DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK	
Please Read Application And Notes, If Any, Attached PERMIT Permit Number: 100291	
This is to certify thatMoore Darren L/self	
hes permission to Convert mudroom to 1/2 bath	
AT _225 Falmouth St C C C O79 D005001	
provided that the person or persons, find or comparison accepting this permit shall comply of the provisions of the Statutes of Marie and of the Statute or cos of the City of Portland re- the construction, maintenance and using f buildings and structures, and of the application of this department.	gulating
Apply to Public Works for street line and grade if nature of work requires such information. PMIT ISSUE Department Name Not ation of ispectic must b give and writti bermissi brocure before this building or prominereof i or oth seed-in. 2 NOTICE IS REQUIRED. A certificate of occupancy procured by owner before the ing or part thereof is occupie NOTICE IS REQUIRED. The pertment Name Department Name	nis build-
PENALTY FOR REMOVING THIS CARD	

OK to Scon telese out MA

ँ <u>भ</u> ्न ,	Origi	nal Receipt
	- بنين - بنين	5. 12 2010
ceived from		rren Moore
cation of Work	205	Talmouth
bat of Construction	\$	Building Fee:
mit Fee 🔹	\$	Site Fee:
4. 1. 1.	Certif	icate of Occupancy Fee:
****) \	Total:
ilding (IL) P	iumbing (15) 🛓	Electrical (D) Site Plan (U2)
75-1	1-5_	
inck #:	- 'ų	Total Collected s 15 5
		14
No work	le to bě e	tarted until permit issued.
		al receipt for your records.
	0.0	
Taken by:	J. 1/2	

tronger and the second s

PLUMBING A		ON	····-		Department of Health and Human Servi Division of Environmental Health
Street Subdivision Lot # 225	cland Falmouth		PORTLAND PERMIT # 11274 TOWN COPY		
PROPERTY ON	VNERS NAME First DARR		Permit SIG	or Signature	FEE Charged
Applicant Name: Mailing Address of Owner/Applicant (If Different)				79D;	-
Owner/Applin I certily that the information submit knowledge and understand that an Plumbing Inspectors to deny a Per	ny falsification is rea.	best of my	l have inspected compliance with		ection Required thorized above and found it to be in ing Rules
Signature of Owner/Ap	picant			Inspector Signatu	Date Approv
This Application is for		PERMIT	INFORMATIC	- <u> </u>	Imbing To Be Installed By:
2. RELOCATED PLUMBING	2. 🗌 MC	FAMILY DWELLI DULAR OR MO E FAMILY DWEL - SPECIFY	BILE HOME	2. [] OIL 3. [] MFG 4. [] PUB	STER PLUMBER BURNERMAN S'D. HOUSING DE A LER/MECHANI LIC UTILITY EMPLOYEE OPERTY OWNER
Hook-Up & Piping Reloc	ation		Column 2		Column1
Maximum of 1 Hook-Up HOOK-UP: to public se those cases where the is not regulated and ins the local Sanitary Distri	wer in connection spected by		Type of Fixture	Number	Type of Fixture Bathtub (and Shower) Shower (Separate)
OR	-	Urina	al		Sink
HOOK-UP: to an existin wastewater disposal sy	ng subsurface	Drini	iking Fountain Wash Basin		Wash Basin
PIPING BELOCATION	of sanitary				Water Closet (Toilet)
lines, drains, and piping new fixtures.		<u>_</u>	ise / Oil Separator		Seb Washer
		Roof	Drain	<u> </u>	Garbage Disposal
OR		Bidet		a ji di ji di	Laundry Tub
	TRANSFER FEE Other:		00	Water Heater Fixtures (Subtotal)	
		FEE SCHEDU	Calumn 2		Column 1 Fixtures. (Subtotal) Column 2 Total Fixtures Fixture Fee Transfer Fee
Page 1 of 1 HHE-211 Bev 08/05		STAT			Hook-Up & Relocation Fee Permit Fee (Total)

