

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703; Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 02-0503 Issue Date: MAY 14 2002 CBL: 339 L032001

Location of Construction: 54 Ninth St	Owner Name: Bouhard Brian &	Owner Address: 54 Ninth St CITY OF PORTLAND	Phone: 878-0726
Business Name:	Contractor Name: Chase, Robert M.	Contractor Address: 67 Blackstrap Road Falmouth	Phone: 2077974868
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Part Use: single family	Proposed Use: single family w/ 40' rear dormer & 10' x 12' attached mudroom	Permit Fee: \$205.00	Cost of Work: \$26,000.00	CEO District: 1
Proposed Project Description: 40' rear dormer & 10' x 12' attached mudroom		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB3	

Signature: <i>N/A</i>	Signature: <i>Bob A 1999</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature:	Date:

Permit Taken By: Jodinea	Date Applied For: 05/14/2002	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
Date: 05/14/02	Date:	Date: 05/14/02

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.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

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.

Location/Address of Construction: <u>54 NINTA ST PORTLAND</u>		Square Footage of Lot	
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>339</u> Block# <u>L</u> Lot# <u>032</u>	Owner: <u>BRIAN BOUCKARD</u>	Telephone: <u>878-0726</u>	
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>ROBERT NI, CHASE 67 BLACK STRAP RD FALMOUTH 7924868</u>	Cost Of Work: \$ <u>26,000.00</u> Fee: \$ <u>205</u>	
Current use: _____			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: _____			
Proposed use: <u>DARKEN + MUD ROOM</u>			
Project description: _____			
Contractor's name, address & telephone: <u>ROBERT NI, CHASE 67 BLACK STRAP RD FALMOUTH</u>			
Who should we contact when the permit is ready: _____			
Mailing address: _____			

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 APPROVE 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: [Signature] Date: _____

This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

7875 R-3

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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 initialzing 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.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

