

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

| | | | | |
|--|---------------|--|--|---|
| Location of Construction: 1B Montfort St <u>Mountfort St</u> | | Owner: Montfort Limited Partnership | Phone: 772-9779 | Permit No: 9 80569 |
| Owner Address: 100 Middle St Ptld, ME 04101 | | Lessee/Buyer's Name: | Phone: | <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: JUN - 3 1998 CITY OF PORTLAND </div> |
| Contractor Name: Equity Builders, Inc. | | Address: 100 Middle ST Ptld, ME 04101 | Phone: 772-9779 | |
| Past Use: Housing Project | Proposed Use: | COST OF WORK: \$ 11,000.00 | PERMIT FEE: \$ 75.00 | Zone: <u>R-6</u> CBL: 017-G-007 Zoning Approval: <u>[Signature]</u> 6/1/98 Special Zone or Reviews: <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"/> |
| Proposed Project Description: Construct Addition See attached site plan exemption form | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type: | |
| | | Signature: _____ | Signature: <u>[Signature]</u> | |
| | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ |
| Permit Taken By: <u>Mary Gresik</u> | | Date Applied For: <u>26 May 1998</u> | | |

- 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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

| | | | |
|---|----------|--------------------------|--------|
| SIGNATURE OF APPLICANT | ADDRESS: | DATE: <u>27 May 1998</u> | PHONE: |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | | PHONE: |

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: 5/27/98 [Signature]

CEO DISTRICT

[Signature]

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 23 January 1998

LOCATION: Munjoy South 017-G-007

Permit # 3288

OWNER Montfort Housing Limited Partnership ADDRESS _____

| | | | | | | | | TOTAL EACH FEE | |
|--------------------------|-------------------|----|---------------|----|-------------------------------------|-----|-----------------|--------------------------|--------|
| OUTLETS | Telephone | 8 | Data | | CATV | 6 | 14 | .20 | 2.80 |
| | Receptacles | 90 | Switches | 49 | Smoke Detector | 734 | | .20 | 174.60 |
| FIBER OPTICS | | | | | | | | 15.00 | |
| FIXTURES | incandescent | | fluorescent | | | | 36 | .20 | 7.20 |
| | fluorescent strip | | | | | | | .20 | |
| SERVICES | Overhead | | | | TTL AMPS TO | 800 | XXXX | 15.00 | |
| | Underground | | | | | 800 | | 15.00 | |
| Temporary Service | Overhead | | | | AMPS OVER | 800 | | 25.00 | |
| | Underground | | | | | 800 | | 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 | 3 | Cook Tops | | Wall Ovens | | | 2.00 | |
| | Insta-Hot | | Water heaters | | Fans | 3 | | 2.00 | |
| | Disposals | | Dishwasher | | Compactors | | | 2.00 | 2.00 |
| MISC. (number of) | Air Cond/win | | | | | | | 3.00 | |
| | Air Cond/cent | | | | | | | 10.00 | |
| | HVAC | | EMS | | Pools | | | 5.00 | |
| | Signs | | | | Thermostat | | | 10.00 | |
| | Alarms/res | | | | | 2 | XX | 5.00 | 10.00 |
| | 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 | 3 | Main | | 3 | 4.00 | 12.00 |
| TRANSFORMER | 0-25 Kva | | | | | | | 5.00 | |
| | 25-200 Kva | | | | | | | 8.00 | |
| | Over 200 Kva | | | | | | | 10.00 | |
| | | | | | TOTAL AMOUNT DUE | | | | |
| | | | | | MINIMUM FEE/COMMERCIAL 35.00 | | | MINIMUM FEE 25.00 | 208.60 |

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Young's Electric MASTER LIC. # 3288
 ADDRESS 220 Industrial Way, Unit 2 Ptd LIMITED LIC. # _____
 TELEPHONE 797-0593

SIGNATURE OF CONTRACTOR Robert Young

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

| | |
|---|--------|
| Town Or Plantation | |
| Street Subdivision Lot # | |
| PROPERTY OWNERS NAME | |
| <i>MORLAN & SONS</i> | |
| Last: | First: |
| Applicant Name: | |
| Mailing Address of Owner/Applicant (if Different) | |

| | | |
|--|----------------------|---|
| PORTLAND Date Permit Issued: <i>1 29 98</i> | 6360 \$ <i>60</i> | TOWN COPY <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature | | L.P.I. # <i>0124</i> |

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 Inspector to deny a Permit.

Morlan & Sons
Arthur [Signature]

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

7/17/98
8/4/98

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

| | | |
|--|---|--|
| This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type Of Structure To Be Served: 1. <input 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"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # _____ |
|--|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|--|--------|---|--------|---|
| OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. | | 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 |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Grease/Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| Number of Hook-Ups & Relocations | | Other: _____ | | Water Heater |
| \$ Hook-Up & Relocation Fee | | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | | |
| | | | | Fixtures (Subtotal) Column 2 |
| | | | | Total Fixtures |
| | | | \$ | Fixture Fee |
| | | | \$ | Hook-Up & Relocation Fee |
| | | | \$ | Permit Fee (Total) |