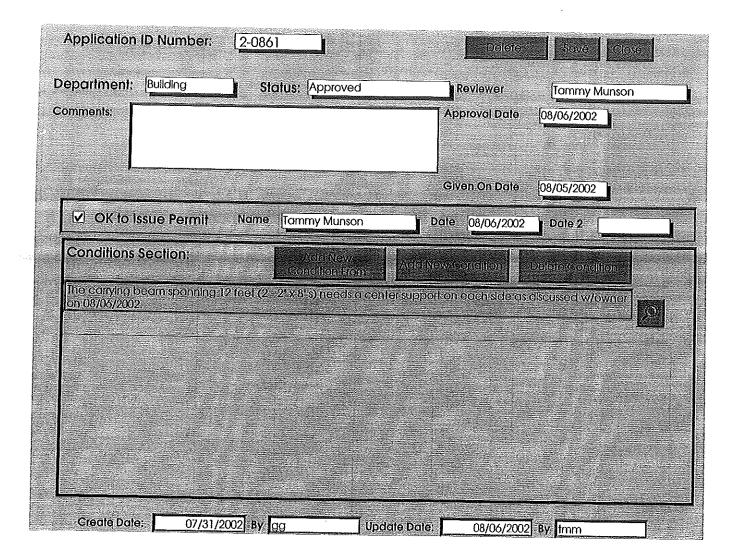
рионе	DATE		GE OF WORK, TITLE	RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE	DATE	ADDRESS	***	SIGNATURE OF APPLICANT
		Transfer Tra		SIGNATI DE OE ARRA SOLLA
e code official's authorized representative the provision of the code(s) applicable to	In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to	in the application is issued, l ch permit at any reasonable h	ermit for work described r all areas covered by su	jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce such permit.
wner of record and that	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 it.	ned property, or that the properties agent	wner of record of the nar	I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by I have been authorized by the owner to make this application as his authorized agent and I area to conform the
		CERTIFICATION		
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" (Date: Date:	Date		
Denied	Denied	Maj Minor MAY		
Approved w/Conditions	Approved	Site Plan - NO POS		
Approved	>	Subdivision Sure war		permit and stop all work
Requires Review	Conditional Use	☐ Flood Zone	d if work is not started the date of issuance.	3. Building permits are void if work is not started within six (6) months of the date of issuance.
Does Not Require Review	☐ Miscellaneous	Wetland Link	include plumbing,	Building permits do not include plumbing septic or electrical work.
Not in District or Landmar		Shoreland	ng applicable State and	Applicant(s) from meeting applicable State and Federal Rules.
Historic Preservation	Zoning Appeal	Special Zone or Reviews	loes not preclude the	1. This permit application does not preclude the
	Zoning Approval		Date Applied For: 07/31/2002	Permit Taken By:
Date:		Signature:	20.000	3.00
Conditions Denied	n: Approved Approved w/Conditions	9		
e. Th	Signature: Signature: Signature: CPEDESTRIAN ACTIVITIES DISTRICT (P.A. D.)			Build 10' x 12' Storage Shed
Det !				Proposed Project Description:
1	Denied Use Group:			
	Approved	FIRE	Storage Shed	
CEO District: 10,66	Permit Fee: Cost of Work: \$37.00 \$2,000.00	Pern Proposed Use: Pern Pern Proposed Use: Pern Pern Proposed Use: Pern Pern Proposed Use: Pern Proposed Use	Proposed Use: Single Family	Single Family
TR-2	eds	Sheds	n/a	n/a
Zone:	Permit Type:	Perm	Phone:	Lessee/Buyer's Name
Phone	Contractor Address: " VIII NIVE		n/a	D/a
207-766-5575		th P Life Int	ţţ	0 Sunset Ave Great Diamond
Phone:	Owner Address:	Own	Owner Name:	Location of Construction:
083A J005001	0861		1 Tel: (207) 874-8703	389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716
CBI	Permit No:		e Billion To	City of Portland. Main