Footing/Building Location Inspection: Prior to pouring concrete

Re-Bar Schedule Inspection: Prior to pouring concrete

Foundation Inspection: Prior to placing ANY backfill

Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

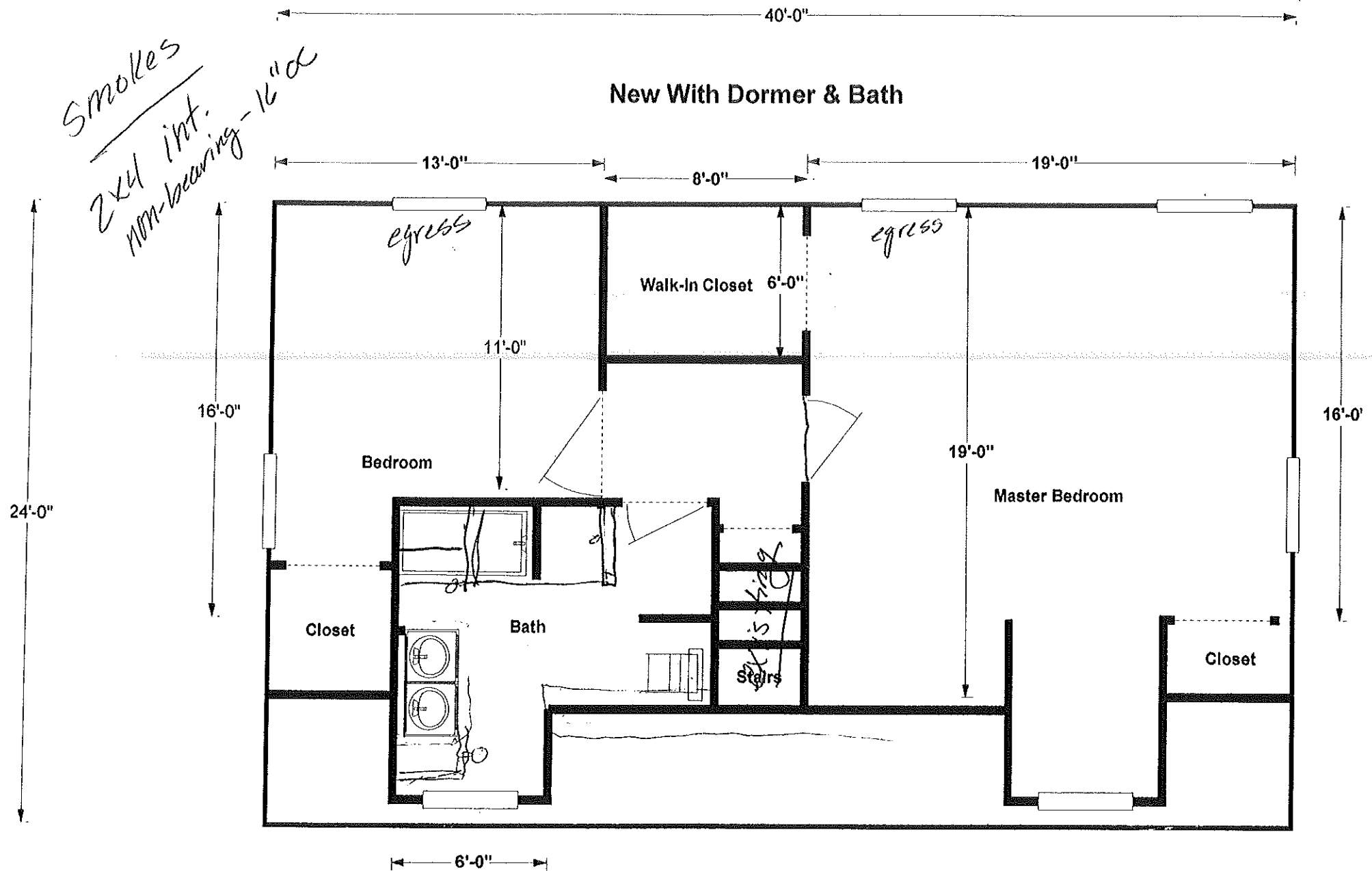
 If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature] Signature of applicant/designee Date 05/14/02
 Signature of Inspections Official Date

