

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT ISSUED: FEB 21 2007 CITY OF PORTLAND

This is to certify that SHALOM HOUSE INC /The Maxter Company

has permission to 2 Story, Wood framed single family Gr

AT 98 GILMAN ST

065 D00300

provided that the person or persons ... accepting this permit shall comply with all of the provisions of the Statutes of ... 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 ... before this building or part thereof is ... OUR NOTICES 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

2/21/07 [Signature] 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: 07-0040	Issue Date:	CBL: 065 D003001
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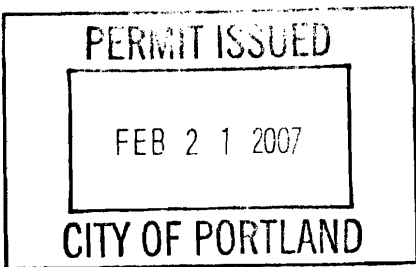
Location of Construction: 98 GILMAN ST	Owner Name: SHALOM HOUSE INC	Owner Address: PO BOX 560	Phone:
Business Name: Shalom House Inc.	Contractor Name: The Thaxter Company	Contractor Address: 55 Bell Street Portland	Phone 2077753499
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: R-7

Past Use: Vacant Land	Proposed Use: Single Family Home - 2 Story, Wood framed Single Family Handicap Unit	Permit Fee: \$4,365.00	Cost of Work: \$427,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-7 Type: 5B IRC 2003	

Proposed Project Description: 2 Story, Wood framed Single Family Handicap Unit	Signature:	Signature: 2/20/07 [Signature]
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: 01/11/2007	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 <i>N/A</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>Panel 13 Zone C</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i># 2006-0003</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p><i>OK with conditions</i></p> <p>Date: <i>1/16/07</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>Date: <i>[Signature]</i></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 _____

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	Portland
Street	123 Main St
Subdivision Lot #	100

PROPERTY OWNERS NAME

Last: John First: Doe

Applicant Name: John Doe

Mailing Address of Owner/Applicant (If Different): 123 Main St

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 # 10260

TOWN COPY

Date Permit Issued:

4/30/07

\$ 1196

If Double Fee Charged

Jamie Bourke
Local Plumbing Inspector Signature

L.P.I. # 0732

1000

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. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 123456789

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

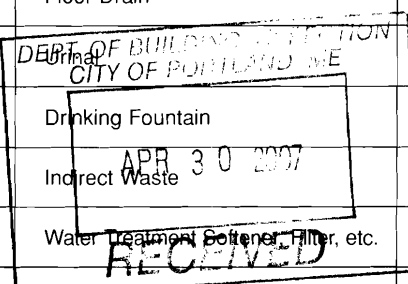
TRANSFER FEE
[\$6.00]

Column 2 Type of Fixture

Number	Type of Fixture
1	Hosebib / Sillcock
1	Floor Drain
1	Drinking Fountain
1	Indirect Waste
1	Water Treatment Softener, Filter, etc.
1	Grease / Oil Separator
1	Roof Drain
1	Bidet
1	Other: _____
	Fixtures (Subtotal) Column 2

Column 1 Type of Fixture

Number	Type of Fixture
1	Bathtub (and Shower)
1	Shower (Separate)
1	Sink
1	Wash Basin
1	Water Closet (Toilet)
1	Clothes Washer
1	Dish Washer
1	Garbage Disposal
1	Laundry Tub
1	Water Heater
	Fixtures (Subtotal) Column 1
	Fixtures (Subtotal) Column 2
15	Total Fixtures
	Fixture Fee
	Transfer Fee
	Hook-Up & Relocation Fee
	Permit Fee (Total)



SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

5/15/07 - Checked Rebar/ Footings for Buabfell of
walls - OK - setbrchs OK - no issues seen OK
to Buchfell. Jon M

5/21/07 - Checked underground plumbing - test out
OK - OK for Buchfell. Jon M

07/30/07 One meter is okay for this
Building per ~~the~~
(Emp okay)

03/29/09 Issued perm 40
~~the~~