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Diffector - Rullifon & Inspendion Constitution	1	Department Name	mer
			ppeal Board
			ealth Dept
		OTHER REQUIRED APPROVALS	OTHER RI
A certificate of occupancy must be procured by owner before this building or part thereof is occupied.	y loation inspect in must gi and with permis in proculoge this to thing out of thereo laid or of the Required. He is notice is required.	Apply to Public Works for street line and grade if nature of work requires such information.	Apply to Public V and grade if natu such information.
rures, and of the application on file i	or buildings and six	ent.	his department.
epting this permit shall comply with a nces of the City of Portland regulatin	m or conjugation and of the life in the li	of the provisions of the Statutes of N	of the provis
083A J005001		NT 0 Sunset Ave Great Diamond TSK.	T 0 Sunset Ave
	hed	Build 10' x 12' Storage Shed	has permission to
	Int/1	nt Mcandrew Judith P Life Int/r	This is to certify that
Permit Number: 020861	DERMIT		Notes, If Any, Attached
		:	Please Read Application And

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Create	All require owner's rechecking	✓ OK Conditio	Comments:	Department: Zoning	Applicati
Create Date: 07	All required setbacks are to be sowner's responsibility to know with checking the required setbacks.	OK to Issue Permit Conditions Section:	Sunset Ave, G	TE: Zoning	Application ID Number:
07/31/2002 By 88	to be shown and now where your backs.	mit Name	Sunset Ave, Great Diamond Island	Sta	er: 2-0861
	I measured from property lines a	Marge Schmucka	sland	i tus Approved	1
Update Date:	your LOT LINE ire located. The			Status Approved with Conditions	
	All required setbacks are to be shown and measured from your LOT LINES. Not from street lines. It is the owner's responsibility to know where your property lines are located. The Code Enforcement Officer WILL be checking the required setbacks.	Date 08/02/2002	Given On Date		
08/02/2002 By mes	et lines. It is then the officer WILL	002 Date 2	08/01/2002	D)	Market House Strong Common Str
	be large		N N N N N N N N N N N N N N N N N N N	Marge Schmuckal	

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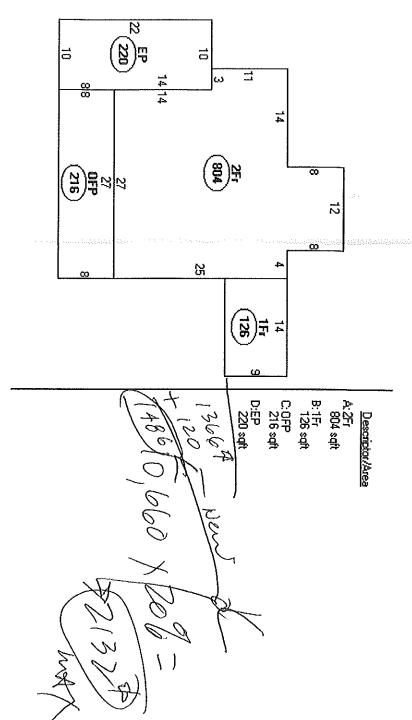
All Purpose **Building Permit Application**

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.

ed Structure
Chart# Block# Lot# Julith McAndrew 744-5575 Lessee/Buyer's Name (If Applicable) Applicant name, address & Cost Of telephone: Vuluth McAndrew Work: \$ 3000 Yulith McAndrew Fee: \$ 50
Current use: S F
If the location is currently vacant, what was prior use: Approximately how long has it been vacant.
Proposed use: Storage Shed Samo Project description: 10 x/2, 2 dosso, 2 windows
Contractor's name, address & telephone:
Who should we contact when the permit is ready: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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: 766575766000000000000000000000000000000
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 APROVE 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: best P. Reladeus Date: 8/, /0 7
nce ANY work until the pe

If you are in a Historic District you may be subject to additional permitting and fees with the

(F) (F) (F) Existing House 20' Frent: 25 to property 30' Show Side: 20' Feg 20' Show ROAD



fents 2. 1×2 wooden.

Mails

Trim

1x4 pine.

5 2x6x8' pt

7 \$4x6x8' pt

8 \$4x6x8' pt

Diog

/ DOARS
14-1x8 x 8' ship lap pine
WINDOWS
2-36" tell

Jet 6 rafkis

SIDE FRAMING (DUOR SIDE)

1/12 pitch

JO 2x4x8' KDS

V/3 2×4×12' KDS

51DE FRAMING (NO DOOR) 12 2×4×8' EDS 13 2×4×12' EDS

V √3 2×4×12' KDS

RAFTERS

3' (10ft) /1 /2×8×12' KDS (RIDGE)

1 2×6×10' KDS LOFT

2 × 6× 10 KDS LOFT 8 4× 5× 34" OSB (ROOF)

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Header MULLINIA. MINDOW 1+4× 6.5 KDS / rx8 pt. 图

Front sick framing

1# 2×4×8' KDS.

