

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0714	Issue Date: PERMIT ISSUED JUN 24 2005	CBL: 4116A A003018
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Location of Construction: 22 OSPREY TERR	Owner Name: LEFEVRE CINDY L	Owner Address: 22 OSPREY TERR	Phone: 207 939 2524
Business Name:	Contractor Name: Joe Kinney/ Kinney & Son	Contractor Address: 11 Jameson Drive Falmouth	Phone: 207 939 2524
Lessee/Buyer's Name	Phone:	Permit Type: <i>Alteration</i> Additions - Dwellings	Zone: <i>R3</i>

Past Use: 2 Unit Condo	Proposed Use: 2 Unit Condo - add bathroom & Master Suite to 3rd flr	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 4
Proposed Project Description: add bathroom & Master Suite to 3rd flr		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>IRC-2003</i> Signature: <i>JMB 6/22/05</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 06/07/2005	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 6/22/05</i>	<p>Zoning Appeal</p> <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 Date: _____	<p>Historic Preservation</p> <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: <i>JMB</i>
	<p><i>only interior work</i></p>		

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 050714

JUN 24 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that LEFEVRE CINDY L /Joe Kinney/ Kinney & Son

has permission to add bathroom & Master Suite 3rd flr

AT 22 OSPREY TERR

416A A003018

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and when permission procured before this building or part thereof is started or closed-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

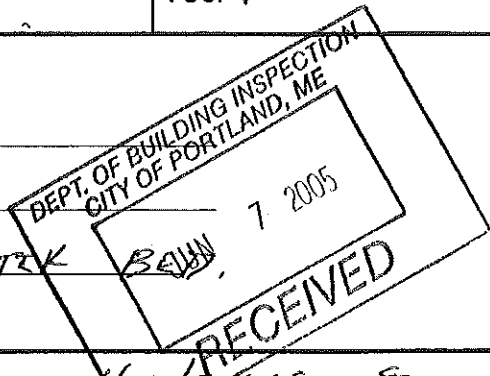
Carrie Lunde 6/22/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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>22 Osprey Terr.</u>		
Total Square Footage of Proposed Structure <u>644</u>	Square Footage of Lot <u>?</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>416</u> Block# <u>AA003</u> Lot# <u>018</u>	Owner: <u>Cathy LeBevre</u>	Telephone: <u>878-3252</u>
Lessee/Buyer's Name (If Applicable) <u>NA</u>	Applicant name, address & telephone: <u>Kinney + Son Inc</u> <u>11 JAMESON DR.</u> <u>Estmouth Me.</u>	Cost Of Work: \$ <u>25,000</u> Fee: \$
Current use: <u>Condo</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>MASTER Bath + MASTER</u> Project description: _____		
Contractor's name, address & telephone: <u>Joe Kinney</u> <u>11 JAMESON DR.</u> <u>Estmouth</u> <u>Me. 04105</u>		
Who should we contact when the permit is ready: <u>Joe Kinney</u>		
Mailing address: _____		
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: 978 - 939-2524		

