						PERMIT IS	SUED	
City of Portland, 389 Congress Street		_		**	nit No 06-0371	Issue Date:	Cill: 2006 063 B	009001
Location of Construction:		Owner Name:		Owner &	Address:		Phone:	
212 VAUGHAN ST		DUSINI DIAN	Æ	212 V	AUCHAN	STOL OF DO	DTIAND	
Business Name:		Contractor Name	:	Contrac	tor Acdress:	CITY OF PO	TIL Phone	
		Dana Pelletier		70 Ski	ps Way Ne	w Glouster	2073100	205
Lessee/Buyer's Name		Phone:		Permit 7	Гуре:			Zone: //
				Altera	ations - Dw	ellings		K-4
Past Use:	- 1	Proposed Use:	 _	Permit	Fee:	Cost of Work:	CEO District:	
Single Family		-	create bathroom and		\$246.00	\$25,000.00		
			rom spare room	FIRE D	EPT:	Androyed INS	PECTION: e Group: R = 3	Type: 5B
Proposed Project Descrip	tion:			₹	9/	/ <		/
Create bathroom and	walkin closet fror	n spare room		Signatur	re: /	Sig	nature:	
		•				VITIES DISTRIC		$\overline{}$
				Action:	Approx	ved \(\tag{Approve}	d w/Conditions	Denie
				Signatur		··	Date:	
Permit Taken By:	Date App	lied For:			Zoning	Approval		<u> </u>
dmartin	03/21/	2006			Zoning	Approvai		
1. This permit appli	cation does not n	reclude the	Special Zone or Revie	ews	Zoni	ng Appeal	Historic Pre	servation
	n meeting applica		Shoreland		☐ Varianc	e	☐ Not in Distr	ict or Landmark
2. Building permits septic or electrics		umbing,	☐ Wetland		Miscella	nneous	Does Not Re	equire Review
3. Building permits within six (6) mo	are void if work inthe of the date o		☐ Flood Zone		Condition	onal Use	Requires Re	view
False information permit and stop a	•	building	☐ Subd vi Son		Interpre	tation	Approved	
			Stee Plan		Approve	ed	Approved w	/Conditions
			Maj Minor MM		Denied		Denied /	/
			Date: 8 3 66	I	Date:		Date: 3/3/	106
	,		(·· -				//	
			CERTIFICATI	ON				

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 taws 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

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PLANS WERECTION

Notes, If Any, Attached		PERIM	Permit Number: 060371
This is to certify the	at <u>DUSINI DIANE /Dana Pel</u>		
has permission to	Create bathroom and walking	set from are-	
AT 212 VAUGHA	AN ST		63 B009001
of the provis	It the person or persons lons of the Statutes of the Statutes of the statutes and nent.	aine and of the Commance e of buildings and suctu	ng this permit shall comply with all softhe City of Portland regulating res, and of the application on file in
	c Works for street line ature of work requires on.	ification of inspector must be en and very en permeton product there is seed or construction of the constr	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER RI	EQUIRED APPROVALS		2/21/06
Health Dept.	MAR 3 1 2006		mark _
Appeal Board			
Onler	Commented OF PORTLAN		Director - Bullding & Inspection Services
	PEN	ALTY FOR REMOVING THIS C	ARD

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon	n receipt of your building permit.
Footing/Building Location Inspection:	Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use. (to any occupancy of the structure or OTE: Then is \$ \$75.00 tee per ction at this point.
Certificate of Occupancy is not required for certain you if your project requires a Certificate of Occupa inspection If any of the inspections do not occur, the phase, REGARDLESS OF THE NOTICE OR O	e project cannot go on to the next
CERIFICATE OF OCCUPANICES MU BEFORE THE SPACE MAY BE OCCUPIED	JST BE ISSUED AND PAID FOR,
Service the State March Occorded	3/31/06.
Signature of Applicant/Designee	Date 3/31/0 @
Signature of Inspections Official	Date
CBL: 063-B- Building Permit #: 06	0.0311

Location of Construction:		(207) 874-8703, Fax: (<u> </u>	Owner Address:		Phone:
212 VAUGHAN ST		DUSINI DIANE		212 VAUGHAN S	ST	i none.
Business Name:		Contractor Name:		Contractor Address:	<u> </u>	Phone
		Dana Pelletier		70 Skips Way Nev	v Glouster	(207) 310-0205
Lessee/Buyer's Name		Phone:		Permit Type:		
_			1	Alterations - Dwe	llings	
Proposed Use:			Propos	ed Project Description:		
Dept: Zoning Note:	Status:	Approved	Reviewer	: Tammy Munson	Approval I	Date: 03/31/2006 Ok to Issue: ✓

3) ANY exterior work requires separate review and approval thru Historic Preservation

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction:	12 Vaughan	
Total Square Footage of Proposed Structu		e of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: Diane Du	Sini Telephone:
essee/Buyer's Name (If Applicable)	Applicant name, address & to	elephone: Cost Of
DIANE DUSING	DAVE DUSINI	Work: \$25,000.
212 Vaughan St	312 VAUGHAN ST	Fee: \$ 246
Dollans, ma	PORHANO, ME	1/.
Current Specific use: SPACE Room		C of O Fee: 1 NA
f vacant, what was the previous use? _Sp Proposed Specific use:		
Project description: TURN INTO	Bathroom	
		310-020
Diante Dusini / Dana Contractor's name, address & telephone:	PEHETICE JR. 70 SK	ips way NEW GlauceSTER
Who should we contact when the permit i	s ready: DANA L. PELLETIER Phone: 310-0205	Jr
70 Skips WAY		
NEW GLOVESTER, ME OY	1349	
lease submit all of the infor-	ial A	Application Checklist.
ailure to do so will a	\it.	
railure to do so will an order to be sure the C grown portlandmaine gov, s.		ng and Development Department may on visit us on-line at or call 874-8703.
hereby certify that I am the Owneen authorized by the owner to n a addition, if a permit for work deauthority to enter all areas covered b.	0205 Cull	uthorizes the proposed work and that I have on to all applicable laws of this jurisdiction. authorized representative shall have the be codes applicable to this permit.
Signature of applicant:		~ 3/28/0Cp
		·
This is not a permit;	MAR 2 1 2006	ntil the permit is issued.
V# 1054	2 2000	
1/14/1/00/	RECEIVED	

RECEIVED



FAUNDING A					Department of Health and Human Services Division of Environmental Health
Last: DIASIA: Applicant Name: Mailing Address of Owner/Applicant (If Different) Last: DIASIA: Applicant (If Different)	cant Statement itted is correct to the in particulation is reas	plaham		ution: Inspect	rized above and found it to be in
Signature of Owner/A	pplicant	Date	Local Plumbing In	spector Signature	Date Approved
This Application is for 1. D NEW PLUMBING	1. □ SINGLE	DE OF STRUCTURE FAMILY DWELL DDULAR OR MO	ING	1. Þ ¥TMAST	nbing To Be installed By: ER PLUMBER URNERMAN
2. El RELOCATED PLUMBING		E FAMILY DWE		3. ☐ MFG'E 4. ☐ PUBLI 5. ☐ PROP	D. HOUSING DEALER/MECHANIC C UTILITY EMPLOYEE ERTY OWNER # 195,7000 2598
Hook-Up & Piping Relocati Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public those cases where the second seminary Distriction in the local seminary Distriction.	sewer in ne connection Inspected by strict.	}_ 	osebibb / Sillcock por Drain	1	Bathtub (and Shower) Shower (Separate)
O :	R		inat	. 7	Sink
HOOK-UP: to an existence of the mastewater disposal	sting subsurface system.	├─ ─ 	inking Fountain		Wash Basin Water Closet (Toilet)
PIPING RELOCATION Ines, drains, and pip new fixtures.	N: of sanitary ing without	├─ ─	ter Treatment Softener, Fitter, etc.		Clothes Washer
		Gr	ease / Oil Separator		Dish Washer
		Ro	of Drain	<u> </u>	Garbage Disposal
YOF	}	Bio	det		Laundry Tub
TRA	NSFEA FEE [\$6.00]	Ott	Fixtures (Subtotal) Column 2		Water Heater
Page 1 ol 1 HHS-211 Rev. 08/05	SEE PER FOR C	MIT FEE SCH ALCULATING	TOWN CORY	30	

ELECTRICAL PERMITCity of Portland, Me.

