Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

PERMIT ISSUED

or common accounting this permit shall comply with all

buildings and structures, and of the application on file in

This is to certify that	MCLELLAN CYNTHIA L & R	PH W J	DelCourt			
has permission to	install handicap ramp			-	AUG - 5 2010	-] -
AT 63 MONA RD		·-	СВ	437 A087001		-, -

provided that the person or persons, fit of the provisions of the Statutes of Ma the construction, maintenance and use this department.

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

Notil tion of spectio nust be nd writte ermissid rocured aive befo his bui ereof is g or pa ed-in. 24 lath or oth NOTICE IS REQUIRED. HOU

and of the

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

ices of the City of Portland regulating

OTHER REQUIRED APPROVALS

Fire De	pt
Health !	Dept
Appaal	
Other	
	Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

 Building or Use 1 	Permit Application	n Permit	t No:	Issue Date:	CBL:	
Tel: (207) 874-8703	, Fax: (207) 874-871	6	10-0900		437 A08	37001
Owner Name:		Owner Ac	ddress:		Phone:	
MCLELLAN (CYNTHIA L & RALP	63 MO	NA RD			Į
Contractor Name	:	Contracto	r Address:	-	Phone	
Mark DelCour	t	27 Ruck	dinn Dirve	Windham	20723227	72
Phone:		Permit Ty	pe:		•	Zone:
		Additio	ons - Dwell	lings		R-3
Proposed Use:		Permit F	ee:	Cost of Work:	CEO District:	
Single Family	Home - install		\$70.00	\$4,800.00	4	
handicap ramp	1	FIRE DE	PT:	Approved INSPI	ECTION:	
			. 1 🗆	Defined Use G	iroup: /2- 3	Type: 573
			117	77	- ^ -	2 - 3 - 7
		/	\mathcal{O}	4	IRC 4	003
<u> </u>		1 /	//	-	*/	
		Signature	;	Signat	ture:	
		PEDESTI	RIAN ACTI	VITIES DISTRICT	(P.A.D.)	
		Action:	☐ Approve	ed Approved v	v/Conditions	Denied
						/
		Signature	: 		Date:	_
			Zoning	Approval		
07/27/2010	Constant Tonne Design		7	- A1 T	TE-4 D	43
•	l . ⁻		Zonin	g Appear		
g applicable State and	Shoreland edge of	-	Variance	;	Not in Distric	t or Landmark
	property in store les			Ī		
iclude plumbing,	Wetland		Miscellar	пеоиз	Does Not Req	uire Review
	_		_		_	
	. –		Condition	nal Use	Requires Revi	ew
	· •					
alidate a building	Subdivision		Interpreta	ation	Approved	
	Site Plan		Approve	d	☐ Approved w/0	Conditions
	N. 157 N. 17 NO.		ا مناسم ا		□ : 1	
HED		_	Denied		Denied	
ひピレ					Agn	
	Date: 8 4 10 1760	Δ De	ate:		Date:	
d						
	CERTIFICATI	ΩN				
	Tel: (207) 874-8703 Owner Name: MCLELLAN (Contractor Name Mark DelCour Phone: Proposed Use: Single Family handicap ramp Date Applied For: 07/27/2010 Des not preclude the g applicable State and include plumbing, if work is not started the date of issuance. Validate a building	Date Applied For: O7/27/2010 Des not preclude the gapplicable State and include plumbing, if work is not started the date of issuance. Validate a building Date: S V Date: S D	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: MCLELLAN CYNTHIA L & RALP 63 MOI Contractor Name: Mark DelCourt 27 Rucl Phone: Proposed Use: Single Family Home - install handicap ramp Proposed Use: Single Family Home - install handicap ramp Signature PEDESTI Action: Signature PEDESTI Ac	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: MCLELLAN CYNTHIA L & RALP Contractor Name: Mark DelCourt Phone: Proposed Use: Single Family Home - install handicap ramp Date Applled For: 07/27/2010 Special Zone or Reviews applicable State and clude plumbing, if work is not started and action is subdivision Tel: (207) 874-8716 Owner Address: 63 MONA RD Contractor Address: 27 Rucklinn Dirve Additions - Dwel Permit Fee: \$70.00 FIRE DEPT: Signature: PEDESTRIAN ACTT Action: Approve Signature: Variance Wetland Miscella Wetland Miscella Condition Miscella Condition Special Zone or Reviews Shoreland Ass of Shoreland Miscella Condition Shoreland Ass of Shoreland Miscella Subdivision Interpret Site Plan Approve Maj Minor MM Denied Other Cond. Not. Date: Sily Denied	Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name:	Tel: (207) 874-8703, Fax: (207) 874-8716 Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: MCLELLAN CYNTHIA L & RALP

