

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

Permit Number: 060126  
JAN 26 2006

CITY OF PORTLAND

This is to certify that Valerie Birnhak/Casco Bay Ventures  
has permission to Renovate newly combined unit on the 3rd & 4th floors  
AT 108 Eastern Promenade City ID: 003 C007001

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 work on permit on procedure before this building or part thereof is altered 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

*Jeannie Bourke* 1/26/06  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 06-0126	Issue Date: 01/26/2006	CBL: 003 C007001
-----------------------	---------------------------	---------------------

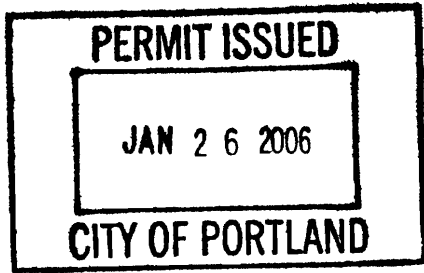
Location of Construction: 108 Eastern Promenade	Owner Name: Valerie Birnhak	Owner Address: 84 Eastern Promenade	Phone:
Business Name:	Contractor Name: Casco Bay Ventures	Contractor Address: 223 Woodville Road Falmouth	Phone 2077977752
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R6

Past Use: Three Single Family Condos	Proposed Use: Three Single Family Condos w/renovations in the newly combined unit on 3rd & 4th floors	Permit Fee: \$336.00	Cost of Work: \$35,000.00	CEO District: 1
Proposed Project Description: Renovate newly combined unit on the 3rd & 4th floors		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: JB IBC 2003 Signature: JMB 1/26/06	
		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: jmb	Date Applied For: 01/26/2006	<b>Zoning Approval</b>
-------------------------	---------------------------------	------------------------

- 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..

<b>Special Zone or Reviews</b> <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: JMB 1/26/06	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: JMB
---	---	--



**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

4/13/06 Close in w/ Wally + Jim Mc.  
Mike Collins not available so I did the Electrical.

- need #8 bonding wire to SDA meters
  - need a smoke detector outside 4th Fl bedroom
- Plumbing test is on + good. OK to close. JMB

6/12/06 Final w/ Wally G. - MC not available.

Smokes NOT on Alarm system yet - can't test

- Need handrails on interior carpeted stairs
- Need to change kitchen receptacle on left

Side of sink to GFCI. JMB  
Need full resp w/ Fire will call

Final w/ Wally G. 1/20/06

1/20/06 1/20/06



# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	1000
<b>PROPERTY OWNERS NAME</b>	
Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

Date Permit Issued: 2 24 06 \$ 11.90  If Double Fee Charged  
 Local Plumbing Inspector Signature: Thomas M. Mally L.P.I. # 0744  
357

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

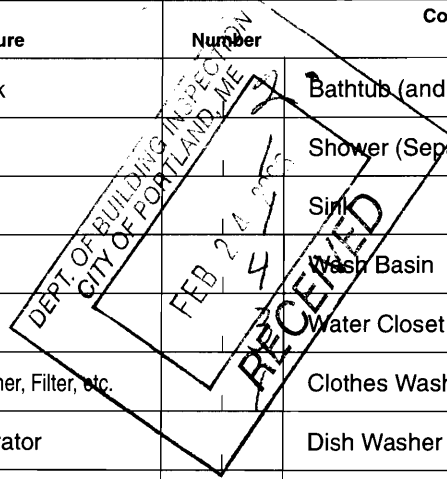
Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>14345</u>
---	---	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebabb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	14	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



# 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 2/28/08  
 Permit # 2006-4175  
 CBL# 3 C 7

LOCATION: 108 E. PROM METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER WALLY GEYER-CASCO BAY VENTURES  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

					TOTAL	EACH	FEE
OUTLETS	<input checked="" type="checkbox"/>	Receptacles	<input checked="" type="checkbox"/>	Switches	<input checked="" type="checkbox"/>	Smoke Detector	.20
FIXTURES		Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS		(number of)					1.00
MOTORS		(number of)					2.00
RESID/COM		Electric units					1.00
HEATING		oil/gas units		Interior		Exterior	5.00
APPLIANCES	<input checked="" type="checkbox"/>	Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters		Fans	2.00
	<input checked="" type="checkbox"/>	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
	<input checked="" type="checkbox"/>	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	
					MINIMUM FEE	35.00	45.00

CONTRACTORS NAME MARC'S ELECTRIC MASTER LIC. # 16207  
 ADDRESS 527 BLACKSTRAP RD. FAL. LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 233-3733

SIGNATURE OF CONTRACTOR Marc Gagne  
 White Copy - Office • Yellow Copy - Applicant

*Handwritten note:* CBL# 404