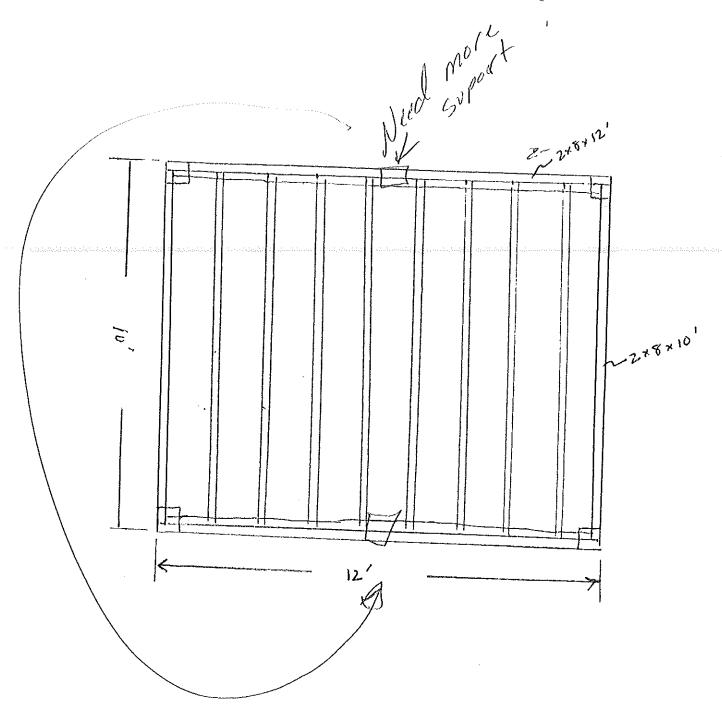
3 2×4×12' KDS.

Back sick framing

11 2×4×8' KDS

13 2×4×8' KDS

14 - 4×8×34 OSB (WALLS)