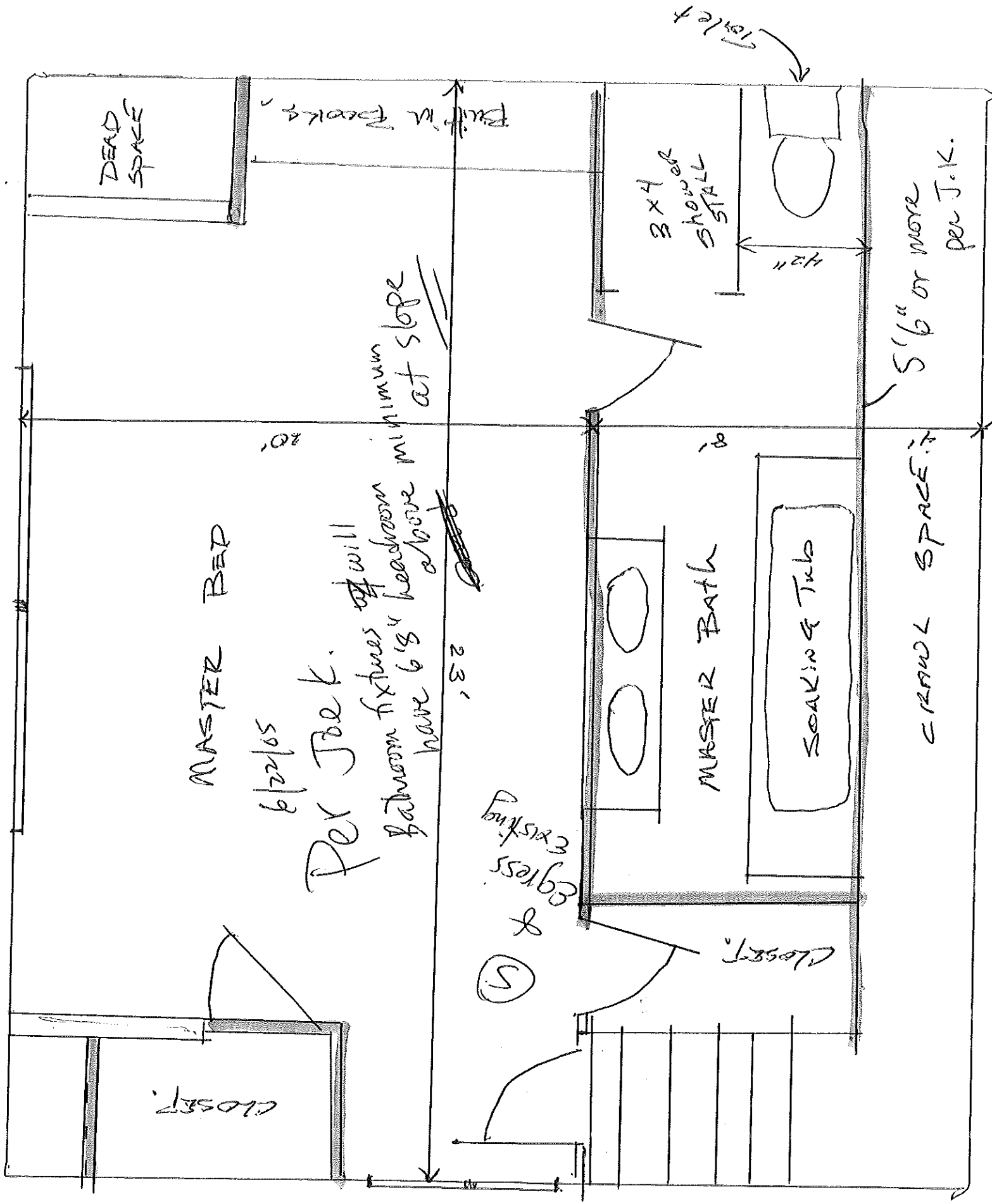


IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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: <u>[Signature]</u>	Date: <u>6.07.05</u>
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**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**



DEAD SPACE

MASTER BED

6/22/05

Per J.K.

Bathroom fixtures will have 6" above minimum at slope

23'

egress & existing

(S)

Closet

MASTER BATH

3x4 SHOW STALL

SOAKING TUB

42"

