

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 081012

This is to certify that BINGHAM R DEAN /proprietor/owner
has permission to Adding 2 bedrooms, bath, additional living space, extension of existing 2nd floor unit, replacing single glazed windows adding foam insulation to basement
AT 55 ROBERTS ST 066A B017001

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

Verification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is rendered in it. YOUR 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	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED SEP 3 2008 Department Name CITY OF PORTLAND </div>	

9/3/08 *[Signature]*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

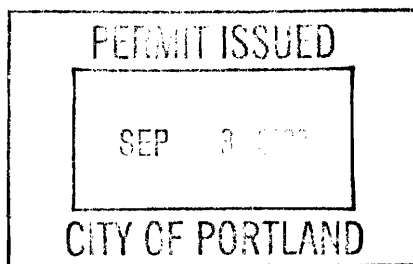
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-1012	Issue Date: 9/3/08	CBL: 066A B017001
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Location of Construction: 55 ROBERTS ST	Owner Name: BINGHAM R DEAN	Owner Address: 55 ROBERTS ST	Phone:
Business Name:	Contractor Name: property owner	Contractor Address:	Phone
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Duplex	Zone: R-5

Past Use: 2 Family	Proposed Use: 2 Family - Adding 2 bedrooms, bath, additional living space, extension of existing 2nd floor unit, replacing single glazed windows, adding foam insulation & Drywall <i>legal use 2 dv</i>	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 3
Proposed Project Description: Adding 2 bedrooms, bath, additional living space, extension of existing 2nd floor unit, replacing single glazed windows, adding foam insulation & Drywall		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R-2</i> Type: <i>JD</i> <i>JKL-2007</i>
		Signature: _____		Signature: <i>Q</i> 9/3/08
		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: 08/14/2008	Zoning Approval		
<ol style="list-style-type: none">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	Zoning Appeal	Historic Preservation
		<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"/> <i>Dr w/ conditions</i> Date: <i>8/22/08</i> <i>ABH</i>	<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: _____	<input checked="" 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 <i>ABH</i> Date: _____

**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

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 11-26-08
Permit # 2008-4874
CBL# 066A-2017

LOCATION: 55-57 Roberts ST METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Dean Bingham
TENANT _____ PHONE # 831-5356

							TOTAL EACH FEE
OUTLETS	<u>40</u>	Receptacles	<u>12</u>	Switches	<u>13</u>	Smoke Detector	.20
FIXTURES	<u>9</u>	Incandescent	<u>1</u>	Fluorescent		Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	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 55.00							
MINIMUM FEE							<u>45.00</u>

CONTRACTORS NAME Daniel Rose MASTER LIC. # MS 60019317
ADDRESS 85 Warren Rd Buxton, ME LIMITED LIC. # _____
TELEPHONE 831-5356

SIGNATURE OF CONTRACTOR

White Copy - Office • Yellow Copy - Applicant