To the Chief Electrical Inspector, Portland Maine: The undersigned hereby applies for a permit to make electrical installations Permit #2006 - 4 in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications: VAUGN **METER MAKE & #** OWNER DIAME CMP ACCOUNT # TENANT DIBNE **PHONE #** TOTAL EACH FEE Receptacles Smoke Detector OUTLETS **Switches** .20 FIXTURES Incandescent Fluorescent Strips .20 SERVICES Overhead Underground TTL AMPS <800 15.00 Overhead Underground >800 25.00 Temporary Service Overhead Underground TTL AMPS 25.00 25.00 (number of) METERS 1.00 MOTORS (number of) 2.00 RESID/COM Electric units 1.00 HEATING oil/gas units Exterior 5.00 interior APPLIANCES Ranges 2.00 Cook Tops Wall Ovens Water heaters Fans 2.00 Insta-Hot Dishwasher 2.00 Dryers Disposals Compactors Washing Machine Spa <u>\$.00</u> Others (denote) 2.00 Air Cond/win MISC. (number of) 3.00 Air Cond/cent **Pools** 10.00 HVAC **EMS** Thermostat **₹5.00 30.00** Signs Alarms/res 5.00 15.00 Alarms/com Heavy Duty(CRKT) /2:00 25.00 Circus/Carny Alterations 5,00 Fire Repairs 15.00 E Lights 1.00 E Generators 20.00 PANELS Service Remote Main 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 FLECTRIC MASTERLIC. # MJ600/7469 **CONTRACTORS NAME** GLOVCESTA LIMITED LIC. #___ PROMISE ADDRESS 16 **TELEPHONE**

White Copy - Office • Yellow

SIGNATURE OF CONTRACTOR

Yellow Copy - Applicant



CITY OF PORTLAND, MAINE

Department of Building Inspections

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Thom c	Lana Pel		
	N/X Va		
Code of Paramet		-	
	\$ 244	.00	
Baseline 142	Plumbing (I5)	Electrical (I2)	Site Plan (U2)
denotes	009	~	
one 2 12 5 5	1	Total Collect	ed : 246.00
			7

THIS IS NOT A PERMIT

Nework is to be started until PERMIT CARD is actually posted until PERMIT CARD is act

Acmia

WHITE - Applicant's Copy ELLOW - Office Copy NK - Permit Copy



Building in

action train C/4	\$ 17 m	choopmake	?
e and Work	84)	Guahas St	
ost of Construction	ः इस्योजनीति		
	\$ 30.00	00	
			,
		Electrical (I2)	Site Plan (UZ)

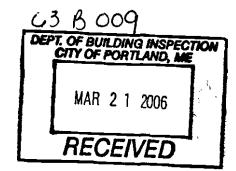
ess \$10.00 or 10% amount of the PRESERVE THIS RECEIPT. In case permit carvo 大ある日 phance of hee is no guarantee that perm tarted until PERMIT CARD to a tee will be refunded upon return of chever is greater.

#TE - Applicant's Copy
LOW - Office Copy
K - Permit Copy

Plans provided by: Jeanne Rapone, CKD 250 Hillside Street Yarmouth, Maine 04096 207.847.3034 jrapone@maine.rr.com

February 27, 2006

Dusini Master Bathroom 212 Vaughn Street Portland; ME



Included in this package:

- Detailed Floor Plan
- Detailed Elevations
- Recommendations and Specifications

Important Note:

Final site measurements are the responsibility of the carpenter, contractor, flooring specialist, plumber, electrician, cabinet manufacturer, and/or millwork specialist. The party supplying the cabinetry, fixtures or fittings is responsible for exact placement of their product. Specific design questions can be directed to Jeanne Rapone, CKD or the homeowner.

