

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED JUN 19 2007 CITY OF PORTLAND

Permit Number: 070673

This is to certify that BANTZ CLAUDIA S /Rose and Design & Const. Co. has permission to Interior renovations in kitchen sitting room /breakfast area & laundry room AT 100 NEAL ST 063 G015001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the 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.

Apply to Public Works for street line and grade if nature of work requires such information.

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or service closed-in. 4 YOUR 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

Signature and date 6/13/07 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0673	Issue Date:	CBL: 063 G015001
-----------------------	-------------	---------------------

Location of Construction: 100 NEAL ST	Owner Name: BANTZ CLAUDIA S	Owner Address: 100 NEAL ST	Phone:
Business Name:	Contractor Name: Rosewood Design & Const. Co.	Contractor Address: P.O. Box 8248 Portland	Phone: 2076710394
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: mostly R-2 some R-1M REAR

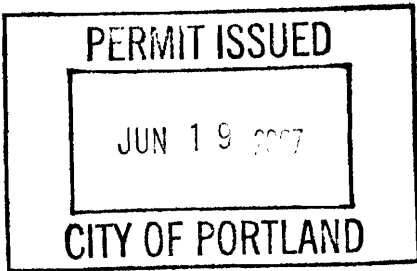
Past Use: Single Family	Proposed Use: Single Family Interior renovations in kitchen, sitting room/breakfast area & laundry room	Permit Fee: \$760.00	Cost of Work: \$74,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i>	

Proposed Project Description: Interior renovations in kitchen, sitting room/breakfast area & laundry room	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: dmartin	Date Applied For: 06/08/2007	Zoning Approval
-----------------------------	---------------------------------	------------------------

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews <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>6/11/07</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <i>when</i> <input type="checkbox"/> Not in District or Landmark <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: <i>Requires a separate Review & Approval</i>
--	---	---



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

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____ First: _____

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 _____

PORTLAND

PERMIT # 10337

TOWN COPY

Date Permit issued:

7/16/07

\$ 145.00

Double Fee Charged

Jeanie Bourke
Local Plumbing Inspector Signature

L.P.I. # 0732

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

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Number

Column 2

Type of Fixture

Number

Column 1

Type of Fixture

		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	17	Fixtures (Subtotal) Column 1
			5	Total Fixtures
			4	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.

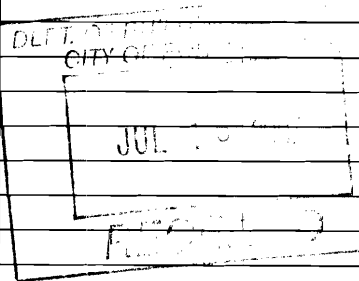


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 7-16-07
 Permit # 2007-4522
 CBL# 63615

LOCATION: 100 Wed. Street METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Clawha + David Brate PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>13</u>	Receptacles	<u>12</u>	Switches		Smoke Detector	.20	<u>5</u>	
FIXTURES	<u>13</u>	Incandescent		Fluorescent		Strips	.20	<u>2.60</u>	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS		(number of)					1.00		
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior		Exterior	5.00		
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00		
		Insta-Hot		Water heaters	<u>1</u>	Fans	2.00	<u>2</u>	
	<u>1</u>	Dryers	<u>1</u>	Disposals	<u>1</u>	Dishwasher	2.00	<u>6</u>	
		Compactors		Spa	<u>1</u>	Washing Machine	2.00	<u>2</u>	
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent				Pools	10.00		
		HVAC		EMS		Thermostat	5.00		
		Signs					10.00		
		Alarms/res					5.00		
		Alarms/com					15.00		
		Heavy Duty(CRKT)					2.00		
		Circus/Carnv					25.00		
		Alterations					5.00		
		Fire Repairs					15.00		
		E Lights					1.00		
		E Generators					20.00		
PANELS	<u>1</u>	Service		Remote		Main	4.00	<u>4</u>	
		0-25 Kva					5.00		
TRANSFORMER		25-200 Kva					8.00		
		Over 200 Kva					10.00		
							TOTAL AMOUNT DUE		
							MINIMUM FEE/COMMERCIAL 55.00	MINIMUM FEE	<u>45.00</u>



CONTRACTORS NAME Cory Fredericks MASTER LIC. # _____
 ADDRESS PO Box 133 LIMITED LIC. # LM50017023
 TELEPHONE (207) 299-0204

SIGNATURE OF CONTRACTOR Cory Fredericks # 424