

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number 050445

PERMIT ISSUED

MAY - 5 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Link C Susan has permission to 3rd floor addition AT 44 Walnut St

015 E007001

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 in progress must be reported before this building or part thereof is occupied 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

Signature: Jamie Bourke 5/4/05 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Send Tag

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0445	Issue Date: MAY 5 2005	CBL: C15 E007001
Owner Address: 44 Walnut St		Phone:
Contractor Address: CITY OF PORTLAND		Phone:
Permit Type: Alterations - Dwellings		Zone: R6

Location of Construction: 44 Walnut St	Owner Name: Link C Susan
Business Name:	Contractor Name: <i>Mark Goode</i>
Lessee/Buyer's Name	Phone:

Past Use: Residential 2 unit	Proposed Use: Residential 2 unit 3rd floor addition
<i>Legal use - No change</i>	
Proposed Project Description: 3rd floor addition	

Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 1
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R4 Type: SB IRC-2003	
Signature:	Signature: <i>JMB 5/4/05</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: dmartin	Date Applied For: 04/22/2005	Zoning Approval	
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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 <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mjnor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK w/conditions</i> Date: <i>JMB 5/4/05</i>

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: <i>JMB</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

8/12/05. checked plumbing - test on all vented
OK - Framing not complete - ~~no~~ electrical one
outlet near sub panel + one overhead light only.

10/24/05 ^{Electrical} Framing OK except for steps - @ top rise
8 1/4; all others 7 1/4 (2) plywood around chimney too
close; not 2". (3) Bottom ^{Rise} ~~and~~ 8"; may not
be more 7 3/4" - d must be same as ~~rise~~
above it. OK

8/22/07 - all above items correct -
work needed - get this out.

ELECTRICAL PERMIT

City of Portland, Me.

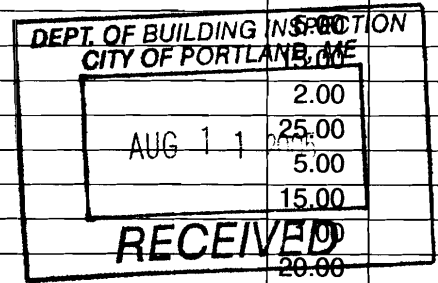


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 8/11/05
 Permit # 05-4729
 CBL# 15 E 007

LOCATION: 44 Walnut St. (2ND Floor) METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Sue Link
 TENANT Sue Link PHONE # _____

							TOTAL	EACH FEE	
OUTLETS	10	Receptacles	10	Switches	2	Smoke Detector		.20	
FIXTURES	5	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							
	Alarms/com							2.00	
	Heavy Duty(CRKT)							25.00	
	Circus/Carnv							5.00	
	Alterations							15.00	
	Fire Repairs							20.00	
	E Lights								
	E Generators								
PANELS	1	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	\$35.00



CONTRACTORS NAME Raymond Hill Jr MASTER LIC. # MS60017109
 ADDRESS 154 Highland Rd. Standish, Me. 04084 LIMITED LIC. # _____
 TELEPHONE 893-6032 / 318-5827

SIGNATURE OF CONTRACTOR Raymond C Hill Jr *# 2506*
 White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 44 Walnut St

PROPERTY OWNERS NAME

Last: ~~Keenan~~ First: Kathleen
Link Susan

Applicant Name: David Robert
Mailing Address of Owner/Applicant (If Different): PO Box 2195 S. Portland Me 04106

2005-8283

Caution: Permit Required

PORTLAND PERMIT # 9507 TOWN COPY

Date Permit Issued: 8/9/05 \$ 1130 If Double Fee FEE Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 0603

15 E 7

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] 8/9/05
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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>16695</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	/	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
<p style="text-align: center; font-size: 24px; font-weight: bold;">OR</p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 2	4	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