

## Department of Permitting and Inspections Residential Additions/Alterations Permit Application & Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

The Maine Home Construction Contracts Act requires that any home construction or repair work for more than \$3000. in materials or labor must be based on a written contract unless the parties agree to exempt themselves. A sample contract is available on the City's website at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, in the Inspection Office, Room 315 of Portland City Hall or call (207)874-8703 to have one mailed to you.

| One (1) complete set of construction drawings must include: |                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                             | Cross sections w/framing details                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| ✓                                                           | Floor plans and elevations existing & proposed                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 1                                                           | Detail removal of all partitions & any new structural beams                                                                                                                                                                                                                                                                                                                                   |  |  |  |
|                                                             | Detail any new walls or permanent partitions                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                             | Stair details including dimensions of: rise/run, head room, guards/handrails, baluster spacing                                                                                                                                                                                                                                                                                                |  |  |  |
| ✓                                                           | Window and door schedules                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                             | Foundation plans w/required drainage and damp proofing (if applicable)                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                                                             | Detail egress requirements and fire separation/sound transmission ratings (if applicable)                                                                                                                                                                                                                                                                                                     |  |  |  |
| ✓                                                           | Insulation R-factors of walls, ceilings & floors & U-factors of windows per the IEEC 2009                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                                             | Deck construction including: pier layout, framing, fastenings, guards, stair dimensions                                                                                                                                                                                                                                                                                                       |  |  |  |
|                                                             | Electronic files in pdf format are also required                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|                                                             | Proof of ownership is required if it is inconsistent with the assessor's records                                                                                                                                                                                                                                                                                                              |  |  |  |
| If there ar                                                 | permits are required for internal & external plumbing, HVAC, and electrical installations. e any additions to the footprint or volume of the structure, any new or rebuilt structures or, detached structures a plot plan is required. A plot must include:                                                                                                                                   |  |  |  |
|                                                             | The shape and dimension of the lot, footprint of the existing and proposed structure and the distance from the actual property lines. Structures include decks, porches; bow windows, cantilever sections and roof overhangs, sheds, pools, garages and any other accessory structures must be shown with dimensions if not to scale.  Location and dimensions of parking areas and driveways |  |  |  |
|                                                             | A change of use may require a site plan exemption application to be filed.                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                             | mit all of the information outlined in this application checklist. If the application is incomplete                                                                                                                                                                                                                                                                                           |  |  |  |
| in order to be                                              | ation may be refused.  be sure the City fully understands the full scope of the project, the Planning and Development Department mational information prior to the issuance of a permit. For further information, visit us on-line at <a href="mailto:ndmaine.gov">ndmaine.gov</a> , stop by the Permitting and Inspections Office, room 315 City Hall or call 874-8703.                      |  |  |  |

Permit Fee: \$25.00 for the first \$1000.00 construction cost, \$15.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



## 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.

| Address/Location of Construction: 18 Samuel Rd Portland, ME 04103                           |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------|--|--|--|
| Total Square Footage of Proposed Structure:                                                 |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| 10th oquate 100thge of 100poots of the                                                      |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 437 C0001001 437-C-1                   | Address                                                            |         | Craig S Gilbert<br>618-B Main St<br>Westbrook, ME<br>04092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone:     | 207-831-391<br>3<br>craig@nehou<br>sewrights.co<br>m |  |  |  |
| Lessee/Owner Name: Christopher (if different than applicant) DelRossi Address: 18 Samuel Rd | Contractor Name:<br>(if different from Applicant) Same<br>Address: |         | Cost of Work:<br>\$ 53373.26<br>C of O Fee: \$ 805.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                      |  |  |  |
| City, State & Zip: Portland,ME 04103                                                        | City, State & Zip:  Telephone  E-mail:                             |         | Historic R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ev \$ <u>0</u> |                                                      |  |  |  |
| Telephone 603-318-1990 chrisdelrossi@gm E-mail: ail.com                                     |                                                                    |         | Total Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 805.00      |                                                      |  |  |  |
| Current Use (i.e. single family) Single                                                     | e family                                                           |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1              |                                                      |  |  |  |
| If vacant, what was the previous use? N/                                                    | Α                                                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Proposed Specific use:                                                                      |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Is property part of a subdivision? If yes, p                                                | lease Name                                                         | N/A_    | and the second s | N              |                                                      |  |  |  |
| Project description:                                                                        |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Who should we contact when the permit is rea                                                | ady: Craig S                                                       | Gilbert |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Address: 618-B Main St                                                                      |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| City, State & Zip: Westbrook, ME 04092                                                      |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| E-mail Address: craig@nehousewrights.com                                                    |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |
| Telephone: 207-831-3913                                                                     |                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                      |  |  |  |

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the 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 Department of Permitting and Inspections on-line at <a href="https://www.portlandmaine.gov">www.portlandmaine.gov</a>, or stop by the 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: | Ciaul | / 1/1/24  | Date: 8/22/2016 |  |
|------------|-------|-----------|-----------------|--|
|            | 7     | V-IA II O |                 |  |

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



## **Department of Permitting and Inspections**

## Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding that this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the selections below.

| 2. You ap                                                         | nce the complete application package has been received by us<br>ou will receive an e-mailed invoice from our office which si<br>plication and corresponding paperwork have been entered,<br>occss. | gnifies that your electronic permit |  |  |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|
| 3. Yo                                                             | ou then have the following four (4) payment options:                                                                                                                                               |                                     |  |  |
|                                                                   | provide an on-line electronic check or credit/debit card (we Express, Discover, VISA, and MasterCard) payment                                                                                      | accept American                     |  |  |
| $\checkmark$                                                      | call the Inspections Office at (207) 874-8703 and speak representative to provide a credit/debit card payment over the                                                                             |                                     |  |  |
|                                                                   | hand-deliver a payment method to the Inspections Office, Ro<br>Hall                                                                                                                                | oom 315, Portland City              |  |  |
|                                                                   | deliver a payment method through the U.S. Postal Service, at                                                                                                                                       | the following address:              |  |  |
|                                                                   | City of Portland<br>Department of Permitting and Inspections<br>389 Congress Street, Room 315<br>Portland, Maine 04101                                                                             |                                     |  |  |
| all ap                                                            | ning below, I understand the review process starts only once a provals have been met and completed, I will then be issued my No work shall be started until I have received my permit.             |                                     |  |  |
| Applic                                                            | cant Signature: Caux / / ////////////////////////////////                                                                                                                                          | Date: 8/22/2016                     |  |  |
| I have provided digital copies and sent them on:  Date: 8/22/2016 |                                                                                                                                                                                                    |                                     |  |  |
| NOTE<br>buildi                                                    | E: All electronic paperwork must be delivered to nginspections@portlandmaine.gov or by physical means ie; a                                                                                        | thumb drive or CD to the            |  |  |

office.