim Boai	rds.						107	
2 S) ory					PEDE	STRIAN ACT	IVITIES DIST	frict (I	ſ (P.A.D.)	
					Actio	n: Appro	ved App	oroved w/	Conditions	Denied
					Signature:				Date:	
	-	plied For:				Zoning	g Approva	ıl		
lmd	06/24	/2009							~~	
1. This permit application do			Spe	cial Zone or Revie	ws	Zoni	ng Appeal		Historic Pres	servation
Applicant(s) from meeting Federal Rules.	g applic	cable State and Shore		noreland AM W	and V		Variance		Not in Distri	ct or Landmar
2. Building permits do not in septic or electrical work.	clude p	olumbing,	□ Wetland here		☐ Miscellaneous			Does Not Re	quire Review	
3. Building permits are void		Flood Zone Whit hip		11-6	Conditional Use			Requires Rev	view	
within six (6) months of the False information may inverse permit and stop all work			Subdivision Shr		m	Interpretation			Approved	
			☐ Si	te Plan		Approv	ed		Approved w/	/Conditions
		management of the second	Maj [Minor MM		_ Denied			☐ Denied	
PERMIT ISSUE	D		Date:			Date:			ate:	
JUL 7 2009 CITY OF PORTLA	I ND					,				
Y I I I I I I I I I I I I I I I I I I I		de la constanti		CERTIFICATI						
I hereby certify that I am the ow I have been authorized by the or jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to rmit fo	make this appl r work describe	ication and in the	as his authorized application is is	d agen ssued,	at and I agree I certify that	to conform the code of	to all ap ficial's a	pplicable laws authorized rep	of this resentative
SIGNATURE OF APPLICANT				ADDRES	S		DATE	<u> </u>	PHC	DNE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

City of Portland, Maine - Buil	lding or Use Permit			Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (4-8716	09-0667	06/24/2009	437 A00400	01
Location of Construction:	Owner Name:	<u>í</u>		Owner Address:		Phone:	
18 MAPLEWOOD ST	CAPOZZA JEANNE I			116 HARDY RD		207-671-5545	·
Business Name:	Contractor Name:			Contractor Address:	****	Phone	
	Christian Pulcifur			PO Box 818 Windl	ham	(207) 671-554	15
Lessee/Buyer's Name	Phone:			Permit Type:		(207) 071-334	13
				Alterations - Duple	ex		
Proposed Use:			Propose	d Project Description:			
Two Family Residential - Repair Exis	ting 2 story Deck, Repla	ce		• •	eck, Replace Rafters	and Tuim Dagud	1_
Rafters and Trim Boards.	, , ,		-10741	Embing 2 story De	ock, Replace Rations	and Thin Board	is.
Dept: Zoning Status: A	pproved with Conditions	Rev	/iewer:	Ann Machado	Approval Da	te: 06/30/20	200
Note:							√
1) This permit is being issued with th	e condition that all the w	ork will	take p	lace within the exist	ing footprint	Ok to issue:	<u>•</u>
2) This property shall remain a two fa approval.						review and	
3) This permit is being approved on twork.	the basis of plans submitt	ted. Any	deviat	ions shall require a	separate approval be	fore starting that	t
Dept: Building Status: A	pproved with Conditions	Rev	iewer:	Tom Markley	Approval Da	te: 07/07/20)09
					(Ok to Issue: 🛭 💆	
1) Application approval based upon i and approrval prior to work.	nformation provided by	applican	t. Any	deviation from appre	oved plans requires s	eparate review	

General Building Permit Application

) — If you of the property owner owes real estate or personal property taxes of user charges on any property within the Chy, payment arrangements must be made before permits of any nine are accorded