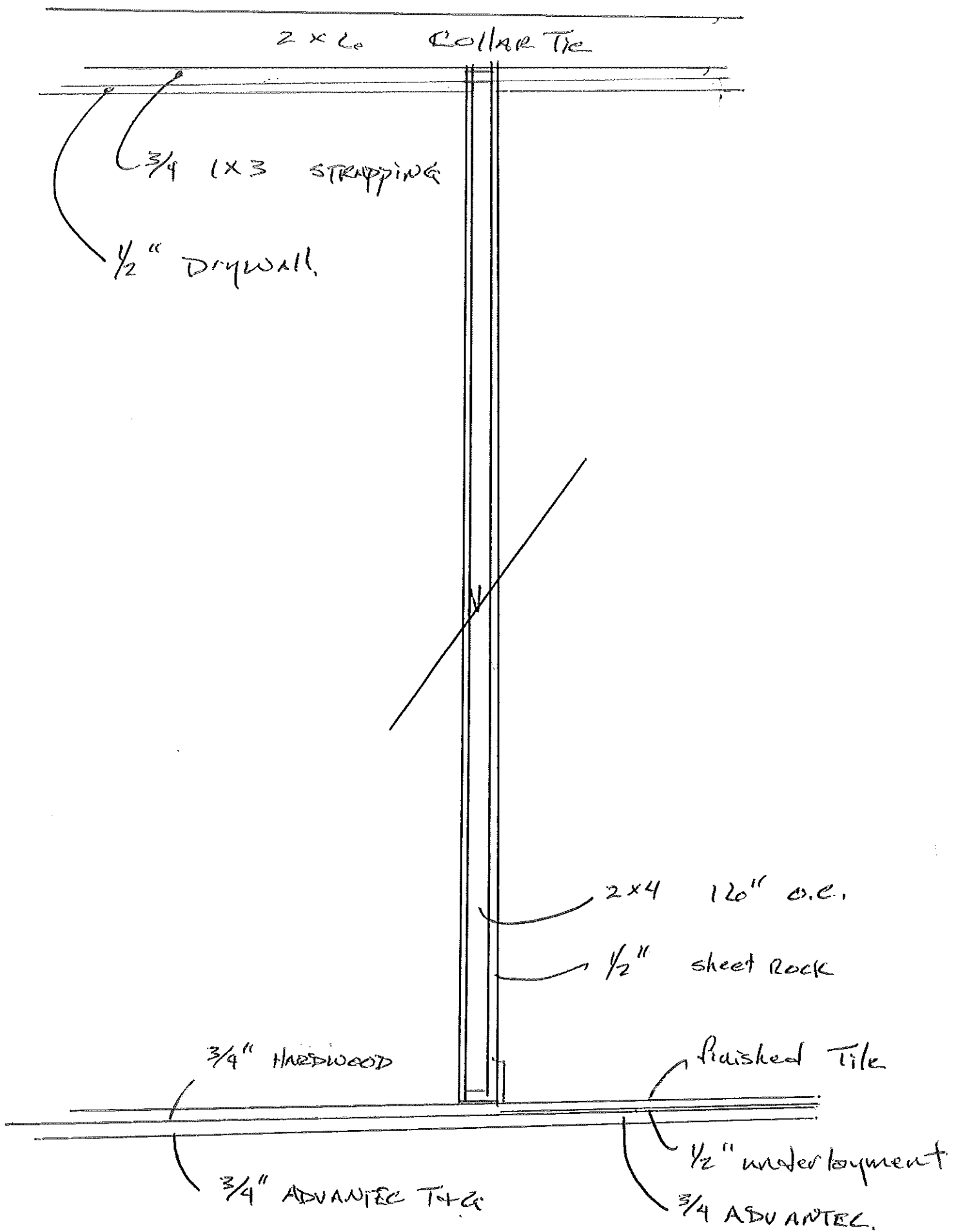
toilet

5'6" or more per J.K.

