389 Congress Street, 0410				06-0055	01/12/2006	430 A010001	
Location of Construction:	Owner Name:				Owner Address: Phone:		
50 Berwick St	Coastal Llc	Coastal Llc			52 Berwick St		
Business Name:	Contractor Nam	e:	1	ractor Address:	ATTORNOON TO THE PROPERTY OF T	Phone	
Lessee/Buyer's Name	Scott Taber			Schellinger Rd	Portland	2073448121	
cesseer buyer s Name	Phone:		i	ift Typer /AC		Zone	ر شر
Past Use:	Proposed Use:					<u> </u>	1
Two Family	1 '	Two Family w/temporary wood		nit Fee: \$66.00	Cost of Work: C \$5,000.00	EO District:	
•	burning heating	ng appliance during	FIRI		Approved INSPEC	`	
	construction	construction			Denied Use Grou	ip: R3 Type:	M
Proposed Project Description:			SX spiratotes	anti data mendelah tan data mengalan	n with the with with the standing missipp	galano animikinganin artoinna	Austria
Install an exterior wood burn	ring construction	Signa	Signature:		Signature M. 6. 1 /2/06		
			PEDI	ESTRIAN ACTIV	ITIES DISTRICT (P.)	~~!! (1.2/ 1.1	
			Actio	on: Approved	f Approved w/C	onditions Denied	l
			Signa	ature:	I	Pate:	
Permit Taken By: jmb	Date Applied For: 01/12/2006	Zoning Approval			Approval		
This permit application does not preclude the		Special Zone or Rev	iews	Variance Miscellaneous		Historic Preservatio	1
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland				Not in District or Lar	.dma
 Building permits do not include plumbing, septic or electrical work. 		☐ Wetland				Does Not Require Review	
3. Building permits are void within six (6) months of t	☐ Flood Zone		Conditiona	ıl Use	Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		Interpretation		Approved	
		Site Plan		Approved		Approved w/Condition	ns
DEDMITICO	VIIPA	Maj ☐ Minor ☐ MM	I 🗀	☐ Denied] Denied	
PERMIT ISS	SUEL	Date: 0MB 1/12	106	Date:	Date	: MMB	
JAN 1 2 2	onn k	' // / /		,			
V/III 1 Z Z	.000	0				У	
ATTV AF DADE							
CITY OF PORT	ILAND						
	- 19 Walter States	CERTIFICATI	ON				
nereby certify that I am the ov	vner of record of the nar	med property, or that t	he proi	posed work is a	uthorized by the ov	vner of record and t	hat
have been authorized by the o	wner to make this appli	cation as his authorize	d agent	t and I agree to	conform to all app	icable laws of this	
risdiction. In addition, if a pe all have the authority to enter	ermit for work described all areas covered by su	I in the application is i ch permit at any reaso	ssued, . nable h	I certify that the nour to enforce	code official's aut	horized representat e code(s) applicable	ive
ch permit.		p		iour to omoree	the provision of the	c code(s) applicator	, 10
IGNATURE OF APPLICANT		ADDRES	S		DATE	PHONE	—
ESPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	PHONE	

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 initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

ce upon receipt of your building permit.
ction: Prior to pouring concrete
Prior to pouring concrete
Prior to placing ANY backfill
ical: Prior to any insulating or drywalling
Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.
certain projects. Your inspector can advise Occupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES. ES MUST BE ISSUED AND PAID FOR, PIED Date Date 1/12/06 Date O6-005

City of Portland, Maine - Building or Use Permit				Permit No:	Date Applied For:	CBL:		
389 Congress Street,	04101 Tel	: (207) 874-8703, Fax: ((207) 87	74-8716	06-0055	01/12/2006	430 A010001	
Location of Construction:	***************************************	Owner Name: O			wner Address:	Phone:		
50 Berwick St		Coastal Llc		5	2 Berwick St			
Business Name:	- Charles and Assessment and Charles and C	Contractor Name:		Č	ontractor Address:	Phone		
		Scott Taber		2	26 Schellinger Ro	d Portland	(207) 344-8121	
Lessee/Buyer's Name	The second secon	Phone:		Po	Permit Type:			
				:	HVAC			
Proposed Use:				Proposed	sed Project Description:			
Two Family w/tempora construction	ry wood bui	ning heating appliance du	ring	Install a		ourning heating appli	ance during	
Dept: Zoning Note:	Status:	Approved	Re	viewer:	Jeanine Bourke	Approval D	patrag	
		4\$ 1 . !					Ok to Issue:	
1) Apphance must be i	emovea wn	en the construction work is	s comple	ete				
Dept: Building Note:	Status:	Approved with Condition	s Re	viewer:	Jeanine Bourke	Approval D	ate: 01/12/2006 Ok to Issue: ☑	
1) Must be installed po	r the manuf	acturers specifications						