10 2x8 x 10' pt

14 2x8 x 12' pt

1 6 x 6 x 8' pt

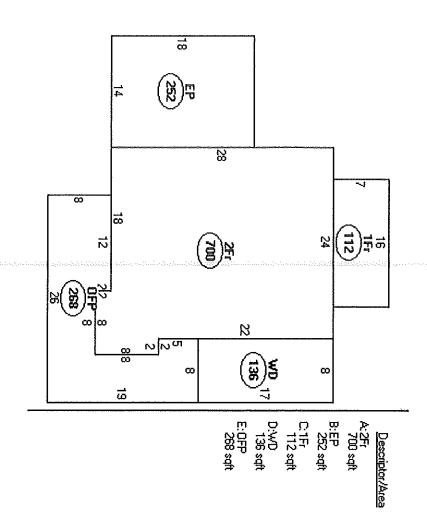
14 pre cast conerete piers

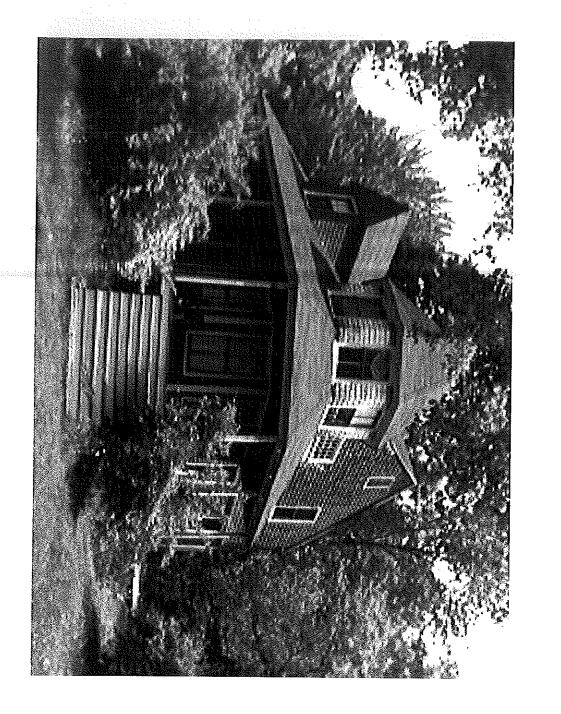
15 4x8 x 34 700 0SB

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 Location of Construction: O Crescent Ave Business Name: Contractor Name: Leddy Housen Associates Lessec/Buyer's Name Phone: Proposed Use: Single Family Single Family Single Family	Owner Name: Laughlin Frederick P & Contractor Name: Leddy Housen Associates Phone: Proposed Use: Single Family	- Building or Use Permit Application Tel: (207) 874-8703, Fax: (207) 874-8716 Owner Name: Laughlin Frederick P & Gordinator Name: Leddy Housen Associates Phone: Proposed Use: Single Family FI	Permit No: 02-1138 OWNER Address 5 Steeplebush DH V F POF Contractor Address: 64 Eastern Promenade Portland Permit Type: Alterations - Dwellings Permit Fee: \$233.00 FIRE DEPT: Denied INSP	CBI.: 2-3-4 Phone: 77224 03 Phone: 2078718083 ad 2078718083 CEO District: 72-7 INSPECTION: 7-79e: C
Proposed Project Description:))
New Foundation and Footings		Sig	Signature: Signature: Signature: PEDESTRIAN A CTIVITIES DISTRICT (P.A.D.)	Signature:
	4 I	Act	Action: Approved Approve	ed w/Conditions
		Sig	Signature:	Date:
Permit Taken By: Date gg 10/	Date Applied For: 10/03/2002		Zoning Approval	
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 	ot preclude the licable State and	Special Zone or Reviews Shoreland	Zoning Appeal Variance	Historic Preservation Not in District or Landma
 Building permits do not include plumbing septic or electrical work. 	plumbing,	□ Wetland	Miscellaneous	Does Not Require Review
 Building permits are void if work is not started within six (6) months of the date of issuance. 	rk is not started e of issuance.	Flood Zone	Conditional Use	Requires Review
False information may invalidate a building permit and stop all work	te a building	Subdivision was 15	Interpretation	Approved
		Site Plan	Approved	Approved w/Conditions
	American (Maj Minor MM	Date:	Denied
		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.	of record of the nar to make this applic for work described reas covered by su	ned property, or that the proceed age cation as his authorized age in the application is issued the permit at any reasonable	oposed work is authorized by that and I agree to conform to all, I certify that the code official hour to enforce the provision	the owner of record and that ill applicable laws of this al's authorized representative n of the code(s) applicable to
SIGNATURE OF APPLICANT		ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	WORK, TITLE		DATE	PHONE

Create Date: 10/04	Lally columns to be set 7 on center	Sonor tube locations for decreinforce with horizontal (dur	Conditions Section:		Department: Building Comments:	Application ID Number
0/04/2002 By 99 Update Date:	Center:	Condition From Off to be field determined an hype) and vertical re bar.	Name Mike Nugent		Sigitus: Approved with Conditions Reviewer Approval Bo	2-1138
10/09/2002 By min		Add New Condition Delete Condition d Ok'd prior to placement. All CMU' to be	Daite [10/09/2002 Daite 2	Given On Dale	ns Reviewer Miike Nugent Approval Bate 10/09/2002	Delete Save Close

Create Date:	This work standing, ak	This is NOT an ap including, but not special approvals	This proper application	Condition	D OK to		Comments:	Department: Zoning
	This work shall not increase the existing tootprint without a separate permit showing such a change and addition, along with all the appropriate paperwork.	This is NOT an approval for an additional divelling unit. You SHALLNOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen staks, etc. Without special approvals.	This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.	Conditions Section:	OK to Issue Permit		Crescent Ave.,	Zoning
10/04/2002 By 88	the existing too	an additional d	single family d		Name		Crescent Ave., Great Diamond Island	Stat
*	sprint without	welling unit. Y Stoves, microw	welling: Any ch	as vuosi vienta ja vas ja	Marge Schmucka		Island	Status Approved with Conditions
Update Date:	a separate per	ou SHALL NOT aves refragerat	ange of use sh				TOTAL PROPERTY OF THE PROPERTY	with Condition
$\prod \prod_{i=1}^{n}$	THE Showing Sux	add ary addir ors, or lutchen	all require a ser	Anna Ustanasta Vassa Vassa (1878)	Date 10/07/	Given On Date	Approval Date	s Reviewer
10/07/2002 By mes	ha change an	onal kitchen ec sinks, etc. พาก	arate permit		10/07/2002 Date 2	te 10/07/2002	te 10/07/2002	Marg
	ld bi	priprinent .				2002	2002	Marge Schmuckal





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.

