

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 041573

This is to certify that Rogoff Seth N /Bruce Pinette
has permission to Add one non bearing wall & door to create spare bedroom
AT 89 Walnut St 012 G018001

Any person or corporation accepting this permit shall comply with all
regulations and ordinances of the City of Portland regulating
the use of buildings and structures, and of the application on file in

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
labeled or closed-in.
FOUR HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

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

[Signature]
10/20/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



89

4
G

OUTLETS	/	Receptacles	2	Switches		Smoke Detector	.20
FIXTURES	2	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		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 45.00				MINIMUM FEE	35.00

CONTRACTORS NAME Larry McMahon
 ADDRESS 180 Hamlet RD.
 TELEPHONE 772-5257

MASTER LIC.# 4604
 LIMITED LIC.# _____

SIGNATURE OF CONTRACTOR _____

OK # 2752

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Scott 321-2261

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: _____
 Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: Rosoff First: Linda
 Applicant Name: _____

Mailing Address of Owner/Applicant (if Different):
PO Box 6308
Portland, ME 04107-0308

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: 11-11

048469
 Date Permit Issued: 11.15.04 \$ 1300.00 If Double Fee Charged
 Local Plumbing Inspector Signature: Annie Bonka L.P.I. # 07221
 129018

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: _____

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" 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 _____	Plumbing To Be Installed By: 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"/> 3 PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District PIPING RELOCATION: of sanitary		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1 *
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

11/23/84 Close in OK Test on plumbing
OK to Close JMB
9/29/05 Completed.
AK

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1573	Issue Date:	CBL: 012 G018001
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Location of Construction: 89 Walnut St	Owner Name: Rogoff Seth N	Owner Address: 89 Walnut St	Phone:
Business Name:	Contractor Name: Bruce Pinette	Contractor Address: 1051 Main Street Lewiston	Phone: 754-0405 2077833612
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone:

Current Use: Single Family Home	Proposed Use: Single Family Home / Add one non bearing wall & door to create spare bathroom	Permit Fee: \$39.00	Cost of Work: \$1,500.00	CEO District: 1
Proposed Project Description: Add one non bearing wall & door to create spare bathroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: SE <i>IRL 2003</i>	
		Signature:	Signature:	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 10/20/2004	Zoning Approval
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<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>	Special Zone or Reviews <input checked="" 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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: 10/20/04	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 Date:	Historic Preservation <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: 10/20/04
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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