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
RECONSTRUE DEDCON DU CHARGE OF WORK THEE		DATE	DUONE



Original Receipt

		7.27 20/0
Received from	···	Mark Delcourt
Location of Work		63 Mora
Cost of Construction	\$	Building Fee:
Permit Fee	\$	Site Fee:
		Certificate of Occupancy Fee:
		Total:
Building (IL) Plu	mbing (15) Electrical (I2) Site Plan (U2)
OtherCBL: 137-1	19	7 Total Collected s
	ź v	e started until permit issued.

Please keep original receipt for your records.

Taken	by:	4.11
	-	

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

City of Portland, Main	e - Building or Use Per	mit	Permit No:	Date Applied For:	CBL:
389 Congress Street, 0410	01 Tel: (207) 874-8703, Fa	x: (207) 874-8716	10-0900	07/27/2010	437 A087001
Location of Construction:	Owner Name:		Owner Address:		Phone:
63 MONA RD	MCLELLAN CYN	NTHIAL&RAL	63 MONA RD		
Business Name:	Contractor Name:	C	Contractor Address:		Phone
	Mark DelCourt		27 Rucklinn Dirve	Windham	(207) 232-2772
Lessee/Buyer's Name	Phone:	į į	ermit Type:		
			Additions - Dwell	ings	
Proposed Use:		Proposed	Project Description:	·	
Single Family Home - instal	ll handicap ramp	install	handicap ramp		
Dept: Zoning S Note:	Status: Approved with Cond.	itions Reviewer:	Ann Machado	Approval I	Date: 08/04/2010 Ok to Issue: ✓
	review process, the property be established. Due to the pro-				
This property shall rema approval.	ain a single family dwelling. A	any change of use sh	all require a separa	ite permit application	on for review and
3) This permit is being app work.	roved on the basis of plans su	bmitted. Any devia	tions shall require	a separate approval	before starting that
Dept: Building	Status: Approved	Reviewer:		Approval I	Date:
Note:					Ok to Issue:

PERMITISSUED
AUG -5 2010

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.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.

<u>X</u>	Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers
<u>X</u>	Framing inspection required. This can be done at the final if all framing is visible from below.
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.

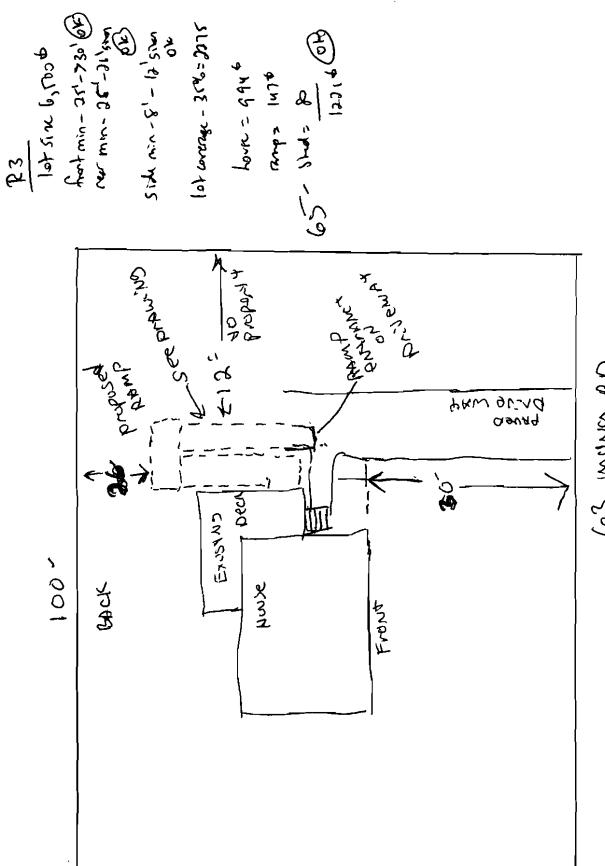
IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