All plumbing fixtures should be reviewed with contractor and plumber prior to purchase.

Specifications for the Dusini Bathroom:

Notes:

- Occupy entire small bedroom space as well as existing closet in master bedroom, linen space in hallway and some of the hallway area.
- Relocate door to enter from Master Bedroom.
- Create new large walk-in closet, also entering from Master Bedroom.
- Elevations are an artistic representation of the designer. All details should be reviewed with the homeowner.
- All plumbing fixtures should be reviewed with contractor/plumber prior to final purchase.
- Frameless glass shower to be reviewed with glass installer for exact panel and door sizes available.
- Floor material to be selected and specified.

Tub Area:

- Suggested: Tiled apron front soaking tub or therapeutic tub exact model number to be selected and specified. Recommended size is 42 x 66 x 20" maximum depth. Recommended: Bain Ulta therapeutic tubs.
- 2. Tiled deck to run into shower area creating a 45° angled bench. Framless glass panel would run from the ceiling to the tiled tub deck. Deck approximately 66" wide x 118" long including bench shower area.

Shower Area:

- 1. Tiled shower approximately 42" wide x 69" long with frameless glass door tiled post.
- 2. Pad wall for insulation of shower water pipes.
- 3. Shower to include a niche for shampoo, a grab bar, minimum size 24" wide, set approximately 36" AFF. Niche for shampoo should be reviewed with homeowner.
- 4. Recommended: a handheld showerhead for easy cleaning. Exact model number to be selected and specified.
- 5. Valve set just inside door opening approximately 36" AFF.

Sink Area:

- 1. Cabinetry: Single Vanity cabinet totaling 54" with a four drawer base approximately 15" wide on either side of a 24" sink base. Exact cabinetry to be selected so depending on how it is built a filler may need to be installed on the left end.
- 2. Recommended: Single undermount sink set in granite, marble or Corian. Exact model number of sink and countertop to be selected and specified.
- 3. Recommended: a single lever faucet, exact model number to be selected and specified.
- 4. Medicine cabinets, drawn size 24" wide x 30" high. Cabinet must be surface mounted.

