Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

MOLE BU

Permit Number: 091174

DEDIVITION

This is to certify thatpULKKINEN JOHANNA /Tile	Constru	PERIVIT ISSUED
has permission toremodel 1st floor bathroom, kit	n & livi room a & new b	
AT 28 WATERVILLE ST	CF	OCT 2 7 2009

provided that the person or persons, first or community of the provisions of the Statutes of Mane and of the complete 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.

Not ation o must b ispectid give nd writte permissi brocure befd oling or pa this bui hereof is sed-in. 2 lath or oth HOI NOTICE IS REQUIRED.

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

OTHER REQUIRED	APPROVALS
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Fire Dept			 	
Health Dept		_	 	
Appeal Board			 	
Other				
	Department Name			

PENALTY FOR REMOVING THIS CARD

City of Portland, M	Iaine - Buil	lding or Use	Permi	t Applicatio	n Peri	mit No:	Issue Date	:	CBL:	_	
389 Congress Street,		_				09-1174			017 E03	34001	
Location of Construction:		Owner Name:			Owner	Address:			Phone:		
28 WATERVILLE ST		PULKKINEN	JOHA]	NNA	28 W.	ATERVILL	E ST				
Business Name:		Contractor Name	:		Contra	ctor Address:			Phone		
		Tilton Constru	iction		28 Cr	aig Road W	indham		2077517624		
Lessee/Buyer's Name		Phone:		1	Permit Type:				L	Zone:	
					Alter	ations - Dw	ellings				
Past Use:	<u> </u>	Proposed Use:			Permit	Permit Fee: Cost of Work:			CEO District:	1	
Single Family Home		Single Family	Home -	remodel 1st		\$70.00		00.00	1		
		floor bathroon			FIRE I		<u> </u>	INSPE	CTION:		
		room area & n					Approved	Use G	roup: 17 3	Type: 575	
		bathroom				_	Denied			, OD	
									TPC >	E00	
Proposed Project Description		<u> </u>	_		-				roup: R3 IRC Z ure: Jm /		
remodel 1st floor bathro		& living room ar	ea & ne	w basement	Signatu			Signati	J	1204	
bathroom	oom, kitchen e	e nving room ar	ca oc nc	w basement			IVITIES DIST	TRICT (PAD)	0/2//0	
					LDES	TRIAN ACT				A.D.)	
					Action:	: Appro	ved App	proved w	/Conditions	Denied	
					Signatu	ıre:			Date:		
Permit Taken By:	Date Ar	oplied For:						. 1			
Ldobson	1	5/2009				Zoning	Approva	H			
<u> </u>			Spe	cial Zone or Revi	ews T	Zoni	ng Appeal		Historic Pres	ervation	
1. This permit applica						_					
Applicant(s) from the Federal Rules.	meeting appire	able State and	_ Shoreland		☐ Variance				Not in District or Landman		
			l _ , ,,		1					D	
2. Building permits d		olumbing,	🗀 w	Wetland Miscellaneous			Does Not Require Review				
septic or electrical									D. mina Davisa		
3. Building permits an			Flood Zone		\checkmark	Conditional Use		1	Requires Review		
within six (6) mont False information r					☐ Interpretation			Approved			
permit and stop all		u bunung	sı	ıbdivision 💛	ľ	interpre	tation		Approved		
L L			 	An Diam	1	[] A	-1		Ammoriad w/	Canditions	
				te Plan	ļ	Approv	ea		Approved w/	Conditions	
						□ pi.4			□ Daniad		
	ANT IC	SHED	Maj [Minor MM	Denied			Denied			
PER	MIT IS		/	١.	,						
			Date:	pm 10/2	27/09/	Date:			Date: ' h	10/27/0	
	OCT 27 2	009		•	•						
	001 2 7	-									
		. •									
	City of Port	land									
			_								
				CERTIFICATI							
I hereby certify that I an											
I have been authorized by jurisdiction. In addition											
shall have the authority											
such permit.	viiivi uli ulv	00 / 01 0d 0 y 50	-on pon	at any rouse	IIV	on to enion	o ale provi	.5.511 01	+0 a • (b) up	F	
L											
			_					-	_		
SIGNATURE OF APPLICAT	NT			ADDRES	SS		DATE	;	РНО	NE	
RESPONSIBLE PERSON IN	CHARGE OF W	ORK TITLE					DATE		PHO	 NE	
THE STREET LANGUAGE IN	· OTHEROP OF II	· ~ ****, !!!!!!					DALL		1110		

