

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

**BUILDING REPAIR & MAINTENANCE**

**PERMIT**

Please Read Application And Notes, If Any, Attached

**PERMIT ISSUED**  
Permit Number: 050993  
DEC 12 2005  
**CITY OF PORTLAND**

This is to certify that Schilling Peter C /David Lav  
has permission to replace all drywall, interior trim & floors vinyl windows on 3rd floor; patch roof shingles  
AT 7 Cleeve St 013 F002001

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 written permission procured before this building or part thereof is altered or enclosed-in. **48 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. Capt. Greg Cass  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*Janine Bourke* 12/8/05  
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: 05-0993	Issue Date: <b>PERMIT ISSUED</b> DEC 12 2005	CBL: D13 F002001
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Location of Construction: 7 Cleeve St	Owner Name: Schilling Peter C	Owner Address: 7 Cleeve St	Phone: 851-0045
Business Name:	Contractor Name: David Lavalle	Contractor Address: 177 Lindsey Road Wells	Phone: 2072520515
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: <i>Bob</i>

Past Use: three unit residence	Proposed Use: three unit residence rebuilt to original condition after lightening strike and fire	Permit Fee: \$471.00	Cost of Work: \$50,000.00	CEO District: 1
<i>legal use: three (3) dwelling units</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R2</i> Type: <i>SB</i> <i>IBC-2003</i>	

Proposed Project Description: replace all drywall, interior trim and floors, vinyl windows on third floor; patch roof shingles	Signature: <i>Chris Case</i>	Signature: <i>AMB 12/8/05</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: jharris	Date Applied For: 07/20/2005	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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: <i>8/3/05</i>	<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: _____
	Date: <i>8/3/05</i>		

**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 \_\_\_\_\_

12/20/05 Close - in 1st, 2nd  
12/21/05 Close - in 3rd

~~AAA~~

2/13/06 ~~Close - in 1st, 2nd~~

① Needs to eliminate wooden doors  
to common halls.

② ~~Close - in 1st, 2nd~~ AL

3/17/09 Closed out while at CDBG Inspection

All Fire doors installed except basement  
door. Sent 30 day correction letter. This

will be installed on This NOV.

JMB

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# ELECTRICAL PERMIT

## City of Portland, Me.

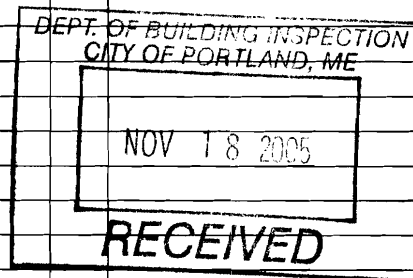


To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 11/18/05  
 Permit # 05-5090  
 CBL# 13 FCCJ

LOCATION: 7-9 Cleave Street METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Peter Schilling  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

						TOTAL EACH FEE		
OUTLETS	Receptacles	35	Switches	Smoke Detector		.20	4	
FIXTURES	Incandescent	5	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	1	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 Brad Wh. Telectric MASTER LIC. # MS60002895  
 ADDRESS PO Box 521 Jordan ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 225 3254 / cell 7407549  
 SIGNATURE OF CONTRACTOR Bradley