

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

## BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 080960

**PERMIT ISSUED**

CITY OF PORTLAND

This is to certify that FULLAM CHARLOTTE/Domen Augustine  
 has permission to Install 18' Separation Wall Dining Area, install 6' x 5'L Wall Bedroom  
 AT 21 CHESTNUT ST 027 C0105NW

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is leased or otherwise closed-in. 24 HOUR NOTICE REQUIRED.

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

### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cross  
 Health Dept. \_\_\_\_\_  
 Appeal Board \_\_\_\_\_  
 Other \_\_\_\_\_  
 Department Name \_\_\_\_\_

*[Signature]* 8/21/08  
 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: 08-0960	Issue Date:	CBL: 027 C0105NW
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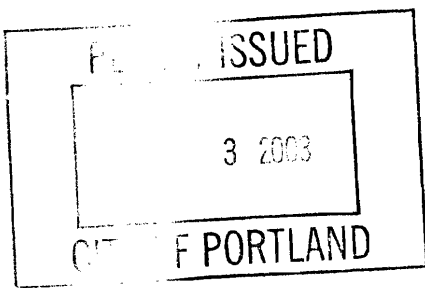
Location of Construction: 21 CHESTNUT ST	Owner Name: FULLAM CHARLOTTE	Owner Address: 21 CHESTNUT ST # 5NW	Phone: 207-699-9387
Business Name:	Contractor Name: Damien Augustine	Contractor Address: 81 Maggie Lane Portland	Phone: 2076999387
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: B-3

Past Use: Residential Condo	Proposed Use: Residential Condo - Install 18' Separation Wall Dining Area, Install 6'H x5'L Wall in Bedroom	Permit Fee: \$70.00	Cost of Work: \$5,000.00	CEO District: 1
Proposed Project Description: Install 18' Separation Wall Dining Area, Install 6'H x5'L Wall in Bedroom		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R-2 Type: 1B F/A + Sprinkler IBC 2003 Signature: <i>Craig Cass</i> Signature: <i>[Signature]</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: lmd	Date Applied For: 08/06/2008	<b>Zoning Approval</b>
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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	Zoning Appeal	Historic Preservation
<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"/> <input type="checkbox"/> Denied Date: <i>9/13/08</i>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved Date: _____	<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>[Signature]</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 08-0960	<b>Date Applied For:</b> 08/06/2008	<b>CBL:</b> 027 C0105NW
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<b>Location of Construction:</b> 21 CHESTNUT ST	<b>Owner Name:</b> FULLAM CHARLOTTE	<b>Owner Address:</b> 21 CHESTNUT ST # 5NW	<b>Phone:</b> 207-699-9387
<b>Business Name:</b>	<b>Contractor Name:</b> Damien Augustine	<b>Contractor Address:</b> 81 Maggie Lane Portland	<b>Phone:</b> (207) 699-9387
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	

<b>Proposed Use:</b> Residential Condo - Install 18' Separation Wall Dining Area, Install 6'H x5'L Wall in Bedroom	<b>Proposed Project Description:</b> Install 18' Separation Wall Dining Area, Install 6'H x5'L Wall in Bedroom
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 08/13/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.			
2) This property shall remain 37 residential dwelling units with commercial space on the first floor. Any change of use shall require a separate permit application for review and approval.			
3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 08/21/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Greg Cass	<b>Approval Date:</b> 08/14/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.			



# 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.

Location/Address of Construction: <u>24 Chestnut St Unit 503</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>027</u> Block# <u>C</u> Lot# <u>0105NW</u>	Applicant * <u>must be owner, Lessee or Buyer*</u> Name <u>DAMARA AUGUSTINE</u> Address <u>81 MAGGIE LANE</u> City, State & Zip <u>Portland ME 04103</u>	Telephone: <u>207 699 9387</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Charlotte Fullam</u> Address <u>24 Chestnut St #503</u> City, State & Zip <u>Portland ME 04103</u>	Cost Of Work: \$ <u>5,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>70</u>
Current legal use (i.e. single family) <u>single family</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>single family</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>see Attached scope of work</u>		
Contractor's name: <u>DAMARA AUGUSTINE</u> Address: <u>81 MAGGIE LANE</u> City, State & Zip <u>Portland ME 04103</u> Telephone: <u>207 699 9387</u> Who should we contact when the permit is ready: <u>DAMARA AUGUSTINE</u> Telephone: <u>207 699 9387</u> Mailing address: <u>81 MAGGIE LANE PORTLAND ME 04103</u>		

AUG 5 2008

**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Damara Augustine Date: 8/4/08

This is not a permit; you may not commence ANY work until the permit is issue

6161

**Owner**

Charlotte Fullam  
24 Chestnut st unit - 503  
Portland, Maine 04101

**Builder**

Damien Augustine  
81 Maggie Lane  
Portland, Maine 04103  
207-699-9387

**Scope of work****Area****Detail**

Bedroom/Studio

Provide and install 1- 60" x 80" Ikea wardrobe

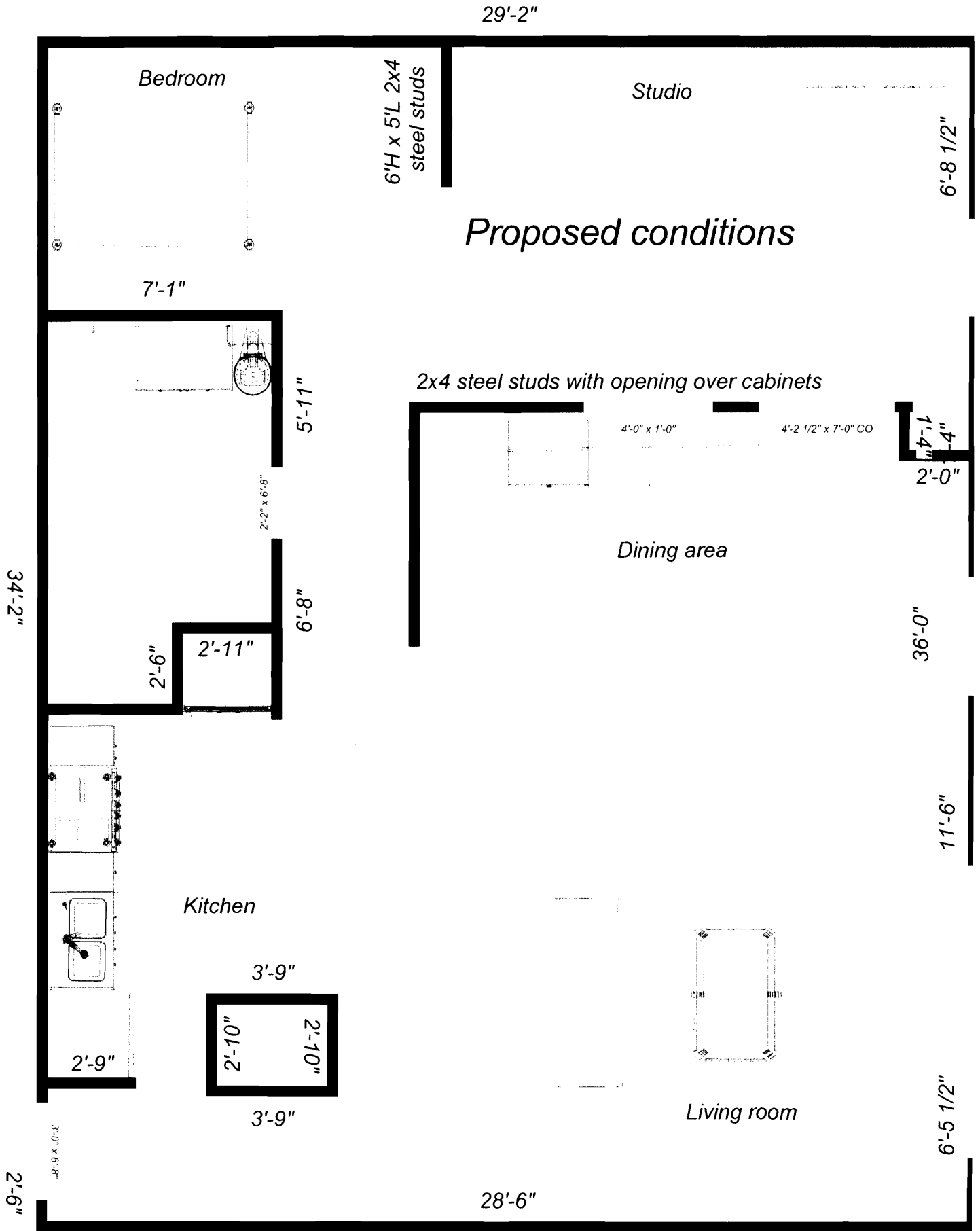
Provide and install 1 Ikea work table

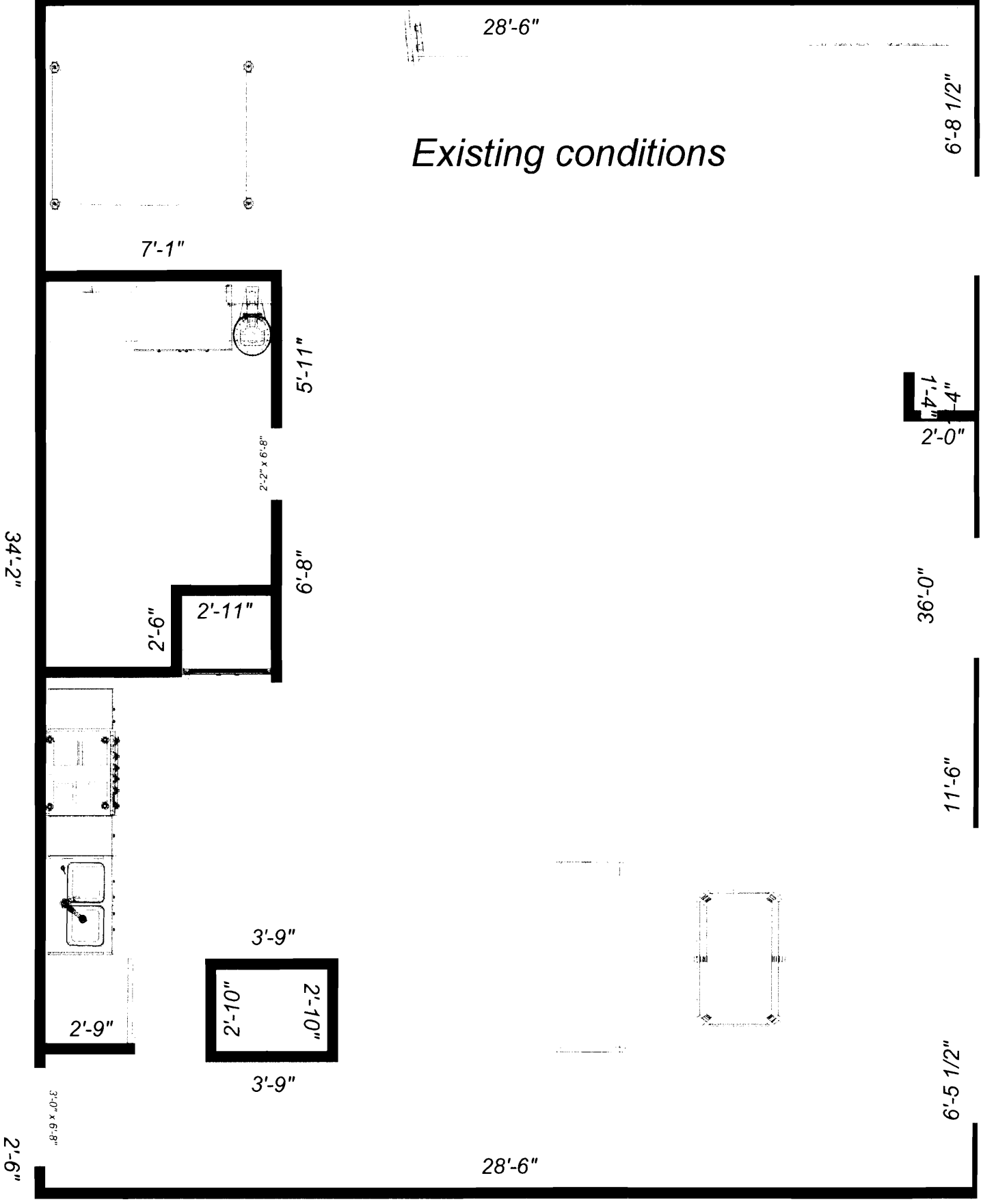
Dining room

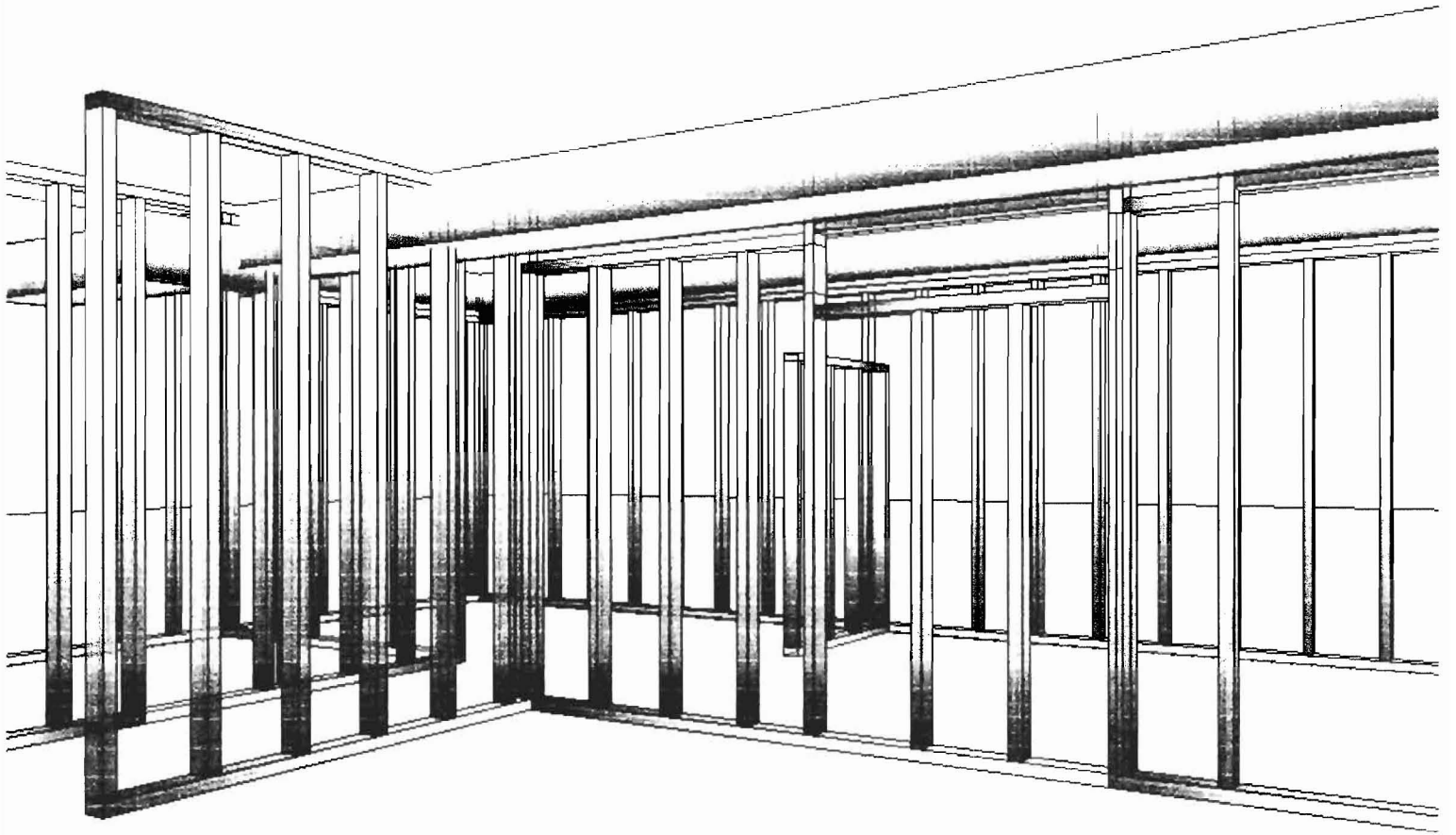
Install approximately 18' of full height wall (metal framing)  
with opening over cabinets as shown on plans

