

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

DEPARTMENT OF BUILDING INSPECTION

PERMIT ISSUED
Permit Number: 060488
MAY 1 2006
CITY OF PORTLAND

PERMIT

This is to certify that MACKENZIE JENNIFER A GARRY LBOWCOTT/prop

has permission to Remove 3 walls to open living space

AT XAST 064 E025001

provided that the person or persons who accept 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.

Notification of inspection must be given and when permission procured before this building or part thereof is altered or closed-in. 24 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

Jeanie Bourke 5/1/06
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 ISSUED

Issue Date: **MAY 1 2006**

Permit No: 06-0488	Issue Date: MAY 1 2006	BL: 064 E025001
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Location of Construction: 8 A ST	Owner Name: MACKENZIE JENNIFER A & GA	Owner Address: 8 A ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: R6

Past Use: Single Family	Proposed Use: Single Family remove 3 ⁴ walls to open living space	\$48.00 \$3,000.00 2	INSPECTION: Use Group R3 Type SB IRC-2003
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Proposed Project Description: Remove 3 ⁴ walls to open living space	<p>FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Signature _____ Date _____</p> <p>Signature <i>SMB 5/1/06</i></p>
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Permit Taken By: dmartin	Date Applied For: 04/07/2006	Zoning Approval
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<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>Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>not w/conditions</i></p> <p>Date <i>4/28/06</i> <i>ABM</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>AW</i></p> <p>Date:</p>
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0488	Date Applied For: 0410712006	CBL: 064 E025001
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Location of Construction: 8 A ST	Owner Name: MACKENZIE JENNIFER A & GA	Owner Address: 8 A ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type:	
Proposed Use: Single Family remove 3 walls to open living space		Proposed Project Description: Remove 3 walls to open living space	

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 04/28/2006**Note:** **Ok to Issue:**

- 1) This permit is being approved on the basis of plans submrtted. Any deviations shall require a separate approval before starting that work

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 05/01/2006**Note:** **Ok to Issue:**

- 1) The separating party wall shall be covered with 5/8" type x drywall and insulated. Note: the adjoining property owner is also applying 1/2" drywall over the lath and plaster
- 2) The dividing wall shall be continuous between the floor joists to the underside of the sheathing at each floor. Gary agreed to put 5/8" drywall between.
- 3) As discussed, hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) All penetrations through the fire wall need to be sealed per the code
- 6) The design load spec sheets for any engineered beam(s) must be submrtted to this office

Comments:05/01/2006-jmb: Met with Gary B. On site for an electrical inspection and discussed the details of the plans, **ok** to issue



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: <u>8 A ST</u>		
Total Square Footage of Proposed Structure <u>1300</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>X64 E 025</u>	Owner: <u>GARRY BOWCOTT</u> <u>JENNIFER MACKENZIE.</u>	Telephone: <u>774 0948</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>GARRY BOWCOTT</u> <u>8 A ST. PORTLAND.</u> <u>ME. 04102</u>	Cost Of Work: \$ <u>3000</u> Fee: \$ <u>48</u> C of O Fee: \$ <u>N/A</u>
Current Specific use: <u>SINGLE FAMILY</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>N/A</u>		
Project description: <u>REMOVAL OF THREE ^{FOUR} INTERIOR WALLS ONE OF WHICH IS LOAD BEARING (AS PER CONVERSATION W/ LTL STRUCTURAL ENGINEERS).</u> <u>CONSTRUCTION OF NEW FIRE WALL IN BASEMENT</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>GARRY BOWCOTT</u> Mailing address: <u>8 A ST</u> <u>PORTLAND</u> <u>ME. 04102</u> Phone: <u>774 0948</u>		

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: 	Date: <u>4-7-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

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ELECTRICAL PERMIT

City of Portland, Me.

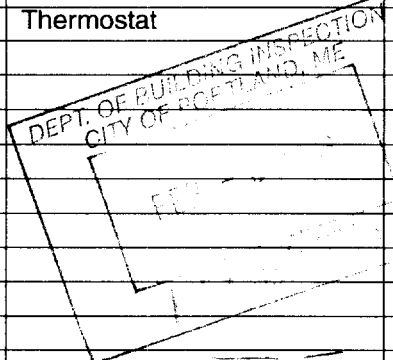


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 2/06/08
 Permit # 2006-4102
 CBL# 64E25

LOCATION: 8 A ST PORTLAND ME METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER GARY BOWCOTT
 TENANT _____ PHONE # _____

						TOTAL	EACH FEE
OUTLETS		Receptacles		Switches		Smoke Detector	.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
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		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		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		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	<u>35.00</u>



CONTRACTORS NAME G. DREW LANE
 ADDRESS 12 NORTH CASLAVE S PORTLAND
 TELEPHONE 450-8752

MASTER LIC. # _____
 LIMITED LIC. # LM 60018669

SIGNATURE OF CONTRACTOR Drew Lane

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland, ME
Street: 12 - A STREET
Subdivision Lot #

PROPERTY OWNERS NAME

Last: BOWEN First: SARAH
Applicant Name: Thomas Markley
Mailing Address of Owner/Applicant (if Different): 101 1st St, Portland, ME 04102

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2006/05/18

PORTLAND PERMIT # 9755

Date Permit Issued: 2/14/06 \$ 154.00 If Double Fee Charged

Thomas Markley
Local Plumbing Inspector Signature

L.P.I. # 744

64825

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

1/7/06
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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER-SPECIFY _____	4. <input checked="" type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER

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	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
			8	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE