

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

Location of Construction: <b>12 Alder St</b>		Owner: <b>Ahlquist, Oren</b>		Phone: <b>839-4296</b>		Permit No <b>960960</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: <b>Ace Building</b>		Address: <b>266 Beech Edge Rd Scarborough, ME 04074</b>		Phone:		Permit Issued: <b>OCT - 1 1996</b>	
Past Use:		Proposed Use: <b>Same</b> <b>2 units</b>		COST OF WORK: <b>\$ 50,000.00</b>		PERMIT FEE: <b>\$ 270.00</b>	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: <b>Fire Rehab - No layout changes</b> <b>RECONSTRUCT ROOF - AS PER PLANS</b> <b>Reconstruct roof - as per plans</b>				Signature: <i>[Signature]</i>		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Zoning Approval:	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: <b>Mary Cresik</b>		Date Applied For: <b>24 September 1996</b>				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	

- This permit application doesn't 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..

**No dump permits necessary**

*Main Building 0319214*

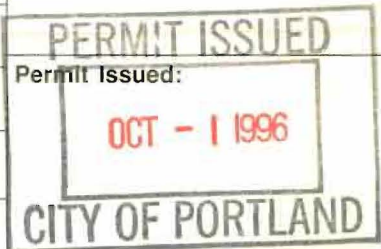
**CERTIFICATION**

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 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 **Oren Ahlquist** ADDRESS: DATE: **24 September 1996** 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



Zone: CBL: **33-J-15**

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review
- Action:**
- Approved
  - Approved with Conditions
  - Denied
- Date: \_\_\_\_\_



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Owner Address:		Leasee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Ace Building		Address: 266 Beech Ridge Rd		Phone: Scarborough, ME 04074		Permit Issued: OCT - 1 1996 CITY OF PORTLAND	
Past Use: 3-fam		Proposed Use: Same		COST OF WORK: \$ 50,000.00		PERMIT FEE: \$ 270.00	
Proposed Project Description: Fire Rehab - No layout changes <del>XXXXXXXXXXXXXXXXXXXX</del> Reconstruct roof - as per plans				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>H419C</i>		Signature:	
Permit Taken By: Mary Gresik				Date Applied For: 24 September 1996			

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*call Buddy 839-4296 for p/u*

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*Oren Ahlquist*

SIGNATURE OF APPLICANT: Oren Ahlquist ADDRESS: DATE: 24 September 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Zone: CBL:

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

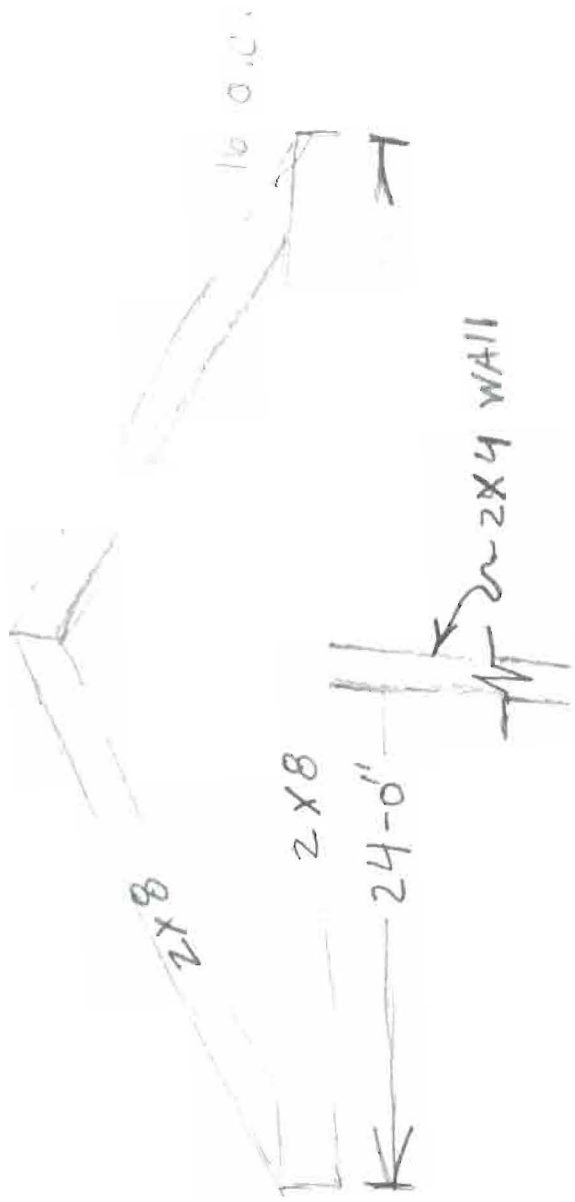
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**Action:**