CRAWL SPACE

CLOSET

Built in Bookcase



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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 06/22/2005

Note: **Ok to Issue:**

- 1) This unit shall remain a single family condominium. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 06/22/2005

Note: 6/22 Spoke w/Joe K. For more details on headroom, egress, smokes, he will get back. Joe called to say the bath fixtures will meet the min. 6'-8" above the fixture. **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

CITY OF PORTLAND, MAINE

PLANNING BOARD

Jaimey Caron, Chair
Deborah Krichels, Vice Chair
Kenneth M. Cole III
Cyrus Y. Hagge
Erin Rodriguez
Mark Malone
Orlando E. Delogu

November 15, 2001

Christopher Neagle
Verrill & Dana
One Portland Square
Portland, ME 04112-0586

RE: Dragon Products Contract Zone

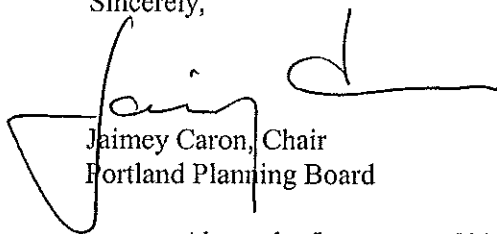
CBL: 416A-A-002; 417-A-4,5,10,11; 418-A-1,3,4,5,6,9,10

Dear Mr. Neagle:

On October 23, 2001, the Portland Planning Board voted 3-2 (Caron, Krichels, Rodriguez opposed; Cole absent; Malone abstained) to not recommend the Dragon Products contract zone to the City Council.

If there are any questions, please contact Sarah Hopkins at 874-3720.

Sincerely,



Jaimey Caron, Chair
Portland Planning Board

cc: Alexander Jaegerman, Chief Planner
Sarah Hopkins, Development Review Program Manager
Jay Reynolds, Development Review Coordinator
✓ Marge Schmuckal, Zoning Administrator
Jodine Adams, Inspections
William Bray, Director of Public Works
Larry Ash, Traffic Engineer
Tony Lombardo, Project Engineer
Eric Labelle, City Engineer
Jeff Tarling, City Arborist
Penny Littell, Associate Corporation Counsel
Lee Urban, Director of Economic Development
Lt. Gaylen McDougall, Fire Prevention
Don Hall, Appraiser, Assessor's Office
Susan Doughty, Assessor's Office
Approval Letter File
Correspondence File

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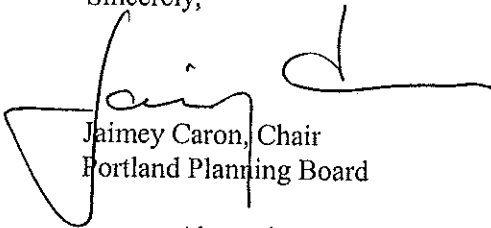
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ELECTRICAL PERMIT

City of Portland, Me.

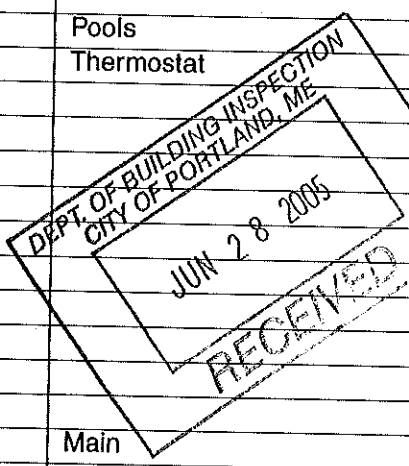


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 6.28.05
 Permit # 2005-4578
 CBL# 416 AA003018

LOCATION: 22 Osprey Terr. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Lady LePore
 TENANT _____ PHONE # 878-5252

				TOTAL EACH FEE			
OUTLETS	<u>10</u>	Receptacles	<u>8</u>	Switches	<u>1</u>	Smoke Detector	.20
FIXTURES	<u>5</u>	Incandescent	<u>2</u>	Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>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
APPLIANCES		Ranges		Cook Tops		Wall Ovens	5.00
		Insta-Hot		Water heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win					3.00
		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	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		Remote		Main	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
						MINIMUM FEE/COMMERCIAL 45.00	35.00
						MINIMUM FEE	



CONTRACTORS NAME Superior Electric MASTER LIC. # MC60018033
 ADDRESS PO Box 357 LIMITED LIC. # _____
 TELEPHONE Linington ME 04049

SIGNATURE OF CONTRACTOR [Signature]