Cit	y of Portland, Maine	- Building or Use	Permit Applicatio	n (^p	ermit No:	Issue Date:	e: CBL:		
	Congress Street, 04101				10-0291 079 D005		05001		
the second second	tion of Construction:	Owner Name:			er Address;		Phone:		
225	Falmouth St	Moore Darren	L	225	Falmouth St		207-699-6589		
Busi	iess Name:	Contractor Name	t;	Cont	ractor Address:		Phone		
{		self		Por	tland				
Less	e/Buyer's Name	Phone:		Perm	it Type:			Zone:	
				Alt	erations - Dwe	llings		K KA	
Past	Use:	Proposed Use:		Pers	ait Fee:	Cost of Work:	CEO District:	1	
Sin	gle Family	Single Family	/ Convert mudroom	1	\$40.00	\$1,758.00	3	}	
}		to 1/2 bath.		FIRI	E DEPT:		ECTION:	<u></u>	
{		}		Į		Use (e Group: 12:3 Type: 573		
}		}		Į	1/7		IRC, q	7007	
				}	NIA	· { -	IRC, 9	005	
<u>-</u> ا	osed Project Description:			} ·		[\square		
Cor	vert mudroom to 1/2 bath.			Signa		Signu			
{				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
{				Action: Approved Approved w/Conditions Denied					
}				Signature: Da			Date:	late.	
Perm	it Taken By:	Date Applied For:	Y						
gg 03/24/2010		1		Loning	Approval				
L	This a sum is a ultrast - 1		Special Zone or Revie	ws	Zonio	g Appeal	Historic Pres	ervation	
1.	This permit application de				Variance		Not in District or Landmark		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			1	[4] NOT IN DISUR	a of Landmark		
		Wetland 11 more Miscellaneous			Does Not Require Review				
 Building permits do not include plumbing, septic or electrical work. 		Westland Wwork				C DOes Not Reguine Review			
 Building permits are void if work is not started within six (6) months of the date of issuance. 		Wetland When which Flood Zone which Children		Conditional Use		🗌 Requires Review			
								False information may invalidate a building	
	permit and stop all work		after 1				- 11		
		Site Plan			۱ }	Approved w/	Conditions		
			}			}			
		Maj 📋 Minor 🛄 MM		🔲 Denied	}	🗍 Denied			
		Drulcandition	r	1	}	han			
		1 2040	Date: 3 2610 18		Date:		Date:	_	
	APR 1 4 2010								
	-1: 11 •	• 1.0 10							
	-1:11 •	1							

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.

5-17-10 Ned pluntest Not forcent fillings aland Need Joint Hongers OK to close at ND

City of Portland, Maine - Bui	lding or Use Permit	Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (10-0291	03/24/2010	079 D005001		
Location of Construction:	ation of Construction: Owner Name:				Phone:
225 Falmouth St	Moore Darren L		225 Falmouth St		207-699-6589
Business Name:	Contractor Name:		Contractor Address:		Phone
	self		Portland		
Lessee/Buyer's Name	Phone:		Permit Type:		
			Alterations - Dwe	ellings	
Proposed Use:		Propose	d Project Description:		
Single Family / Convert mudroom to) 1/2 bath.	Солус	ert mudroom to 1/2	bath.	
		ļ			
		ļ			
·					
Dept: Zoning Status: A	Approved with Conditions	Reviewer	Ann Machado	Approval D	ate: 03/26/2010
Note: Ok to Issue: 🗸					Ok to Issue: 🗸
1) This permit is being issued with	the conditon that all the w	ork will take p	lace within the exis	sting footprint.	
 This property shall remain a sing approval. 	le family dwelling. Any c	hange of use s	nall require a separa	ate permit applicatio	n for review and
 This permit is being approved or work. 	the basis of plans submit	ted. Any devia	ations shall require	a separate approval l	before starting that
Dept: Building Status: A	Approved with Conditions	Reviewer	Residential Plan	Revie Approval D	ate:
Note:				·····	Ok to Issue:
1) 5/8" type X drywall must comple	staly consists the new bath	broom from the	anna from the cl	ab to the coof coffee	
 Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process. 					
3) There must be a minimun 2"x4"	header over the new wind	ow.			