CBL: 339-L-32 Building Permit #: 020503

Smokes
2x4 int.
11M-bearing-12" d

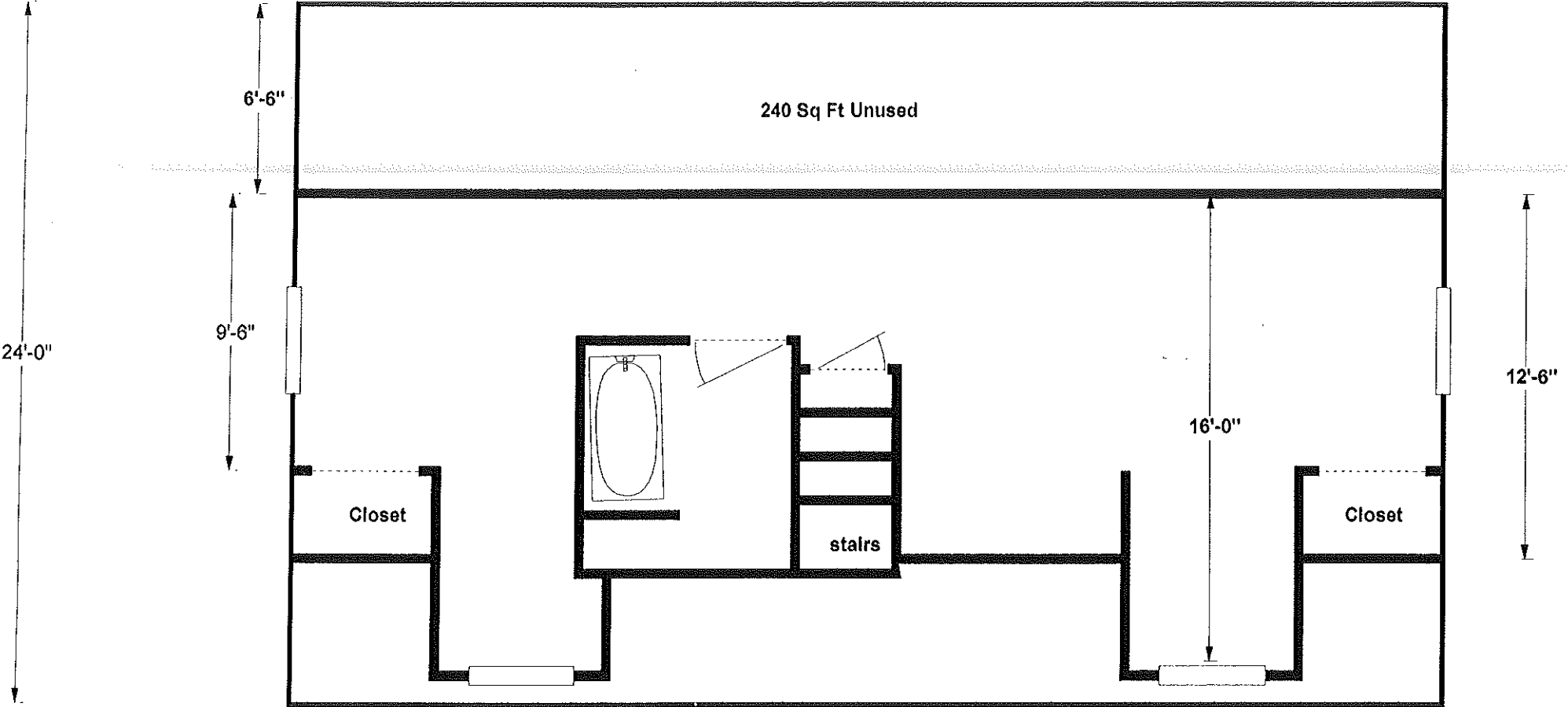


New With Dormer & Bath

Outer Line - Foundation

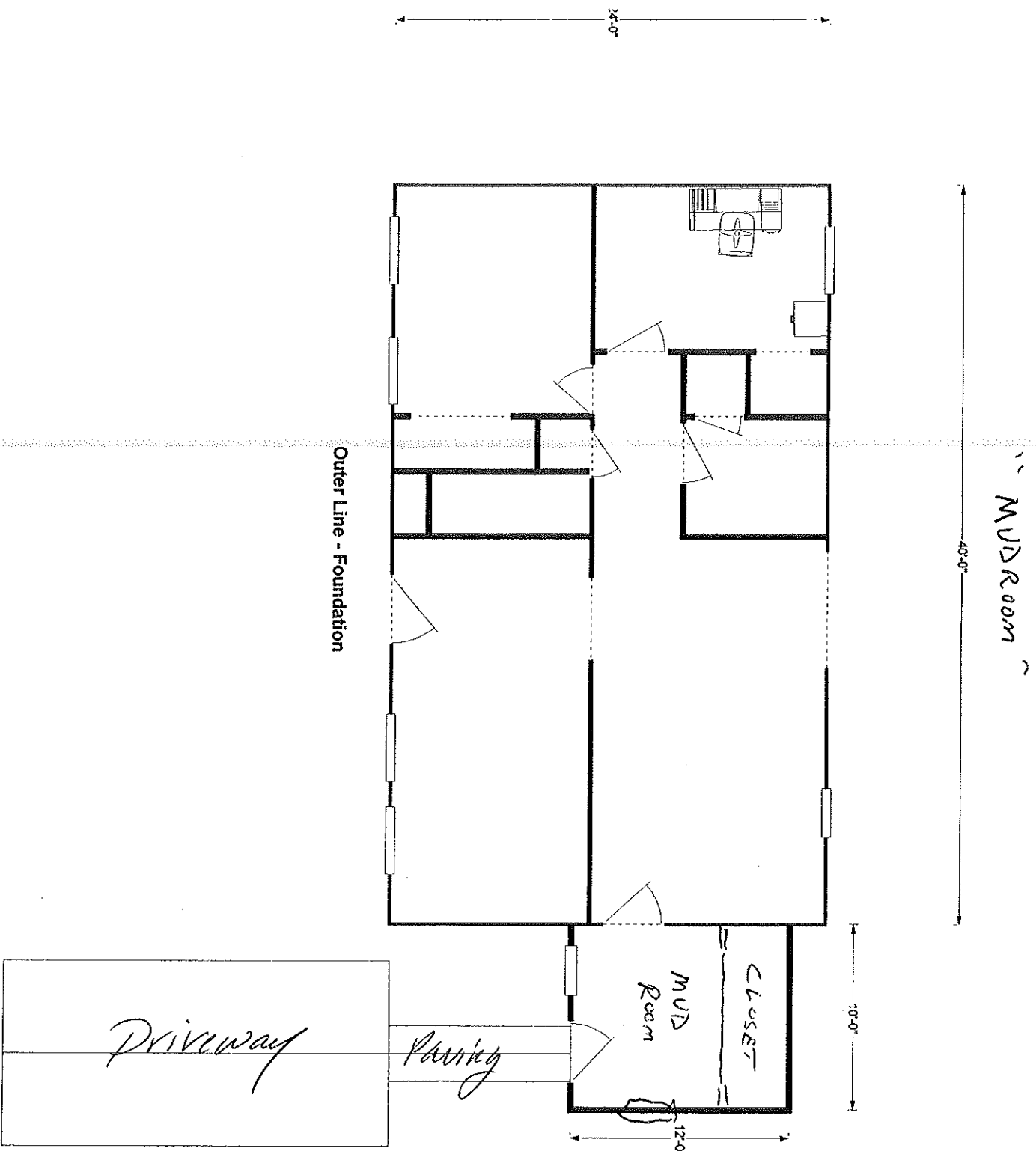
40'-0"

