

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 51 Elizabeth Street, Peaks Island		Owner: Sally Bishop		Phone: 766-5790		Permit No: 960008	
Owner Address:		Leasee/Buyer's Name		Phone:		Business Name:	
Contractor Name: Robert DeSousa		Address: 51 Miriam Way, Peaks Isl		Phone:		Permit Issued: ISSUED	
Past Use: Single Family dwelling		Proposed Use: single family dwelling w/interior renovations		COST OF WORK: \$ 750.00		PERMIT FEE: \$25.00	
Proposed Project Description: remove and replace one interior wall as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>A7</i> Type <i>5B</i> <i>BOCA 92</i>		CITY OF PORTLAND Zone: <i>IR-2</i> CBL: <i>101</i> <i>IR-2 87-7-31/32</i>	
Signature:		Signature:		Signature:		Zoning Approval: <i>OK 1/8/96</i>	
Signature:		Signature:		Signature:		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Victoria A. Dover		Date Applied For: January 5, 1996		Signature:		Date:	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

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 this work 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 provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: <i>[Signature]</i>		51 Elizabeth St.		1/5/96		766-5790	
L. Paul Kozak		ADDRESS:		DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		White-Permit Desk		Green-Assessor's		Canary-D.P.W. Pink-Public File Ivory Card-Inspector	
PHONE:		PHONE:		PHONE:		PHONE:	

Action:

Approved
 Approved with Conditions
 Denied

Date: *1/8/96*

CEO DISTRICT: *[Signature]*

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Proposed Project Description: remove and replace one interior wall as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B3 Type: SB BCCAD		Zoning Approval: OK	
		Signature:		Signature:		Special Zone or Reviews: <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"/>	
Permit Taken By: Victor A. Dover		Date Applied For: January 5, 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: <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	
		Signature:		Date:		Historic Preservation: <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

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SIGNATURE OF APPLICANT: **L. Paul Kozak** ADDRESS: **51 Elizabeth St.** DATE: **1/5/96** PHONE: **766-5790**