PERMIT ISSUED

·· APR 1 4 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 (ONLY) or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.
- X Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling
- <u>X</u> Final inspection required at completion of work.

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

PERMIT ISSUED

APR 1 4 2010

City of Portland

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: 225		and.
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot	Number of Stories Z_
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant *must be owner, Lessee or Buyer	r* Telephone:
Chatt# Block# Lot#	Name Darren Moore	207 699 6589
Ang in age	Address 225 Falmouth St	
	City, State & Zip Portland, ME, O410	2
Lessee/DBA (If Applicable)	Owner (if different from Applicant)	Cost Of
RECEIVE	Liome	Work: \$
	Address	C of O Fee: \$
- MAR 2 4 2010	City, State & Zip	Total Fee: \$
Dept. of Building Insp		1758
City of Portland Ma Current legal use (i.e. single family)	Aine Number of Residentic	al Units Total
If vacant, what was the previous use?		<u>ношь — У НО</u> ОО
Proposed Specific use:		
Is property part of a subdivision?	If yes, please name	
Project description: Convert modroom	to 1/2 Bath.	
Contractor's name:		· · · · · · · · · · · · · · · · · · ·
Address:	0	À
City, State & Zip	×MT	elephone:
Who should we contact when the permit is read		elephone: <u>207 699 6589</u>
Mailing address: 225 Falmout	n st, Partland, Oulor	

Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at <u>www.portlandmaine.gov</u>, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

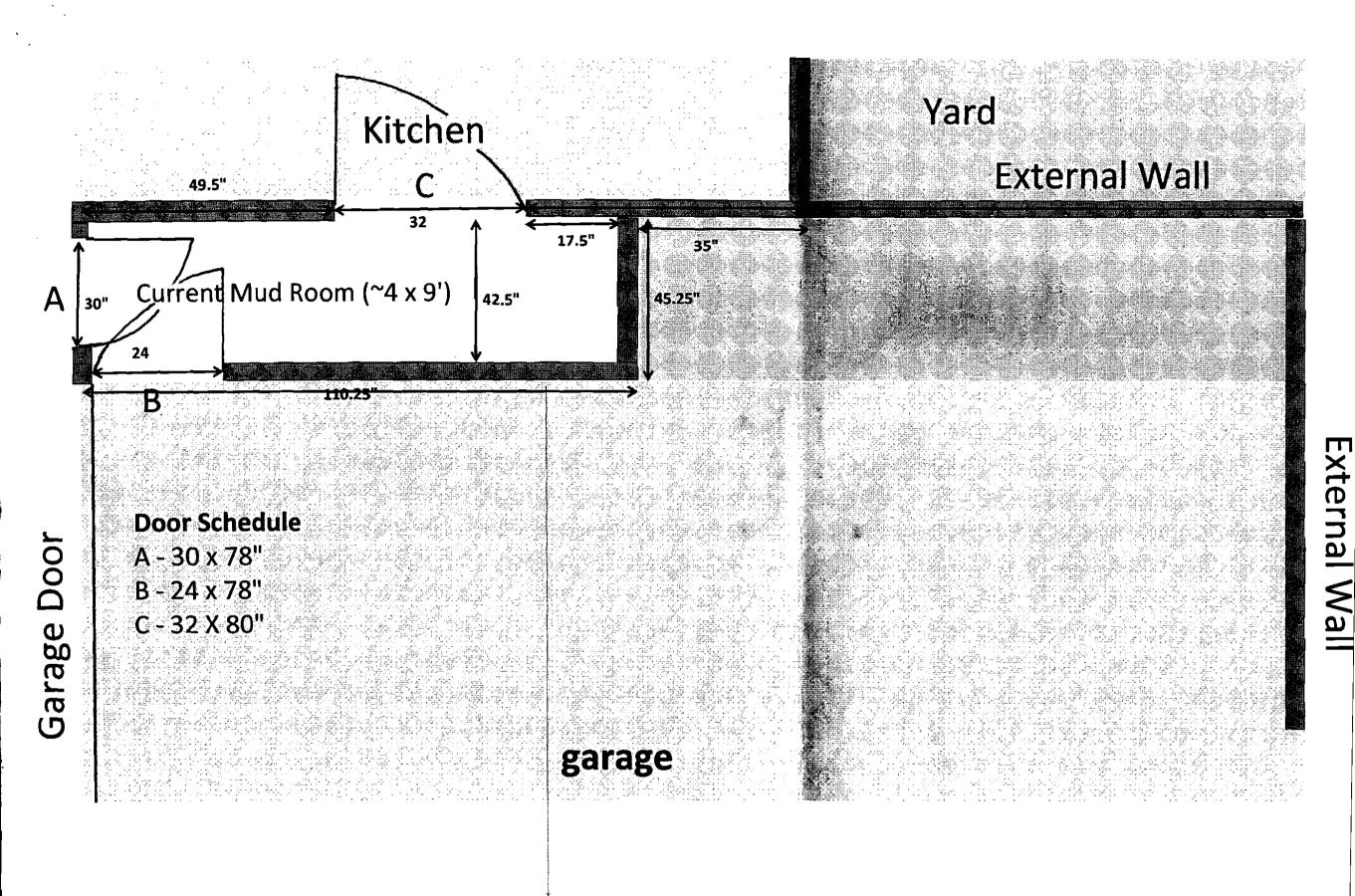
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: _____ Date: Mar 19th 2010

