

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 070825

This is to certify that Robert Beebe/Steve Hopkins  
has permission to Remove Kitchen and Bath 2nd floor and interior renovations  
AT 33 VESPER ST

PERMIT ISSUED  
JUL 10 2007  
CITY OF PORTLAND

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 is procured before this building or part thereof is altered or demolished-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

7/19/07 *[Signature]*  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

*Scanned*

*O.K. to Issue  
C.O. final  
Ch. 1/25/07  
Issued.*

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

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

Permit No: 07-0825	Issue Date: 7/10/07	CBL: 003 F016001
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Location of Construction: 33 VESPER ST	Owner Name: Robert Beebe	Owner Address: Rt 26	Phone: 207-657-3529
Business Name:	Contractor Name: Steve Hopkins	Contractor Address: PO Box 508 Yarmouth	Phone: 2078380427
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R-6

Past Use: Two Family	Proposed Use: Single Family	Permit Fee: \$720.00	Cost of Work: \$70,000.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB IRC-2003	

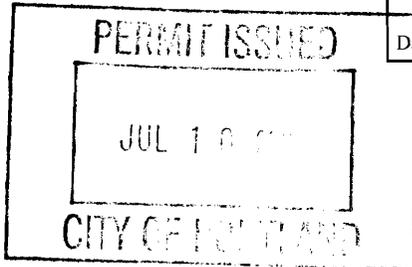
**Proposed Project Description:**  
Remove Kitchen and Bath 2nd floor and interior renovations

Signature: \_\_\_\_\_ Signature: 7/10/07 CLM  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
 Action:  Approved  Approved w/Conditions  Denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: csh	Date Applied For: 07/09/2007	<b>Zoning Approval</b>	
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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"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 7/10/07 CLM	Date: _____	Date: 7/10/07 CLM



**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



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 33 VESPER ST

CBL 003 F016001

Issued to Robert Beebe/Steve Hopkins

Date of Issue 01/29/2008

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 07-0825 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single family  
R-3 Type 5B  
IRC 2003

Limiting Conditions: None

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# 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 8/15/07  
 Permit # 2007-4601  
 CBL# 3-F-16

LOCATION: 33 Vesper st METER MAKE & # 55013951  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Robert Beebe  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

OUTLETS	Receptacles	Switches	Smoke Detector			
					.20	
FIXTURES	Incandescent	Fluorescent	Strips		.20	
<i>Temp</i> SERVICES	1 Overhead	Underground	TTL AMPS <800		15.00	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	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	
	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 55.00		
				MINIMUM FEE	<u>45.00</u>	

CONTRACTORS NAME DeBevoise Elec Inc MASTER LIC. # 04450  
 ADDRESS 202 US RT1 Box 373, Fall ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 831-5946

SIGNATURE OF CONTRACTOR [Signature]  
 White Copy - Office • Yellow Copy - Applicant

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation	Portland
Street	...
Subdivision Lot #	...

## PROPERTY OWNERS NAME

Last: ... First: ...

Applicant Name: ...

Mailing Address of Owner/Applicant (if Different): ...

PORTLAND PERMIT # 10334 TOWN COPY

Date Permit Issued: 7/12/07 \$ 90  If Double Fee Charged

...  
Local Plumbing Inspector Signature

L.P.I. # 1067

## 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

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # ...

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Bidet		Garbage Disposal
		Other:		Laundry Tub
		Fixtures (Subtotal) Column 2	13	Water Heater
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>				Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			14	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

