

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 060510

Notes, if any,
Attached

This is to certify that BOYKIN BRENDA R & THOMAS C BRADLEY ITS/Mort an

has permission to Kitchen renovations, add bath Laundry room

AT 64 THOMAS ST 062 B013001

provided that the person or persons in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of this State 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.

PERMIT ISSUED
MAY 18 2006
CITY OF PORTLAND

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 procured before this building or part thereof is occupied or closed-in. 4 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

Thomas M. Mauldy 5/12/06
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: 06-0510	Issue Date:	CBL: 062 B013001
-----------------------	-------------	---------------------

Location of Construction: 64 THOMAS ST	Owner Name: BOYKIN BRENDA R & THOMAS	Owner Address: 64 THOMAS ST	Phone: CITY OF PORTLAND
Business Name:	Contractor Name: Monaghan Woodworks, Inc.	Contractor Address: 100 Commercial St Ste 115 Portland, ME 04101	Phone: 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-6

Past Use: Single Family Home	Proposed Use: Single Family Home/Kitchen renovations add bath & Laundry room	Permit Fee: \$156.00	Code District: \$15,000.00	2
Proposed Project Description: Kitchen renovations, add bath & Laundry room		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	
		Signature:	Signature: <i>Jm 5/12/06</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
Signature: _____ Date: _____				

Permit Taken By: Idobson	Date Applied For: 04/13/2006	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 <i>all interior</i></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"/> <i>with conditions</i></p> <p>Date: <i>5/4/06</i></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 checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</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><i>Any exterior work requires A</i></p> <p>Date: _____</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

6/12/06 - checked plumbing & electrical for
7th floor new bathroom - sub floor. Test on & hold
OK - electrical under flooring OK - OK to close in
floor & condense. JMM

6/28/06 - checked final plumbing for drain
test on & all OK - JMM

3/28/07 - Final - work done - OK to
close out. JMM

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	<u>Portland ME</u>
Street Subdivision Lot #	<u>474</u>

PROPERTY OWNERS NAME

Last: <u>Thomas</u>	First: <u>William + Doris</u>
---------------------	-------------------------------

Applicant Name:	<u>Serge Furr</u>
-----------------	-------------------

Mailing Address of Owner/Applicant (If Different)	<u>175 Main St</u>
---	--------------------

Date Permit Issued: <u>5/24/06</u>	FEE: \$ <u>160</u>	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <u>Alanna M. Mackley</u>	L.P.I. # <u>0744</u>	
<u>62 B 13</u>		

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: [Signature] 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 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 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 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12573</u>
--	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	<u>1</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>3</u>	Wash Basin
<input type="checkbox"/> TRANSFER FEE \$[6.00]		Indirect Waste	<u>2</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
OR SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator	<u>1</u>	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>7</u>	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)