

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Permit Number: 050828

Please Read Application And Notes, If Any, Attached

*Shawn Tamir*

This is to certify that ~~Bart Robinson~~ S & Owner

has permission to build new 17'3"x 9'3" attached former a building

AT 52 State St 044 C022001

provided that the person or persons firm or person 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 proceed before this building or part thereof is started or otherwise closed-in. 4 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. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*Jamie Bouke 7/21/05*  
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:<br>05-0828 | Issue Date: | CBL:<br>044 C022001 |
|-----------------------|-------------|---------------------|

|                                          |                             |                                            |                      |
|------------------------------------------|-----------------------------|--------------------------------------------|----------------------|
| Location of Construction:<br>52 State St | Owner Name:<br>Tamir, Shawn | Owner Address:<br>52 State St.             | Phone:<br>2072720574 |
| Business Name:                           | Contractor Name:<br>Owner   | Contractor Address:<br>Portland            | Phone:               |
| Lessee/Buyer's Name                      | Phone:                      | Permit Type:<br>Alterations - Multi Family | Zone:<br>R-6         |

|                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                                        |                             |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|
| Past Use:<br>three (3) residential dwelling units                                                                                                                                                                  | Proposed Use:<br>three (3) residential dwelling units with new 17'3"x 9'3" attached dormer at rear of building | Permit Fee:<br>\$75.00                                                                                                                                                 | Cost of Work:<br>\$5,700.00 | CEO District:<br>2 |
| <p><i>Legal use: 3 residential condominium dwelling units</i></p> <p>Proposed Project Description:<br/>build new 17'3"x 9'3" attached dormer at rear of building</p>                                               |                                                                                                                | <p>FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>INSPECTION:<br/>Use Group: R2 Type: SB</p> <p>Signature: <i>AMB 7/21/05</i></p> |                             | <p>IBC-2003</p>    |
| <p>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</p> <p>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied</p> <p>Signature: _____ Date: _____</p> |                                                                                                                |                                                                                                                                                                        |                             |                    |

|                             |                                 |                        |  |
|-----------------------------|---------------------------------|------------------------|--|
| Permit Taken By:<br>jharris | Date Applied For:<br>06/22/2005 | <b>Zoning Approval</b> |  |
|-----------------------------|---------------------------------|------------------------|--|

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> | <p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland <i>1A-436 using</i></p> <p><input type="checkbox"/> Wetland <i>10.37 out of</i></p> <p><input type="checkbox"/> Flood Zone <i>80%</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>9/7/11/05</i></p> | <p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p> | <p><b>Historic Preservation</b></p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review <i>Not visible</i></p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>to DA</i></p> <p>Date: <i>D. Andrews 7/20/05</i></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 |

7-29-05

Checked framing on downer +  
plumbing ok to close in  
Frame

7/29/07 - Final Insp.

Needs to Add  
SMOKES in  
Bathrooms.

7/25 O.K. to Issue  
Final

AM

# PLUMBING APPLICATION

## PROPERTY ADDRESS

|                          |             |
|--------------------------|-------------|
| Town or Plantation       | Portland    |
| Street subdivision Lot # | 1000 1st St |

## PROPERTY OWNERS NAME

|                                                   |                  |
|---------------------------------------------------|------------------|
| Last:                                             | First:           |
| Applicant Name:                                   | Thomas J. Thomas |
| Mailing Address of Owner/Applicant (if Different) |                  |

PORTLAND PERMIT # 9452 TOWN COPY

Date Permit Issued: 7/6/05 \$ 3000  If Double Fee Charged

Local Plumbing Inspector Signature: *Thomas J. Thomas* L.P.I. # 11111

44 C 022

## 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

|                                                                                                                                         |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>This Application is for</b><br>1. <input checked="" type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | <b>Type of Structure To Be Served:</b><br>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER - SPECIFY _____ | <b>Plumbing To Be Installed By:</b><br>1. <input type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input checked="" type="checkbox"/> PROPERTY OWNER<br>LICENSE # _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up                                                                                                                                                            | Number | Column 2<br>Type of Fixture            | Number | Column 1<br>Type of Fixture     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------|--------|---------------------------------|
| <b>OR</b><br>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.<br><br>HOOK-UP: to an existing subsurface wastewater disposal system. |        | Hosebibb / Sillcock                    |        | Bathtub (and Shower)            |
|                                                                                                                                                                                                                |        | Floor Drain                            |        | Shower (Separate)               |
| <b>OR</b><br>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.                                                                                                                    |        | Urinal                                 |        | Sink                            |
|                                                                                                                                                                                                                |        | Drinking Fountain                      |        | Wash Basin                      |
| <b>OR</b><br>TRANSFER FEE<br>[\$6.00]                                                                                                                                                                          |        | Indirect Waste                         |        | Water Closet (Toilet)           |
|                                                                                                                                                                                                                |        | Water Treatment Softener, Filter, etc. |        | Clothes Washer                  |
| <b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>                                                                                                                                                             |        | Grease / Oil Separator                 |        | Dish Washer                     |
|                                                                                                                                                                                                                |        | Dental Cuspidor                        |        | Garbage Disposal                |
|                                                                                                                                                                                                                |        | Bidet                                  |        | Laundry Tub                     |
|                                                                                                                                                                                                                |        | Other: _____                           |        | Water Heater                    |
|                                                                                                                                                                                                                |        | Fixtures (Subtotal)<br>Column 2        |        | Fixtures (Subtotal)<br>Column 1 |
|                                                                                                                                                                                                                |        |                                        |        | Fixtures (Subtotal)<br>Column 2 |
|                                                                                                                                                                                                                |        |                                        |        | <b>Total Fixtures</b>           |
|                                                                                                                                                                                                                |        |                                        |        | Fixture Fee                     |
|                                                                                                                                                                                                                |        |                                        |        | Transfer Fee                    |
|                                                                                                                                                                                                                |        |                                        |        | Hook-Up & Relocation Fee        |
|                                                                                                                                                                                                                |        |                                        |        | <b>Permit Fee (Total)</b>       |