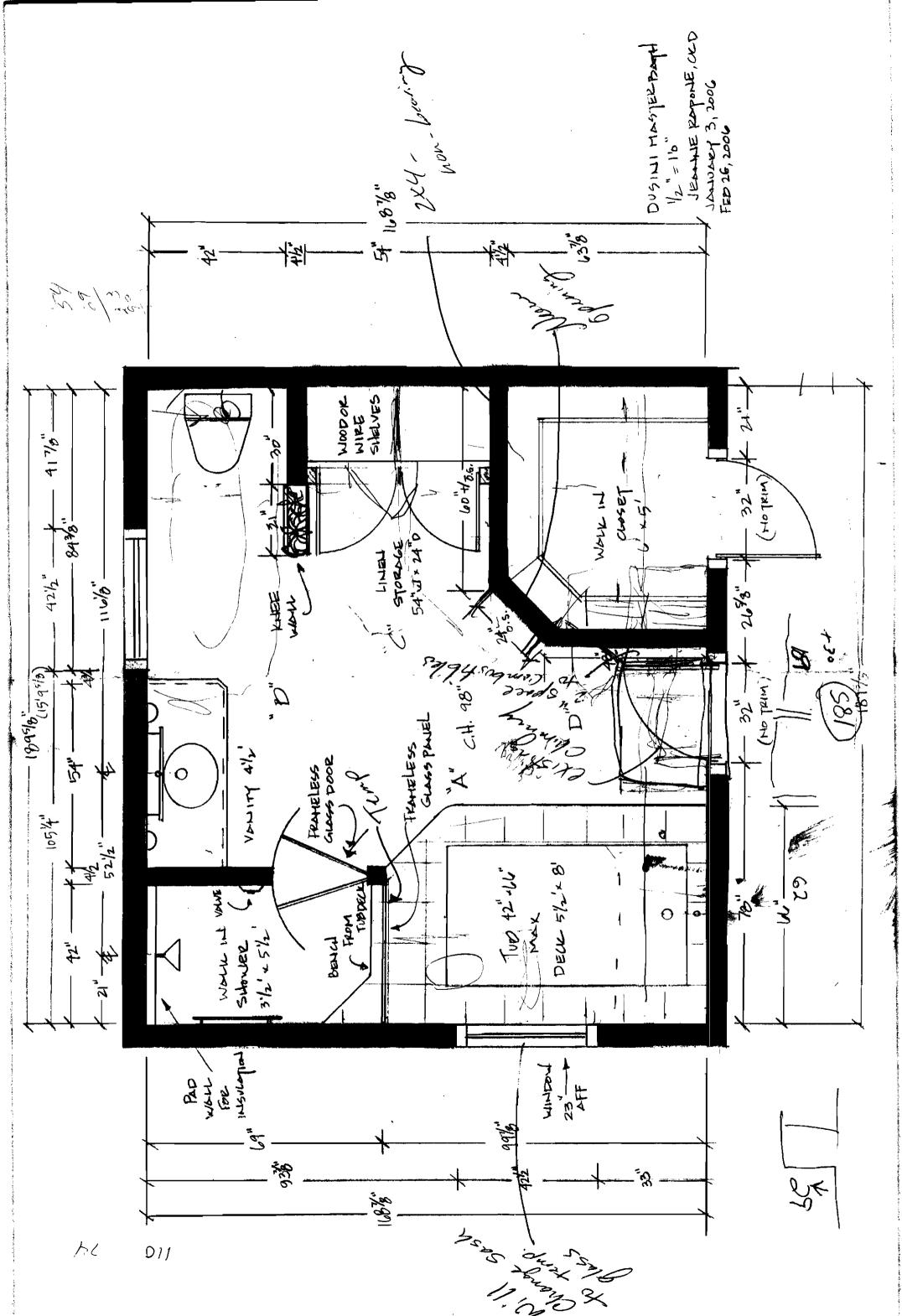
5. Recommended: two light sconces on either side of the medicine cabinet. Size of fixture based on final size of medicine cabinet.

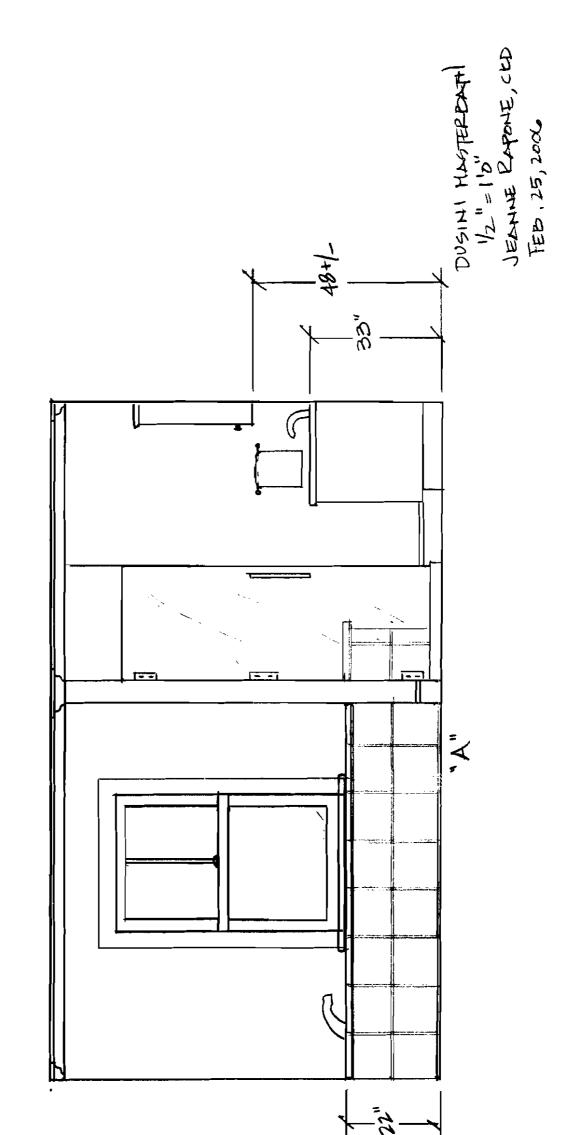
Toilet Area:

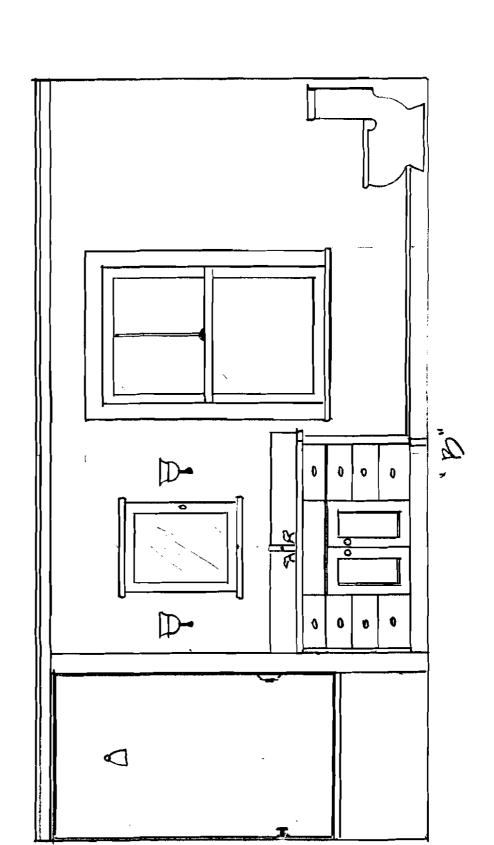
- 1. Recommended: New Toto toilet, any model preferred or the Kohler Cimmeron.
- Linen cabinet approximately 54" wide x 24" deep, height to ceiling with two narrow doors approximately 24" wide.
 Opening up to fixed wood shelves or wire shelves. Final placement of shelves to be reviewed with homeowner.

Walk-in Closet:

3. Angled walk-in closet with clothes rod around entire closet. Homeowner may want additional rods for double hanging.







DUSINI MASTERBATIT

1/2" =1 0"

JEANILE RAPONE, CRD

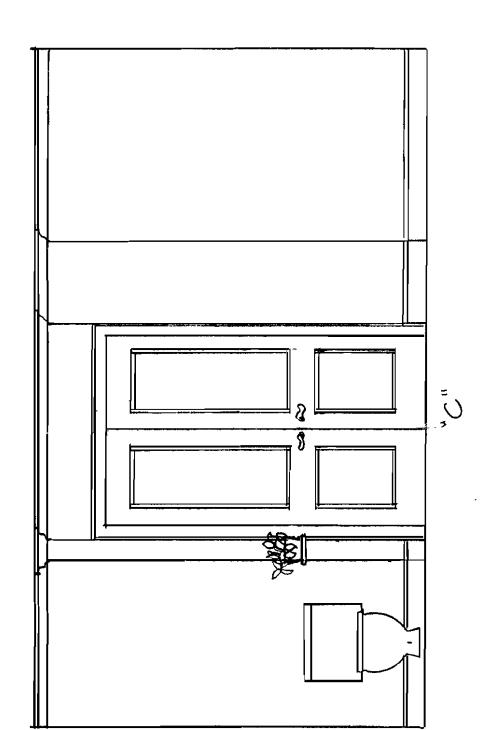
FEB. 25, 2006

DUSINI MASTER BOTH

1/2"=1'0"

JEANNE RAPONE, CKD

FEB 25, 2006



DUSIMI MASTER BETH 1/2"=1'0" JEANNE RAPONE, CKD FEED. 25, 2006