All door panels will be in Abstrakt Red finish

Cabinet includes Ikea Butcher block counter  
Any upgrade may be selected at owners expense

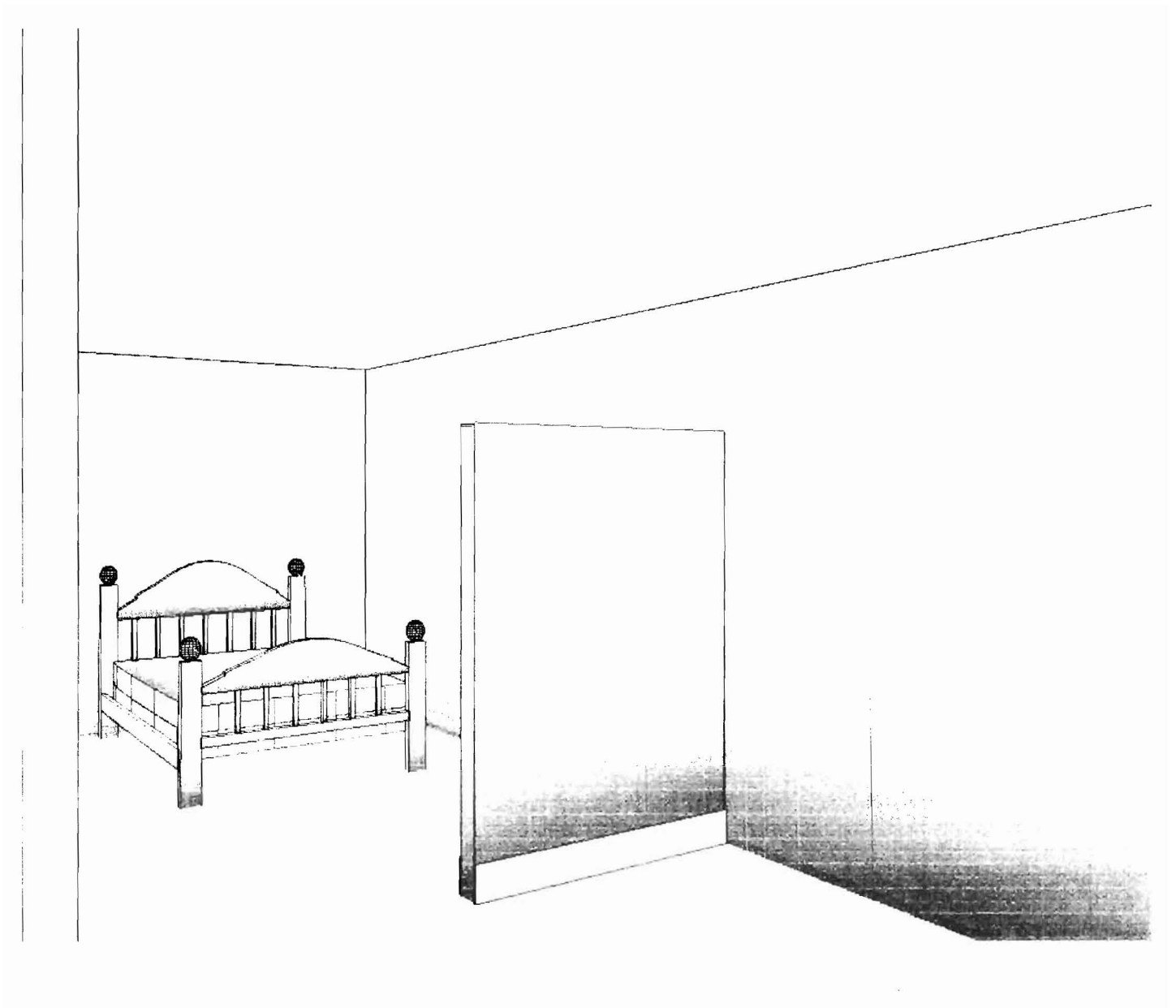












10/28/08 Close-in okay ~~MAA~~

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	21 CHESTNUT ST.
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: GELINAS First: MARY

Applicant Name: GELINAS MARY

Mailing Address of Owner/Applicant (if Different): 2 WASHINGTON ST. PORTLAND ME.

2007-8268

PORTLAND PERMIT # 10429 TOWN COPY

Date Permit Issued: 10/2/07 \$ 1148  If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 02744

027 201007N

## 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.

## Caution: Inspection Required

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

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

### This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

### Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # M.S.9.0.0 | 3274

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p><b>OR</b></p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	011	Shower (Separate)
		Urinal	011	Sink
		Drinking Fountain	011	Wash Basin
		Indirect Waste	011	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	011	Clothes Washer
		Grease / Oil Separator	011	Dish Washer
		Roof Drain	011	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		017	Fixtures (Subtotal) Column 1
			010	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				<b>Hook-Up &amp; Relocation Fee</b>
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# 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 \_\_\_\_\_  
 Permit # 2008-4426  
 CBL# 27-C-18

LOCATION: 21 CHESTNUT #801 METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER DICK ROGERS # 86W  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	35	Receptacles	20	Switches		Smoke Detector	.20	113.40	