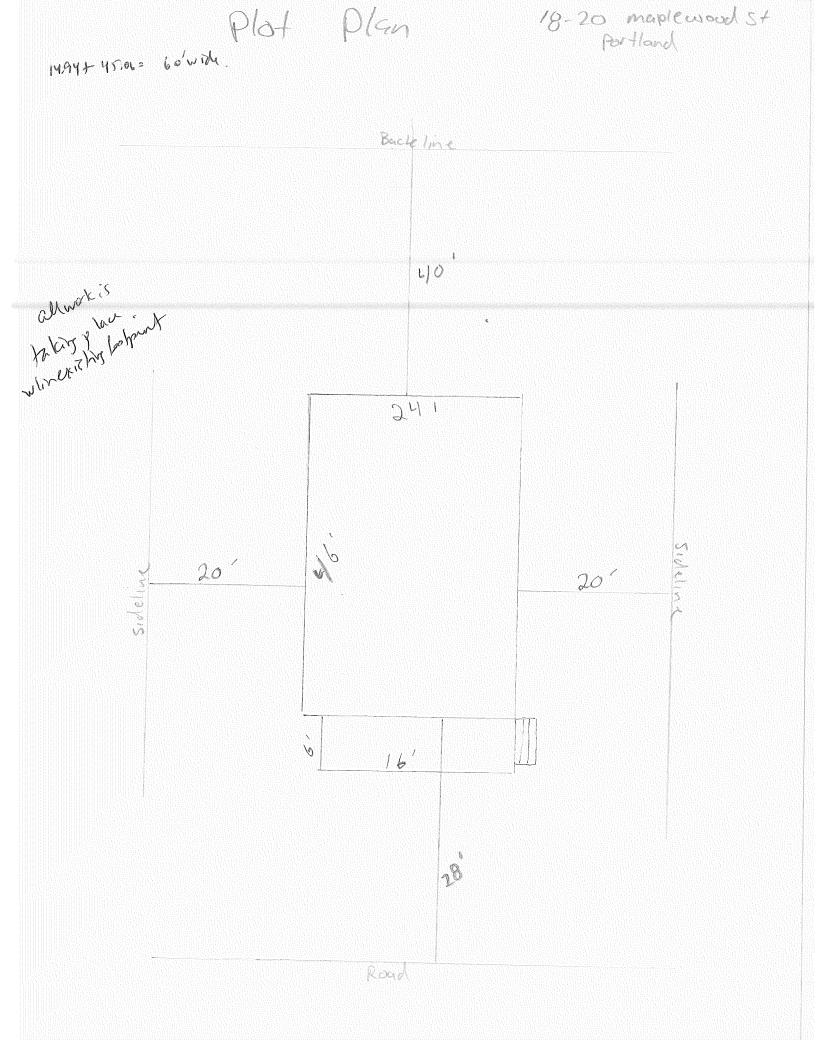
	The party with the only, paymont and				i, and are accepted.				
	Location/Address of Construction: /8-	20 1	laplewood St						
	Location/Address of Construction: /g- Total Square Footage of Proposed Structure/	Square Footage of Lot		Number of Stories					
	Tax Assessor's Chart, Block & Lot Chart# Block# Lot#		nust be owner, Lessee or B	uyer -	Telephone:				
	437-A-4-65	Address // 6	Hardy Rd						
		City, State &	Zip Falmouth ME						
	Lessee/DBA (If Applicable) DEPT OF BUILDING INJU. ME DEPT OF PORTLAND, ME	Owner (if di	fferent from Applicant)	Cos	st Of ork: \$ 4500.60				
economic	SEPT OF BOR PORT	Address		Co	C of O Fee: \$				
	JUN 2 4 2009	City, State & Zip			al Fee: \$				
	Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? Project description: Most of the Deck will remain as 15. Contractor's name: Christian Pale facing Roof Rafters + Trim bands hosting the								
	Address: Po Box 818								
	City, State & Zip windham Mi	040	62	Telepho	ne: <u>671-5545</u>				
	Who should we contact when the permit is ready	". Cantrac	fair	Telephone:					
	Mailing address:								
	Please submit all of the information o do so will result in the a	utlined on t automatic d	he applicable Check enial of your permit.	list. Fa	ilure to				
this	order to be sure the City fully understands the fully request additional information prior to the issue form and other applications visit the Inspection ision office, room 315 City Hall or call 874-8703.	ance of a perm	it. For further information	or to do	winload copies of				
laws auth	reby certify that I am the Owner of record of the nam I have been authorized by the owner to make this app of this jurisdiction. In addition, if a permit for work of orized representative shall have the authority to enter issions of the codes applicable to this permit.	pucation as his/l described in this	ner authorized agent. I agree application is issued. I certify	to confor	rm to all applicable				

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

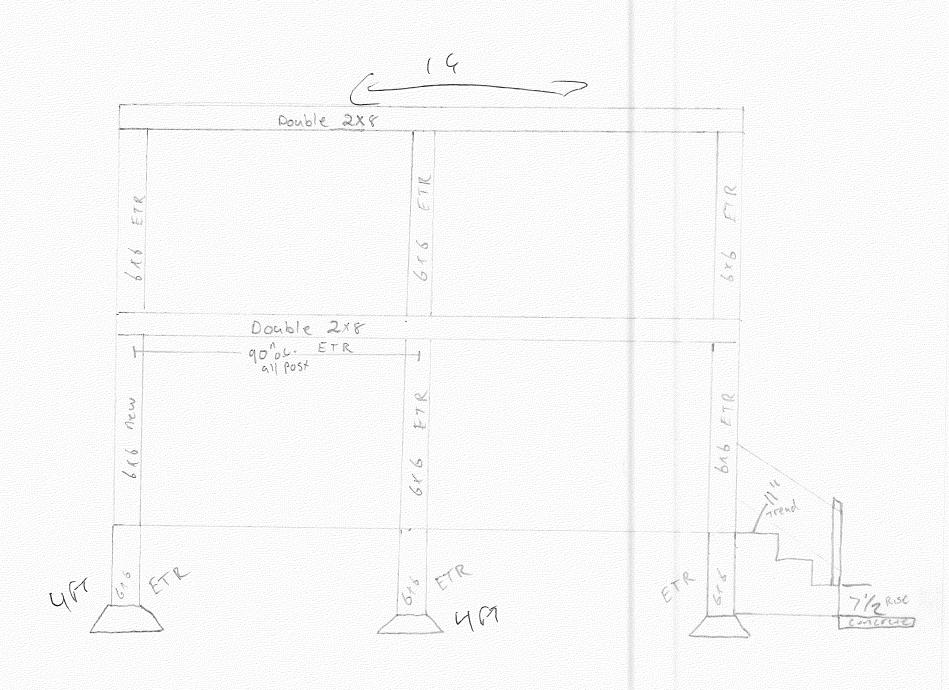
Date:

Signature:

20' + Tesiderrette
To' Road



Replacing: new 216 BOYR Asphalt 100 -5/8CDX Repair to Doch Replacing new 2 x 4 16'02 27" Handrall 0 1/2" Sa Bal 3 Same Top + Bottom E.T.R. E.T.R 216 6PT C-7 E.T.R. 216





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

Date

Signature of Inspections Official

Date

CBL: 437 A004001

Building Permit #: 09-0667