

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

DEC 15 2005

Permit Number: 051764

This is to certify that FRESH FISH LLC /Ron Spira has permission to amendment to permit #05057 change height of bedroom ceiling to add closet each unit AT 25 TYNG ST 044 C006001

CITY OF PORTLAND

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 when permission is procured before this building or part thereof is altered or closed-in. 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

Handwritten signature and date 12/13/05

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: 05-1764	Issue Date: PERMIT ISSUED	CBL: C006001
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Location of Construction: 25 TYNG ST	Owner Name: FRESH FISH LLC	Owner Address: 377 CUMBERLAND AVE	Phone:
Business Name:	Contractor Name: Ron Spinella	Contractor Address: 377 Cumberland Ave Portland	Phone: 2077734773
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Multifamily	Zone:

Past Use: 3 Unit Condo	Proposed Use: 3 Unit Condo/ amendment to permit #050577 Change height of bathroom ceiling to add closet each unit	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
Proposed Project Description: amendment to permit #050577 Change height of bathroom ceiling to add closet each unit		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>W/A</i>	INSPECTION: Use Group: <i>12-3</i> Type: <i>SB</i> <i>TRC 2003</i>	
		Signature:	Signature:	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 12/07/2005	Zoning Approval	
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input checked="" type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>12/13/05</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>12/13/05</i>
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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

ELECTRICAL PERMIT

City of Portland, Me.

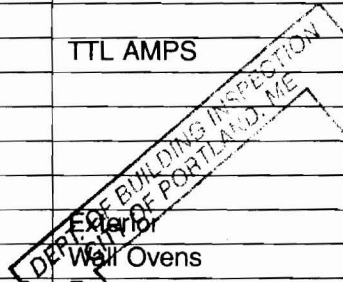


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 9/22/05
 Permit # 2005-4885
 CBL# 4406

LOCATION: 25-29 Tyng St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

							TOTAL	EACH FEE	
OUTLETS	100	Receptacles	50	Switches	12	Smoke Detector	.20	34 ⁰⁰ /100	
FIXTURES	75	Incandescent		Fluorescent		Strips	.20	15	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead	1	Underground		>800	25.00	25 ⁰⁰ /100	
Temporary Service		Overhead	±	Underground		TTL AMPS	25.00		
							25.00		
METERS	3	(number of)					1.00	3 ⁰⁰ /100	
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	3	Fans	2.00	6	
	3	Dryers	±	Disposals	3	Dishwasher	2.00	12	
		Compactors		Spa	3	Washing Machine	2.00	6	
		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)					2.00			
	Circus/Carnv					25.00			
	Alterations					5.00			
	Fire Repairs					15.00			
	E Lights					1.00			
	E Generators					20.00			
PANELS		Service	3	Remote		Main	4.00	12	
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	113 ⁴⁰ /100



CONTRACTORS NAME Pickrell Electric Inc. MASTER LIC. # _____
 ADDRESS 36 Savage Lake Rd. Gorham Me LIMITED LIC. # _____
 TELEPHONE (207) 892-6128 cell Dan 776-2351

SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	25, 27, 29 Tyng

PROPERTY OWNERS NAME

Last: Spinella	First: Ron
Applicant Name: MultiSpec Inc.	
Mailing Address of Owner/Applicant (If Different): 230 Soro Rd, Hillis	

PORTLAND	PERMIT # 9557	TOWN COPY
Date Permit Issued: 9/19/05	\$ 1,294	<input type="checkbox"/> If Double Fee FEE Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>		L.P.I. # 019240
4146		

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] 9/19/05
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

This Application is for <input checked="" type="checkbox"/> NEW PLUMBING <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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY	Plumbing To Be Installed By: 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 <input type="checkbox"/> PROPERTY OWNER
		DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME LICENSE # 17593

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		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.	3	Hosebib / Sillcock	6	Bathtub (and Shower)
		Floor Drain	3	Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	3	Sink
		Drinking Fountain	12	Wash Basin
		Indirect Waste	9	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	3	Clothes Washer
		Grease / Oil Separator	3	Dish Washer
		Dental Cuspidor	3	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	3	Water Heater
		Fixtures (Subtotal) Column 2		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