CBL: 437 A087001 Building Permit #: 10-0900

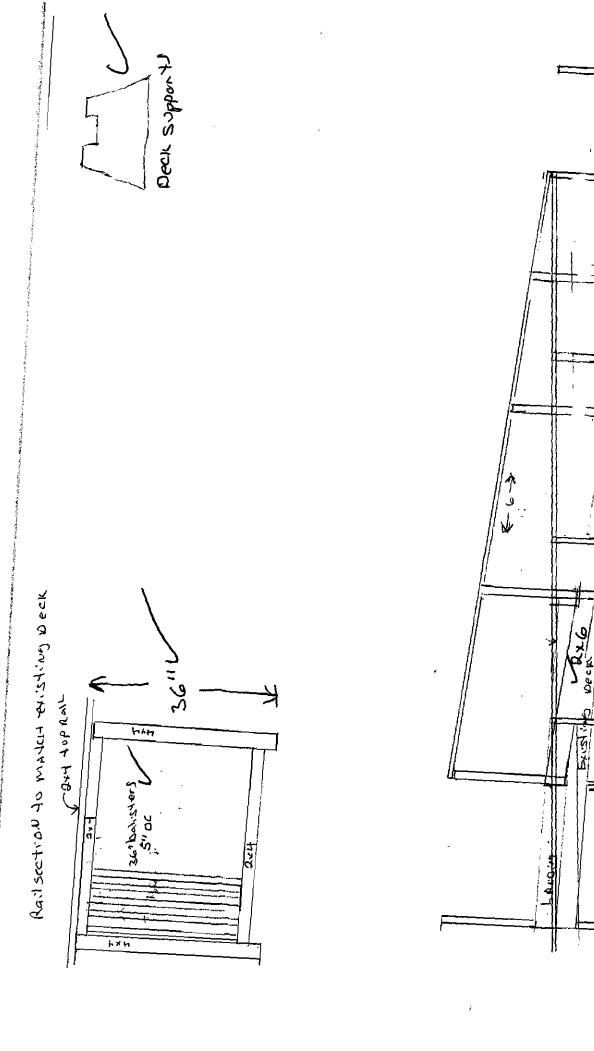
General Building Permit Application

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.

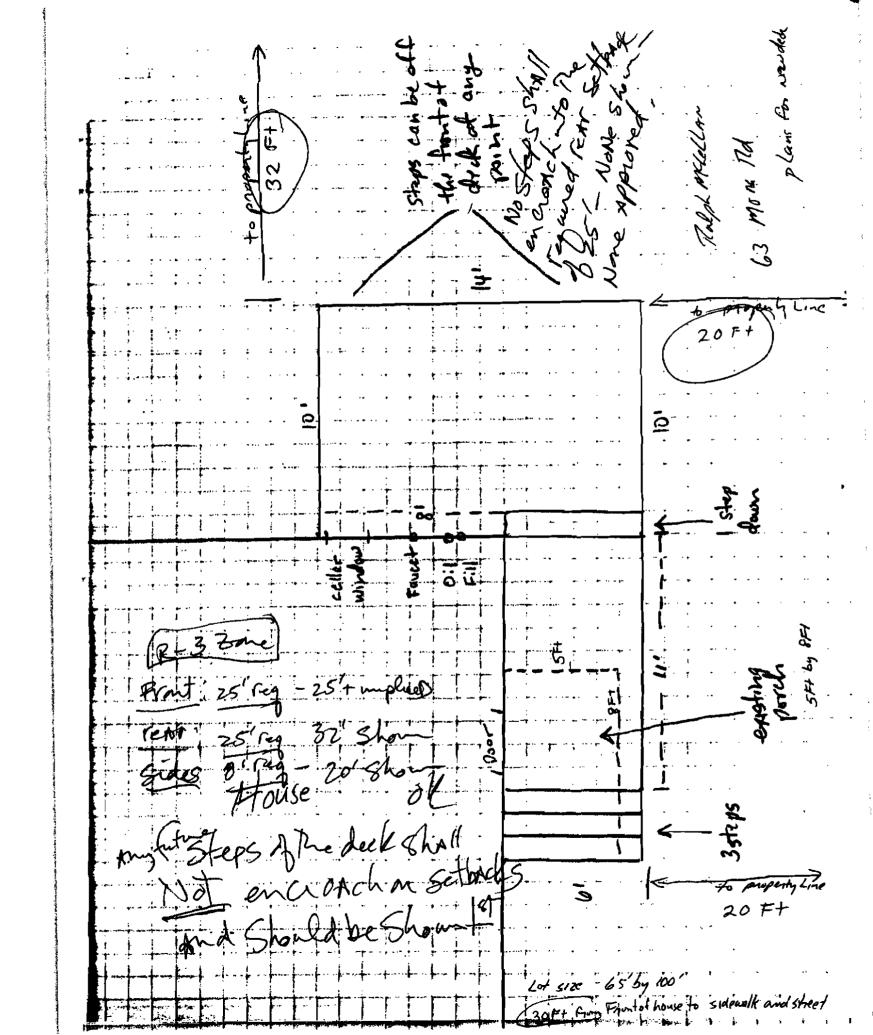
Location/Address of Construction:	3 mono	1 RD		
Total Square Footage of Proposed Structur	_	Square Footage of Lot		Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 437 A 87	Name C. Address (a	must be owner, Lessee or In 1000 9 3 Monar RD ox Zip 1000 1000 1000 1000 1000 1000 1000 10	Buyer*	Telephone:
Lessee/DBA (If Applicable)		ifferent from Applicant)	C	st Of Ork: \$ 4,6,00 of O Fee: \$
Is property part of a subdivision? <u>NO</u> Project description: NANG'CAD		yes, please name		
Project description: NANC'CAA Contractor's name: MARK Dela Address: AT RUCKL-UU City, State & Zip WSNOLA ME	court C	sight of	_ Teleph	one: 232-277 L
Project description: NANA'CAA Contractor's name: MARK Dela Address: 27 RUCKL-UU	COUNT Dr ready: SAW	المكالح	_ Teleph	
Project description: NANA' CAA Contractor's name: MANA Dela Address: PT RUCKL-WW City, State & Zip WS NOW ME Who should we contact when the permit is a Mailing address: Please submit all of the information do so will result in to order to be sure the City fully understands they request additional information prior to the	ready: SNW on outlined on the automatic the full scope of the issuance of a per	the applicable Checker denial of your permit the project, the Planning and the project and the proje	Telepho	one: 232-2772 one: SAMP ailure to one: Department formload copies of
Project description: NANA'CAA Contractor's name: MANA Dela Address: PT RUCKL-WW City, State & Zip WSNOWA ME Who should we contact when the permit is a Mailing address: Please submit all of the information do so will result in to order to be sure the City fully understands the	ready: SNW court court court court court court court court con outlined on the automatic the full scope of the cissuance of a per ctions Division on ctions Division on ctions Division on ctions described in the court court	the applicable Check denial of your permit are project, the Planning and the the	Telephoral	one: 232-2772 one: 284 M P ailure to one Department iownload copies of p by the Inspections one proposed work and orm to all applicable e Code Official's