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

DATE: **1/8/96**
GEO DISTRICT: **#6 A. Rowe**

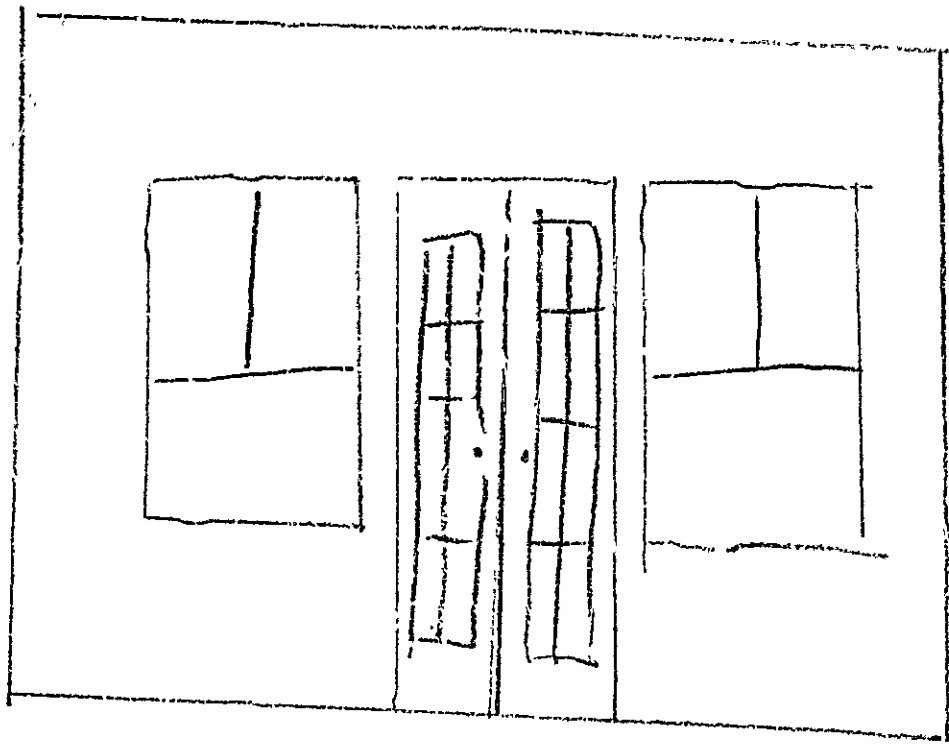
COMMENTS

Lined area for handwritten comments.

Inspection Record

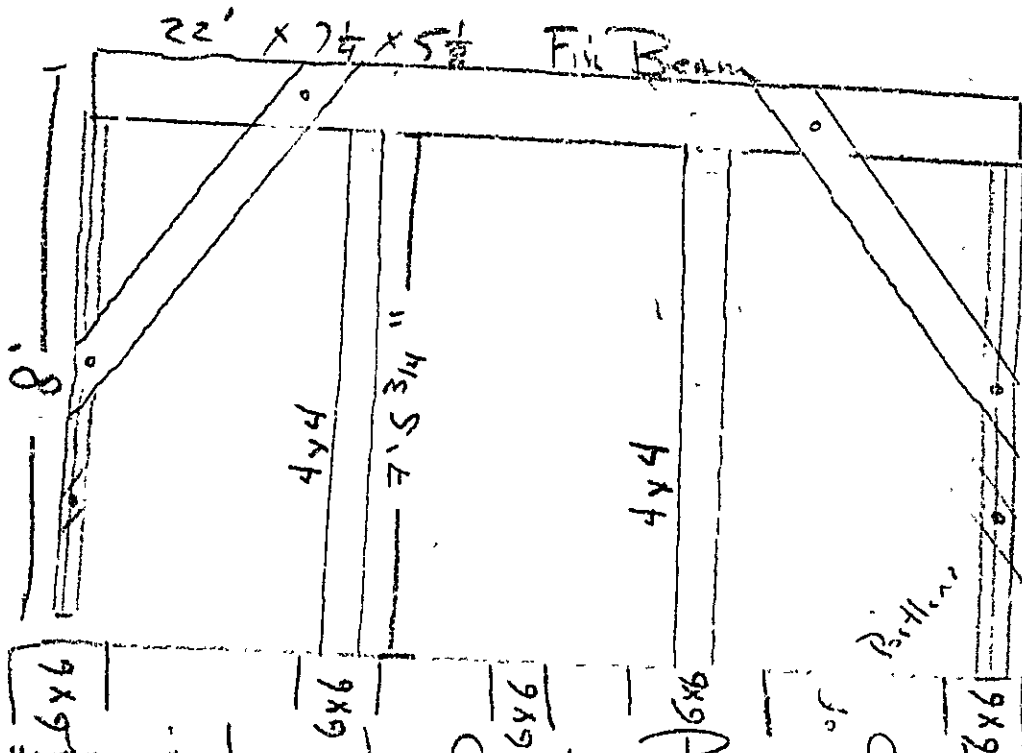
	Type	Date
Foundation:	N/A	6/19/96
Framing:	O.K. A. Rowe	
Plumbing:	N/A	
Final:		
Other:		

Building Permit for St Elizabeth at Peaks.



Existing wall trusses to be built in place (Enclosed)

1st Floor



END of Beam's Post
 Leader into wall
 Both Sides
 Corner Diagonal
 Braces in
 1/2 lapped & through
 bolted

Crawl Space

Remove windows & doors to framing, BRACE front room with false wall, which is removed upon completion of new Post & beam construction, Demolition & labor to be done by home owner, Post & Beam construction to be done by Cottage Renovations Peaks Island. Cost not to exceed \$750.00
 Any Questions Please call Robert de Souza - at 207-266-2920