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

Order Release will be mearred if the procedure	is not tonowed as stated below.
A Pre-construction Meeting will take place upon	receipt of your building permit.
X Framing/Rough Plumbing/Electrical: P	rior to Any Insulating or drywalling
X Final inspection required at completion	of work.
Certificate of Occupancy is not required for certain p your project requires a Certificate of Occupancy. Al	
If any of the inspections do not occur, the project REGARDLESS OF THE NOTICE OR CIRCUM	2
CERIFICATE OF OCCUPANICES MUST BE IS THE SPACE MAY BE OCCUPIED.	SSUED AND PAID FOR, BEFORE
X / hogymin hair	10/27/09
Signature of Applicant/Designee	Date
Thomas M. Menlley	10/27/09
Signature of Inspections Official	Date

CBL: 017 E034001 **Building Permit #:** 09-1174

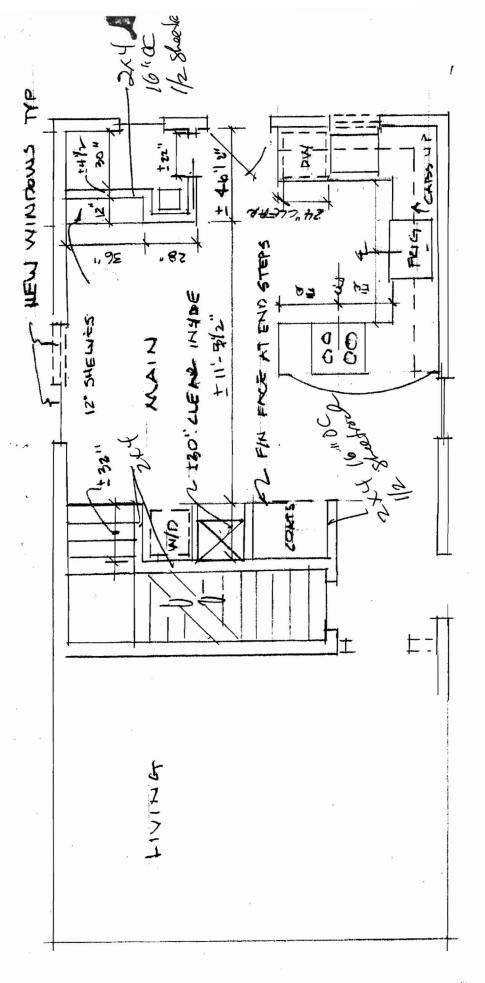
General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Proposed Structi	ure/Area	Square Footage of I	_ot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	1	nust be owner, Lessee	or Buyer*	Telephone:
DIOCK# LOTH	Name J	AMES DOINIE	Cit	207-478-36
1// 2	Address 2	WATERVILLE.	J 1	207-751-16
	City, State &	Zip PORTLAND, 1		The soon
Lessee/DBA (If Applicable)	Owner (if dif	ferent from Applican	t) Co	ost Of Q 2-23
	Name A	ned	W	ork: \$ Jakob ?
	Address		С	of O Fee: \$
	City, State & 2	Zip		70
		_T	To	otal Fee: \$
If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision?				
Project description: NEMODEL 1ST FLOOR BATH NIETA BASER OUT BOTTHICO Contractor's name: TILTING CO Address: J& CRAIG R	1200 , KITO CANTONIONE	and Maine Y Wine	l-142€14 	
Project description: PEMODEL 1ST FLOOR SATE NETH BASEN ON THICK Contractor's name: TILTIM Contractor's name: TILTIM Contractor's name: TILTIM Contractor's name: USANAMI, N. City, State & Zip WINNAMI, N.	MANGERICA	ordand Maine Maine A Mine	L-AIEA Telepho	one:
Project description: PEMODEL 1ST FLOOR SATE NETAL BASENGET SOTTHER Contractor's name: TILTICAL LO Address: J& CRAIG K City, State & Zip WINDAM M Who should we contact when the permit is re	MAN HICE TO A	Portland Inspection of Maine A	L-AIEA Telepho Telepho	one:
Project description: Percent 1st Floor 1st The Contractor's name: Til Town Contractor's	MANUS HAM	Cress of Live of Color	l-7 A2EA — Telepho — Telepho	one:
Project description: PEMODEL 1ST FLOOR SATE NETAL BASENGET SOTTHER Contractor's name: TILTICAL LO Address: J& CRAIG K City, State & Zip WINDAM M Who should we contact when the permit is re	PARTHUM PRITA CANTELLA PORT CANTEL	A CHOCO	Telepho	one:
Project description: Project description:	n outlined on the automatic de full scope of the prissuance of a permittions Division on-line	A LIVIAGE DE LIVIAGE DE Applicable Chemial of your permenter informate at www.portlandmainers	Telepho Telepho Conit. and Developation or to decegov, or stop	one:
Project description: Percent 1st Floor 1st 1s	eady: Fruit To eady: Fruit To Pour July To eady: Fruit To Pour July To eady: Fruit To Pour July To eady: Fruit To Pour July To no outlined on the ne automatic de e full scope of the prissuance of a permit tions Division on-line named property, or the s application as his/hoork described in this a	applicable Chemial of your permental management of record agent. I application is issued, I compared to the content of the con	Telephone Teleph	one:

City of Portland, Mai	ine - Building or Use Permi	t		Permit No:	Date Applied For:	CBL:	
•	01 Tel: (207) 874-8703, Fax: (4-8716	09-1174	10/26/2009	017 E034001	
Location of Construction:	Owner Name:		ŀ	Owner Address:		Phone:	
28 WATERVILLE ST	PULKKINEN JOHAN	PULKKINEN JOHANNA 2:			28 WATERVILLE ST		
Business Name:	Contractor Name:	Contractor Name: Co			Contractor Address:		
	Tilton Construction			28 Craig Road Wi	indham	(207) 751-7624	
Lessee/Buyer's Name	Phone:		i i	Permit Type:	-		
				Alterations - Dwe	ellings		
Proposed Use:		_	Propose	d Project Description	:		
Single Family Home - remroom area & new basemen	odel 1st floor bathroom, kitchen & t bathroom	living		el 1st floor bathrod ent bathroom	om, kitchen & living	room area & new	
1 '	Status: Approved with Condition val for an additional dwelling unit. ch as stoves, microwaves, refrigera	You SH	ALL NO	•		Ok to Issue:	
	nain a single family dwelling. Any	•		•		ı for review and	
3) This permit is being ap work.	proved on the basis of plans submi	itted. An	ıy deviat	ions shall require	a separate approval t	pefore starting that	
Dept: Building	Status: Approved with Condition	ns Re	viewer:	Tom Markley	Approval D	Date: 10/27/2009	
Note:	11			- ,		Ok to Issue:	
1) Separate permits are re	equired for any electrical, plumbing or approval as a part of this process		er, fire a	larm or HVAC or	exhaust systems. Sep		
2) Permit approved based	on the plans submitted and review	ed w/ow	ner/cont	ractor, with addition	onal information as a	greed on and as	

noted on plans.