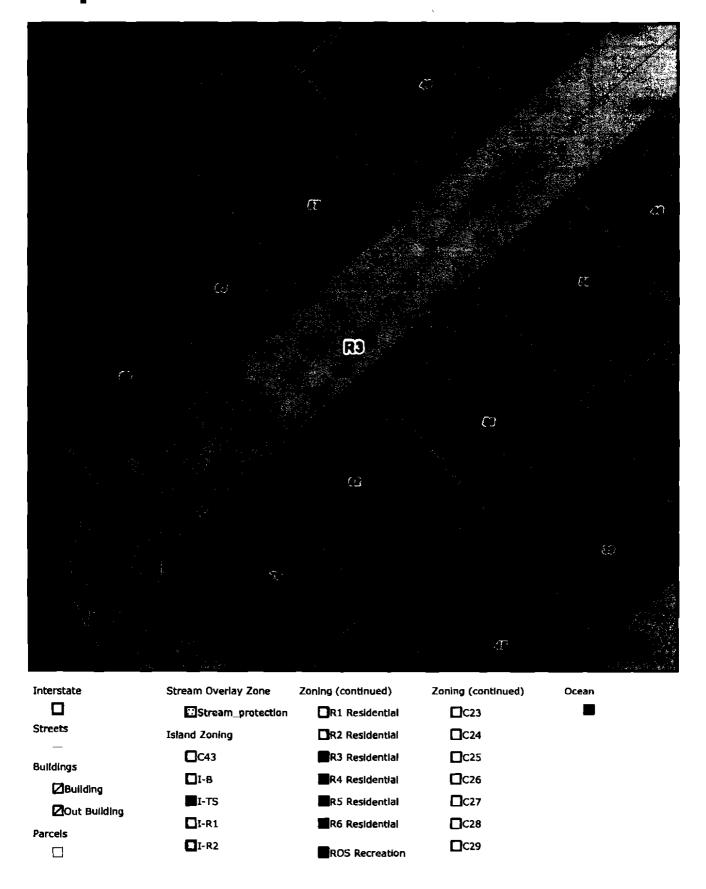
63 mana RD



のから



Map



plans for Mon 17d