FIXTURES	15	Incandescent	2	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	1	Ranges		Cook Tops		Wall Ovens	2.00	2	
		Insta-Hot		Water heaters		Fans	2.00		
	1	Dryers	1	Disposals		Dishwasher	2.00		
		Compactors	1	Spa		Washing Machine	2.00	4	
		Others (denote)					2.00	2	
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 55.00							MINIMUM FEE	45.00	

CONTRACTORS NAME JRC CONTRACTORS INC MASTER LIC. # 18304  
 ADDRESS 15 FOX RUN FALMOUTH ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 712-5447

SIGNATURE OF CONTRACTOR [Signature] # 6965

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: 21 Chestnut St - 8W #801

2008-8150

PORTLAND PERMIT # 10650 TOWN COPY

Date Permit Issued: 6/2/08 \$ 154  If Double Fee Charged

L.P.I. # 1069

[Signature]  
Local Plumbing Inspector Signature

27-C-10-080

## PROPERTY OWNERS NAME

Last: ROBERS First: DICK

Applicant Name: BRENN FOWLER

Mailing Address of Owner/Applicant (If Different): 21 A BLANCHARD RD SPRINGVILLE ME 04083

## 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] Signature of Owner/Applicant Date: 6-2-08

## Caution: Inspection Required

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

[Signature] Local Plumbing Inspector Signature Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" 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 # <u>MS90013117</u>
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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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>OR</b>  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b>  TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 2
			8	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE  
 #1161  
 54  
 11/04