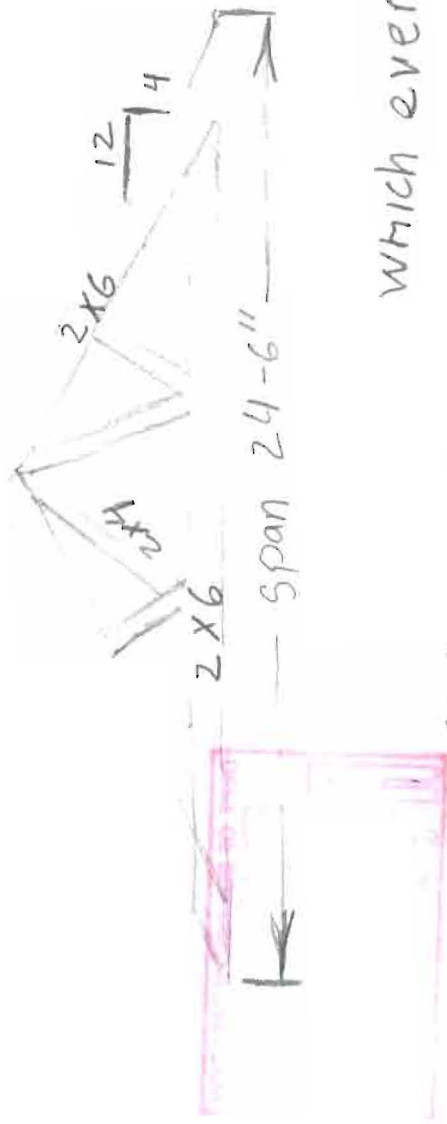
Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

CEO DISTRICT



### TRUSS



which ever is cheaper to construct

12 Alder St,



# PLUMBING APPLICATION

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

## PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street Subdivision Lot #: **12 ALDER ST**

## PROPERTY OWNERS NAME

Last: **RODOWSKI** First: **MICK**

Applicant Name: **BRETT MCMILLAN**

Mailing Address of Owner/Applicant (If Different): **P.O. BOX 10838 PORTLAND, ME 04104**

PORTLAND PERMIT # 5929 STATE COPY

Date Permit issued: **11/13/96** \$ **521.00** FEE  Double Fee Charged

**29** Local Plumbing Inspector Signature L.P.L. # **01124**

### 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.

Signature of Owner/Applicant

Date: **11/13/96**

### 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

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type Of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER — SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
  - 2.  OIL BURNERMAN
  - 3.  MFG'D. HOUSING DEALER / MECHANIC
  - 4.  PUBLIC UTILITY EMPLOYEE
  - 5.  PROPERTY OWNER
- LICENSE # **6887**

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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 the local Sanitary District.		Hosebibb / Sillcock	3	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal	3	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____	1	Water Heater
<b>OR</b>		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
	TRANSFER FEE (\$6.00)		0	Fixtures (Subtotal) Column 2
			13	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$52.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

33-J-015

# 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 specification:

Date 25 November 1996

Permit # 10585

LOCATION: 12 Alder St

OWNER Rokowski ADDRESS \_\_\_\_\_

33-J-015

**TOTAL EACH FEE**

OUTLETS									
	Receptacles		Switches		Smoke Detector	160	.20	32.00	
FIXTURES	(number of)								
	incandescent		fluorescent			25	.20	5.00	
	fluorescent strip						.20		
SERVICES	Overhead			TTL AMPSTO	800	200	15.00	15.00	
	Underground				800		15.00		
TEMPORARY SERV.									
	Overhead			AMPS OVER	800		25.00		
	Underground				800		25.00		
METERS	(number of)					4	1.00	4.00	
MOTORS	(number of)						2.00		
RESID/COM	Electric units						1.00		
HEATING	oil/gas units						5.00		
APPLIANCES	Ranges	3	Cook Tops	Wall Ovens		3	2.00	6.00	
	Water heaters		Fans	Dryers			2.00		
Disposals	Dishwasher		Compactors	Others (denote)			2.00		
MISC. (number of)	Air Cond/win						3.00		
	Air Cond/cent						10.00		
	Signs						5.00		
	Pools						10.00		
	Alarms/res						5.00		
	Alarms/com						15.00		
	Heavy Duty						2.00		
	Outlets								
	Circus/Carnv						25.00		
	Alterations						5.00		
	Fire Repairs						15.00		
	E Lights						1.00		
	E Generators						20.00		
	Panels						4.00		
	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		62.00

INSPECTION: Will be ready 11/27 PM or will call \_\_\_\_\_

CONTRACTORS NAME Allphase Craig Girard

ADDRESS 97 Sunset Lane

TELEPHONE 773-8017

MASTER LICENSE No. 10585

LIMITED LICENSE No. \_\_\_\_\_

SIGNATURE OF CONTRACTOR