**CURRENT
LAYOUT**



Outer Line - Foundation

existing



ELECTRICAL PERMIT

City of Portland, Me.



SJP

to the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 5-3-02

Permit # 5002-4453

CBL# 3392032

LOCATION: 54 9TH ST.

METER MAKE & #

OWNER BELAS BOUCHARD

CMP ACCOUNT # _____

PHONE # _____

					TOTAL EACH FEE	
OUTLETS	Receptacles	8	Switches	4	Smoke Detector	.20
FIXTURES	Incandescent	2	Fluorescent		Strips	.20
SERVICES	Overhead		Underground		TTL AMPS	<800 15.00 >800 25.00
Temporary Service	Overhead		Underground		TTL AMPS	25.00
METERS	(number of)					25.00
MOTORS	(number of)					1.00
RESID/COM	Electric units					2.00
HEATING	oil/gas units		Interior		Exterior	1.00 5.00
APPLIANCES	Ranges		Cook Tops		Wall Ovens	2.00
	Insta-Hot		Water heaters		Fans	2.00
	Dryers		Disposals		Dishwasher	2.00
	Compactors		Spa		Washing Machine	2.00
MISC. (number of)	Others (denote)					2.00
	Air Cond/win				Pools	3.00
	Air Cond/cent				Thermostat	10.00
	HVAC		EMS			5.00
	Signs					10.00
	Alarms/res					5.00
	Alarms/com					15.00
	Heavy Duty(CRKT)					2.00
	Circus/Carnv					25.00
	Alterations					5.00
	Fire Repairs					15.00
	E Lights					1.00
	E Generators					20.00
PANELS	Service					4.00
TRANSFORMER	0-25 Kva		Remote		Main	4.00 5.00 8.00
	25-200 Kva					8.00
	Over 200 Kva					10.00
	MINIMUM FEE/COMMERCIAL 45.00				TOTAL AMOUNT DUE	
					MINIMUM FEE	35.00

3500

CONTRACTORS NAME

Bette Shively

MASTER LIC. #

13629

ADDRESS 28 WASHINGTON ST WEST S. PORT.

LIMITED LIC. #

TELEPHONE 541-3840

SIGNATURE OF CONTRACTOR

Bette Shively

White Copy - Office

Yellow Copy - Applicant