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: 50 + 52 Br	enwick ST Pa	ONTHANKO
	quare Footage of Lot	
7 160		
Tax Assessor's Chart, Block & Lot Owner:	1	Telephone:
Chart# Block# Lot# Topo	List	207-332.7497
1430 A 10 7000	Lowske	201-332 1111
	· · · · · · · · · · · · · · · · · · ·	ContOC
		Cost Of Work: \$ 「2000
Seon	1 S Ro	
226 S	chellisto 10	Fee: \$ 66-
Current Specific use: Single Family 146 If vacant, what was the previous use?	NR 04274	C of O Fee: \$
Current Specific use: Sixth Family He	PNE / I	C of O ree: \$
If vacant, what was the previous use?		
Proposed Specific use:		
Project description:		1/S/R
Project description: NUMING CON ST	SHED FOR	1EMPARTURE
	1	• •
Munini (DN ST	RUCTION	
1501/15		
Contractor's name, address & telephone:		
W/ho should an a state of the s		
Who should we contact when the permit is ready: Scarl Mailing address: Phone: 344	11 1 AVS EC	
Phone: 344	- 8/2/	
		OF CTION
	nmercial Application Ch	ID, ME
Please submit all of the information outlined in the Co-	- Jud OF BUILDING TLAN	
Please submit all of the information outlined in the Cor Failure to do so will result in the automatic denial of yo	nmercial Application Ch	ecklist.\
	1 1 .:16	3(1/10)
In order to be sure the City fully understands the full scope of the project	t the Planning and District	- A TO
request additional information prior to the issuance of a permit. For furt	her information visit us on-line.	ati / E
request additional information prior to the issuance of a permit. For furt www.portlandmaine.gov, stop by the Building Inspections office, room	315 City Hall or call 874-8703.	The state of the s
	1	
I hereby certify that I am the Owner of record of the named property, or that the	owner of record all thorizes the nr	oposed work and that I have
and remotived by the owner to make this application as this the anthomized area	it lagrage to conform to all avail.	11 1
The second of th	int the field of ithinially and a limit	
authority to enter all areas covered by this permit at any reasonable hour to enfor	ce the provisions of the codes appli	icable to this permit.
Signature of and line		
Signature of applicant:	Date: /-/	0-06

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CILA OE BOBLEVAD

JAN 1 2 2005 **与民民以**从 Permit Mumber: 060055 MOITO PERMIT ISSUED

Attached Notes, If Any, Application And

Coastal Llc /Scott Taber

gainsəd

Install an exterior wood burn _ of noiseim19q esri

AT 50 Berwick St

This is to certify that

Please Read

e of buildings and protures, and of the application on file in line and of the sances of the City of Portland regulating g noi Repting this permit shall comply with all

ing or part thereof is occupied.

procured by owner before this build-

A certificate of occupancy must be

CITY OF PORTLAND

ro mr

430 A010001

noit

ring cons

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

EQUIRED. ON AU ui-peso ed or io gaibl rt there ore this ou broc mreq ne A pue u aqeni i snw ud oificatio

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

ОТНЕВ ВЕQUIRED APPROVALS

emeMinentieqeQ

Health Dept.

Fire Dept.

Appeal Board

Ofher

PENALTY FOR REMOVING THIS CARD

Good. Solid. Logix.TM

The drawing represented herein is to be used as a reference guide only; the user shall cheek to ensure the drawing meets local building codes and construction practices by consulting local building officials and professionals, including any additional requirements. Logix reserves the right to make changes to the drawing without notice and assumes no disbility in connection with the use of the drawing including modification, copying or distribution.

NALL C/W OVERHUNG TOP SILL PLATE
WALL C/W OVERHUNG TOP SILL PLATE

Drowing:

Dote:

Oct 01/05