This is NOT a permit, you may not commence ANY work until the permit is subject to additional permitting and fees with the Planning Department on the 1th formal permitting and fees with the	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.	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 APROVE THIS PERMIT.	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: $4/5 - 9698$ Call	Wavell Contractor's name, address & telephone: Leddy Houser Assaciates 207-871-8093 Who should we contact when the permit is ready: Mailing address: by Eastern From From Factor Leddy on Petra Houser Factor Potential Color	Proposed use: Season a) S) F Project description: New Few dather of Foothwas	Approximately how long has it been vacant:	If the location is currently vacant, what was prior use:	Seasonal SIT-8083 Fee: \$	nt name, address & Cost Of Work: \$	Tax Assessor's Chart, Block & Lot Owner: Langhlin, Fredrick F. Telephone: Chart# 83 # Block# K 1-2-3-4-11-13 772-4/03	Total Square Footage of Proposed Structure Square Footage of Lot $\frac{1}{1}$	Location/Address of Construction: Cresent Avenue Great Drown Id.
		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 argast covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.	DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE 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 jurisaliction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative to this permit.	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: 4/5-769666 PHONE: 4/5-769666 PHONE: 4/5-769666 PHONE: 4/5-7696666 PHONE: 4/5-7696666 PHONE: 4/5-7696666 PHONE: 4/5-76966666 PHONE: 4/5-76966666 PHONE: 4/5-769666666 PHONE: 4/5-76966666666666666666666666666666666666	Confractor's name, address & telephone: Leddy Houser. #55019. Les 2019. The Title Ready: Forth Houser and pick up the permit is ready: Forth Houser and pick up the permit and and a \$100.00 fee if any work starts before the permit is picked up. IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY INFORMATION IN ORDER TO APROVE THIS PERMIT. Inereby certify that I am the Owner of record of the named property, or that the owner of record authorized by the permit is application as his/her authorized authorized authorized representative to this permit.	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Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use: Proposed use:	If the location is currently vacant, what was prior use: Approximately how long has it been vacant: Proposed use: Proposed	Current use: Seasonal STE If the location is currently vacant, what was prior use: Approximately how long has it been vacant: Proposed use: Seasonal STE Proposed use: Seasonal STE Proposed use: Seasonal STE Project description: Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name, address & telephone: Leddy Houses, Project description: Ochimactor's name pont to the permit is ready. Ochimactory name project description: If the Reculred Information of projection of insignation on insigner authorized authorizes the processal work and that insignation in additional in programment. I agree to conform to all application on this permit and any reasonable hour to enforce the provisions of the codes oppolicable to this permit. If this permit. If the security that if an the Owner of record of the programment and yellowers. I green to conform to all applicable to this permit and yellowers. I green to conform to all applicable to this permit and yellowers. If the other of the provisions of the codes oppolicable to this permit.	Lessee/Buyer's Name (If Applicable) Applicant name, address & Work: \$ 30,000. Fee: \$ 933.00 F	Tax Assessor's Chart, Block & Lot Chart Char	Total Square Footage of Lot ### Square Footage ### Square Foota

Planning Department on the 4th floor of City Hall

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DISPLAY T S CARD 9 PRINCIPAL FRONTAGE 9 **VORK**

Please Read Application And Notes, If Any, Attached	Permit Number Polities ISSUE
This is to certify that Laughlin Frederick P & /Led Jousen	
has permission to New Foundation and Footing	
AT O Crescent Ave - Great &t sland	0 083A K001001 CIVOF PORILIDIO
provided that the person or persons, of the provisions of the Statutes of N	provided that the person or persons, am or the ation a pepting this permit shall comply with all of the provisions of the Statutes of Manne and of the vances of the City of Portland Township.
the construction, maintenance and in	the construction, maintenance and it is of buildings and a structure of the city of rolliding regulating

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

OTHER REQUIRED APPROVALS

this department.

the construction, maintenance and u

of buildings and st

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

PENALTY FOR REMOVING THIS CARD

Appeal Board Health Dept. Fire Dept

Department Name