

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

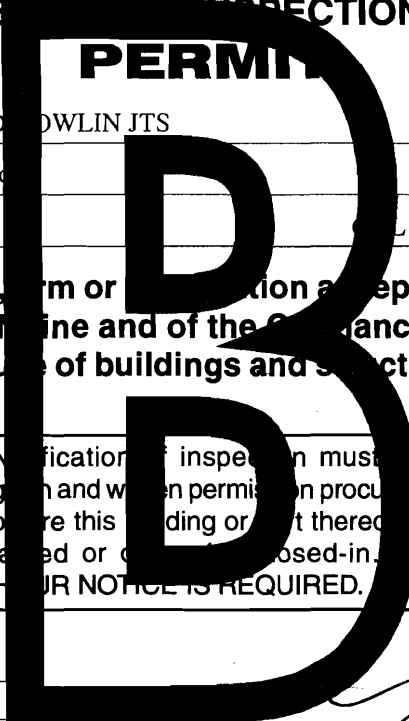
Permit Number: 060185
FEB 14 2006

RECEIVED

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT



This is to certify that LUPICA LOIS R & DAVID DWLIN JTS

has permission to Kitchen and 3rd flr renovatio

AT 77 SPRUCE ST L 056 D013001

provided that the person or persons, firm or corporation accepting this permit shall comply with
of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulati
the construction, maintenance and use of buildings and structures, and of the application on file
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
laid or closed-in.
24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

[Signature] 2/14/06
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: 06-0185 | Issue Date: FEB 14 2006 | CBL: 056 D013001 |
|-----------------------|----------------------------|---------------------|

| | | | |
|---|---|---|--------------|
| Location of Construction: 77 SPRUCE ST | Owner Name: LUPICA LOIS R & DAVID NOWL | Owner Address: 77 SPRUCE ST | Phone: |
| Business Name: | Contractor Name: 491-1641 | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Dwellings | Zone: R-6 |

| | | | | |
|---------------------------------|--|-------------------------|------------------------------|--------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home/ Kitchen and 3rd flr renovations | Permit Fee: \$336.00 | Cost of Work: \$35,000.00 | CEO District: 2 |
|---------------------------------|--|-------------------------|------------------------------|--------------------|

| | |
|---|---|
| FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> | INSPECTION: Use Group: R-3 Type: 5B <i>IRC 2003</i> |
| Signature: | Signature: |

Proposed Project Description:
Kitchen and 3rd flr renovations

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

| | | |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By: ldobson | Date Applied For: 02/06/2006 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

| | | | |
|---|--|--|---|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood/Zone</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: 2/14/06</p> | <p>Zoning Appeal</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>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review <i>Interior only approved</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</p> <p>Date: 2/14/06</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 |

17 FEB 06 - OK TO CLOSE IN, MEETS 7:15 PM

Plum

2/22/06 - Inspection scheduled - looked at island plumbing
looks ok but had owner pick up diagram from intake unit
(see enclosed) for final work - Island was not installed
just below bar drainage in, look for a clean cut
on the vent line JMB

9/28/07 - Close inspection of 3rd floor -
ECC, plumbing + framing - OK JMB

6/9/08 - checked renovations of 3rd floor and
all work completed to code compliance.

Jon H

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

| | |
|--------------------------|---------------|
| Town or Plantation | WELAND |
| Street Subdivision Lot # | 77 SPRUCE ST. |

PROPERTY OWNERS NAME

| | | | |
|---|--------|------------------|-------|
| Last: | NOWLIN | First: | DAVID |
| Applicant Name: | | DAVID NOWLIN | |
| Mailing Address of Owner/Applicant (If Different) | | SEE ABOVE (4152) | |

2006 8046

| | | | | |
|------------------------------------|----------|----------|-------|---|
| Date Permit Issued: | 09/14/05 | \$ | 30.00 | <input type="checkbox"/> Double Fee FEE Charged |
| Local Plumbing Inspector Signature | | L.P.I. # | 0726 | |

56 D 013

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

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. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 1. <input checked="" 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 _____ | Plumbing To Be Installed By: 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____ |
|---|--|---|

| 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. | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | OR | | | |
| HOOK-UP: to an existing subsurface wastewater disposal system. | 1 | Floor Drain | | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 1 | Sink 3RD FLR |
| | | Drinking Fountain | | Wash Basin |
| | | Indirect Waste | | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer 3RD FLR |
| | | Grease / Oil Separator | | Dish Washer |
| KITCHEN SINK & DW | | Roof Drain | 1 | Garbage Disposal 1ST FLR |
| 3RD SHOWER & SINK | | Bidet | | Laundry Tub |
| OR | | Other: _____ | | Water Heater |
| TRANSFER FEE [\$6.00] | 1 | Fixtures (Subtotal) Column 2 | 3 | Fixtures (Subtotal) Column 1 |
| | | | 1 | Fixtures (Subtotal) Column 2 |
| | | | 4 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE