

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

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

Permit No: 03-0577	Issue Date: <b>PERMIT ISSUED</b> MAY 28 2003	CBL: 051 A017001
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<b>Location of Construction:</b> 59 Deane St	<b>Owner Name:</b> Horlor Laura A &	<b>Owner Address:</b> 59 Deane St	<b>Phone:</b> 874-2783
<b>Business Name:</b>	<b>Contractor Name:</b> Richard Jacobson	<b>Contractor Address:</b> 20 Arrowhead Pass Windham	<b>Phone:</b> 2077747711
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Alterations - Duplex</b> <i>IK-S</i>	
<b>Past Use:</b> Two Family	<b>Proposed Use:</b> Two Family	<b>Permit Fee:</b> \$212.00	<b>Cost of Work:</b> \$26,500.00
<b>Proposed Project Description:</b> Renovate 3rd floor by adding dormer to increase stair headroom to be part of 2nd floor unit & 3'6"x7'6" 2nd story deck		<b>CEO District:</b> 3   1	
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <i>R3</i> Type: <i>SB</i> <i>BOCA 1999</i>
		<b>Signature:</b>	<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>			
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		<b>Signature:</b>	<b>Date:</b>

<b>Permit Taken By:</b> jmb	<b>Date Applied For:</b> 05/28/2003
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<b>Zoning Approval</b>		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  3. 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..	<b>Special Zone or Reviews</b> <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"/> Date: <i>5/28/03</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:
	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmar <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:	

**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

9-18-03

Did framing OK to Close in  
couldn't check window opening  
yet. MM

11/7/03 - Egress Windows don't meet requirements  
Chimneys don't have proper 2" clearance fr. Combustibles  
Deck Ladder effect - must remove horizontal  
trapping @

5/24/04 - all above problems have been taken care of.  
No problems seen - OK to Close out permit

CBC # 51-A-17

permit # 03-0577



# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: HORLUR First: LAURA

Applicant Name: \_\_\_\_\_  
Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

## 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 of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

2003-8315

PORTLAND Date Permit Issued. <u>15/03/03</u>	8615	TOWN COPY	n if Double Fee Charged
<u>Jamie Bouke</u> Local Plumbing Inspector Signature	\$ <u>124.90</u>	L.P.I. # <u>01732</u>	

051A 017

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b style="font-size: 24px; text-align: center;">OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
<b style="font-size: 24px; text-align: center;">OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME	
3	SEP 15 2003
Total Fixtures	3
Fixture Fee	\$ 124.90
Transfer Fee	\$ 6.00
Hook-Up & Relocation Fee	\$ 0.00
<b>Permit Fee (Total)</b>	<b>\$ 130.90</b>

28 3431

# ELECTRICAL PERMIT

## City of Portland, Me.



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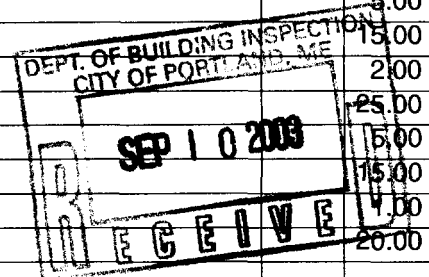
To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 9-11-03  
 Permit # 2003-4854  
 CBL# 051A0

LOCATION: 59 DEANE ST. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER LAURA HORLOR  
 TENANT LAURA HORLOR PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

Category	Item	Quantity	Unit Price	Total
OUTLETS	Receptacles	20		
	Switches	10		
	Smoke Detector	2	.20	
FIXTURES	Incandescent	6		
	Fluorescent Strips		.20	
SERVICES	Overhead			
	Underground			
Temporary Service	Overhead			
	Underground			
METERS	(number of)			1.00
	(number of)			2.00
RESID/COM	Electric units			1.00
HEATING	oil/gas units			5.00
	Interior			5.00
APPLIANCES	Ranges			2.00
	Insta-Hot			2.00
MISC. (number of)	Air Cond/win			3.00
	Air Cond/cent			10.00
PANELS	Service			4.00
	Remote			4.00
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
				35.00



CONTRACTORS NAME JRC Electrical MASTER LIC. # MC 60018304  
 ADDRESS 15 Fox Run Rd Falmouth LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 671-9074

SIGNATURE OF CONTRACTOR \_\_\_\_\_  
 White Copy Office • Yellow Copy - Applicant