28 WATERWILLE
MAIN POOM
10/14/09 1/4=1"-0"

NAW TRO: CLA DRYWAY FINOR COSCRETE

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	0/21/09
Permit #_	2009-4137
CBL#	17-8-34

LOCATION: 323	Wenter Vail		
		OWNER James Dance	
TENANT		_PHONE #	

			10			TOTA	AL EACH FEE
OUTLETS		Receptacles	X	Switches		Smoke Detector	.20
			•				
FIXTURES		Incandescent	4	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	1	(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	T	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)				DECEIVED	2.00
<u> </u>		Circus/Carny				RECEIVED	25.00
		Alterations					5.00
		Fire Repairs				OCT 2 8 2009	15.00
		E Lights				<u> </u>	1.00
		E Generators	_			s pullating Inspection	20.00
		L Generators				Dept. of Building Inspection City of Portland Maine	20.00
PANELS		Service		Remote		Main City of Portiaria	4.00
TRANSFORMER		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00
		Ovel 200 KVa				TOTAL AMOUNT DUE	10.00
		MINIMALINA CCC (CC)		DOIAL SE OC)
	L	MINIMUM FEE/CO	IVIIVIE	HCIAL 55.00		MINIMUM FEE (45.00	

CONTRACTORS NAME Cosaceated Clectus MASTER LIC. # MC 6001 7626
ADDRESS 525 Main St - So Partery LIMITED LIC. #
TELEPHONE 253-5027

SIGNATURE OF CONTRACTOR

White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICAT				Division of Environmental Health
PROPERTY ADDRESS			2200	C103
Town or Plantation	\mathcal{L}	•	3000	
Street Subdivision Lot # 25 Watcome PROPERTY OWNERS NAM	erville	PORTLAND Date Permit 25	PEI	RMIT # 11067 TOWN COPY \$ 6 6 6 6 6 6 6 6 6 6
Last: DOWE First. J	M	Local Plumbing Inspectors	Signature	L.P.I.# _/, 6, 6, 7
Applicant Name: Mailing Address of Owner/Applicant (If Different) Applicant Owner/Applicant (If Different)	Milton d Cliff MMF.114	N/2 ON	E	234
Owner/Applicant Statemen I certify that the information submitted is correct to the knowledge and understand that any talsification is re Plymbing inspactors to deny a Permit Cold Down	e best of my	I have inspected the compliance with the Sun, C	e installation auti Maine Plumbing מוצא אנו האים או	- Jn# -
Signature of Owner/Applicant	/ Date	Local Plumbing Ir		re Date Approve
This Application is for 1. NEW PLUMBING 1. SINGLE 2. RELOCATED 2. Memory Manual Ma	PERMIT //PP of Structure FAMILY DWELL IODULAR OR MI LE FAMILY DWE - SPECIFY	LING OBILE HOME	1. 12 MAS 2. OIL I 3. MFG 4. PUB 5. PRO	TER PLUMBER BURNERMAN 'D. HOUSING DEALER/MECHANIC LIC UTILITY EMPLOYEE PERTY OWNER E # \[0 2 3 4 4 \]
Hook-Up & Piping Relocation		Column 2	LICENS	Column1
Maximum of 1 Hook-Up	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	1 Ho	osebib / Sillcock		Bathtub (and Shower)
the local Sanitary District.	Flo	oor Drain	/	Shower (Separate)
OR	Ur	inal		Sink
HOOK-UP: to an existing subsurface wastewater disposal system.	Dr	inking Fountain	12	Wash Basin
wastewater dispusar system.	Inc	direct Waste	2	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines. drains. and piping without	Wa	ater Treatment Softener, Filter, etc.	/	Clothes Washer
new fixtures.	Gr	rease / Oil Separator	/	Dish Washer
	Ro	pof Drain		Garbage Disposal
YOR	Bio	det		Laundry Tub
TRANSFER FEE	Ot	her:		Water Heater
[\$6.00]		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
	T.		- 2	Fixtures (Subtotal) Column 2
	IIT FEE SCHE		78	Total Fixtures
FOR CA	LCULATING F	EE		Fixture Fee
				Transfer Fee
		(h)	7	Hook-Up & Relocation Fee
Page 1 of 1 HHE-211 Rev. 08.05	ST	TATE COPY		Permit Fee (Total)

Page 1 of 1 HHE-211 Rev. 08.05