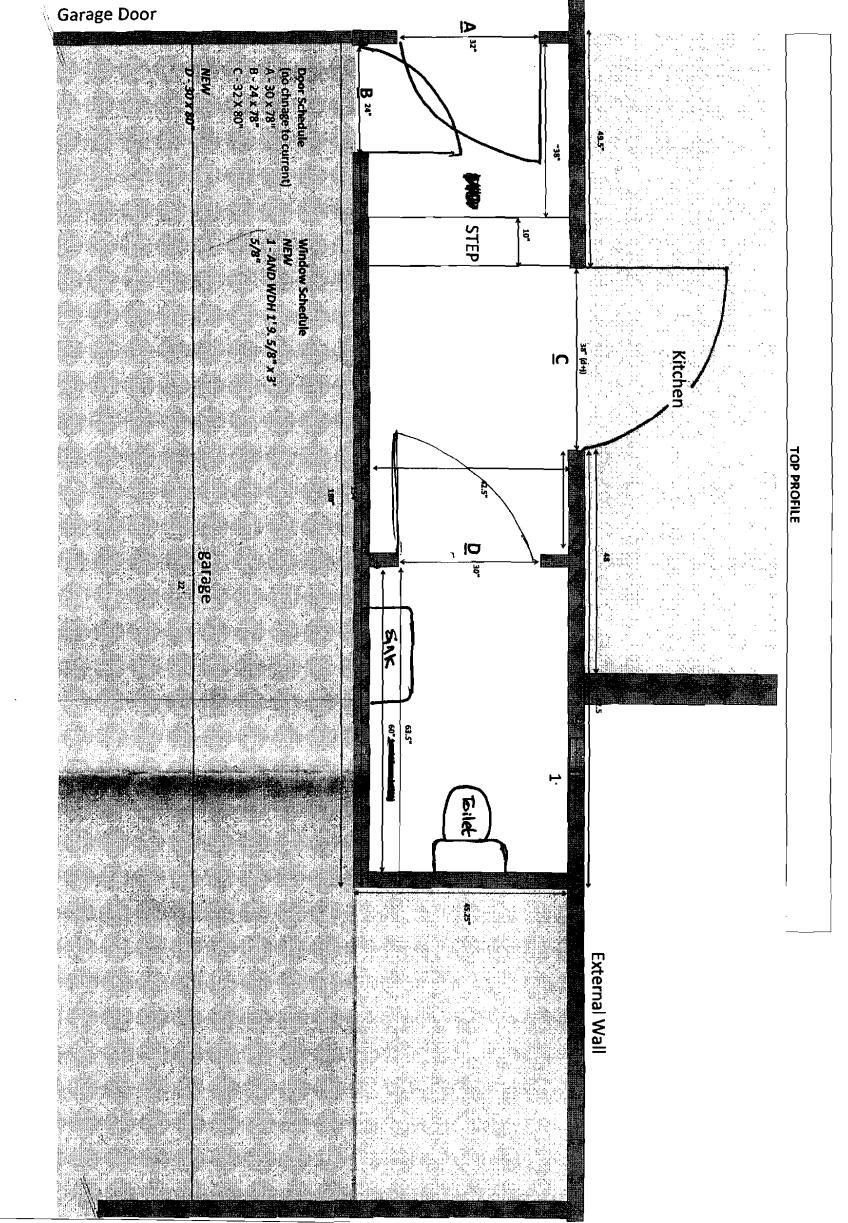
This is not a permit; you may not commence ANY work until the permit is issued

ltem	Quantity	\$ per piece \$ per lo	t
1' 9.625 " x 3' .875" window	1	150	150
·			
2x8x12	2	16	32
2x8x8	2	12	24
2x4	30	2	60
2x4x10	3	4	12
2x4 x12	2	8	16
2x4x14	3	12	36
4x4x6	1	12	12
4x6x6	1	12	12
3/4 flooring	2	8	16
Drywali 3/4	14	20	280
Drywall 1/2	4	20	80
shose	6	3	18
Fasteners			10
ofwer/Labor			1000
		total	1758

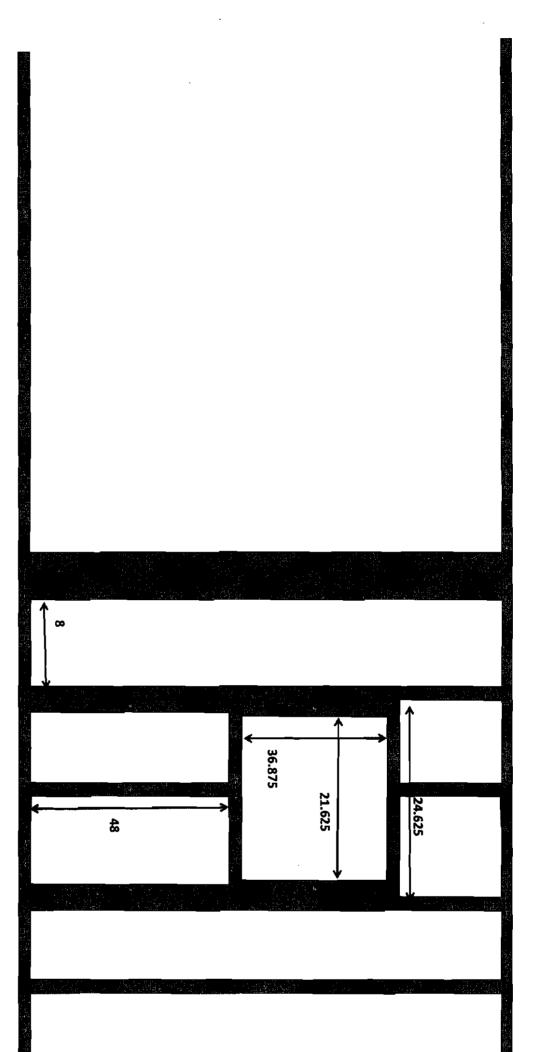
and the second
CITY OF PORTLAND, MAINE Department of Building inspections
Original Receipt
March 2420/D
Received from Vallen Alade
Location of Work 335 Falmand So
Cost of Construction \$ Building Fee:
Compared Free \$ Site Fee:
Certificate of Occupancy Fee:
Total:
Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)
Other CBL:O19005
Check #: Total Collected s
No work is to be started until permit issued. Please keep original receipt for your records.
Taken by:
WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy



9.5~ ' to External



9.5~' to External

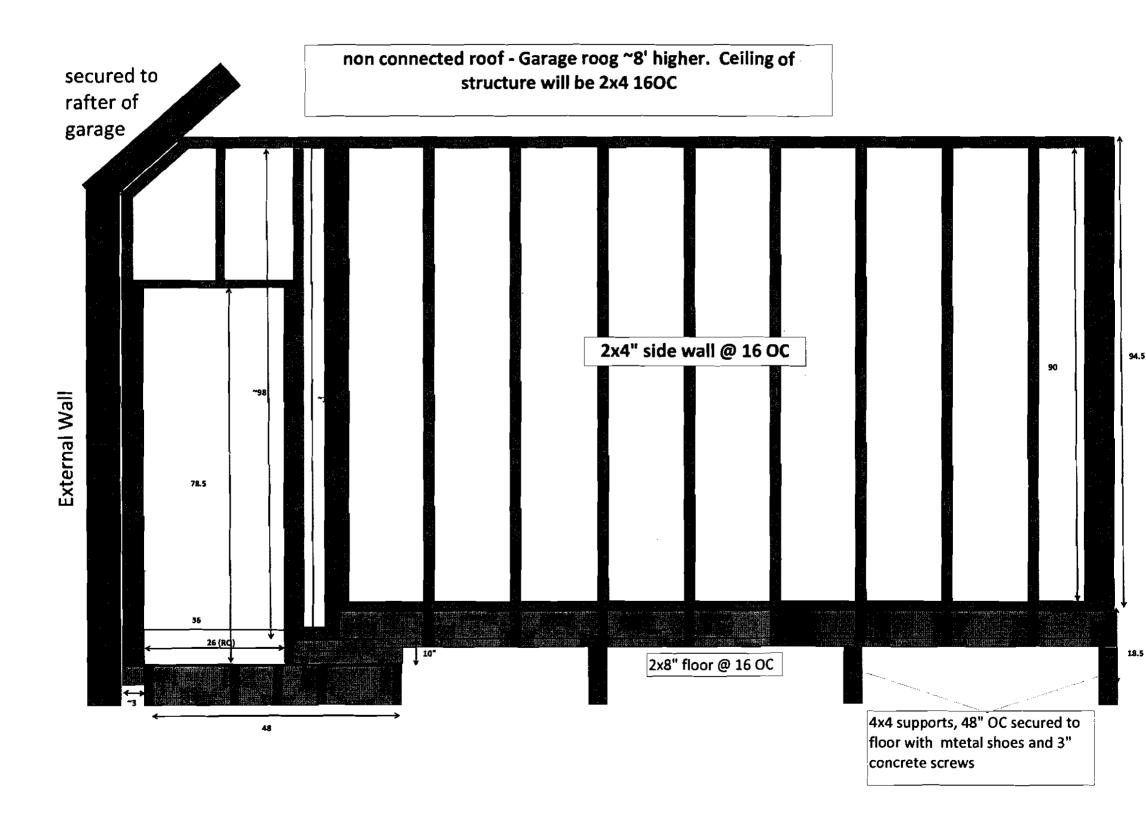


WALL ELEVATION (new window)

. .

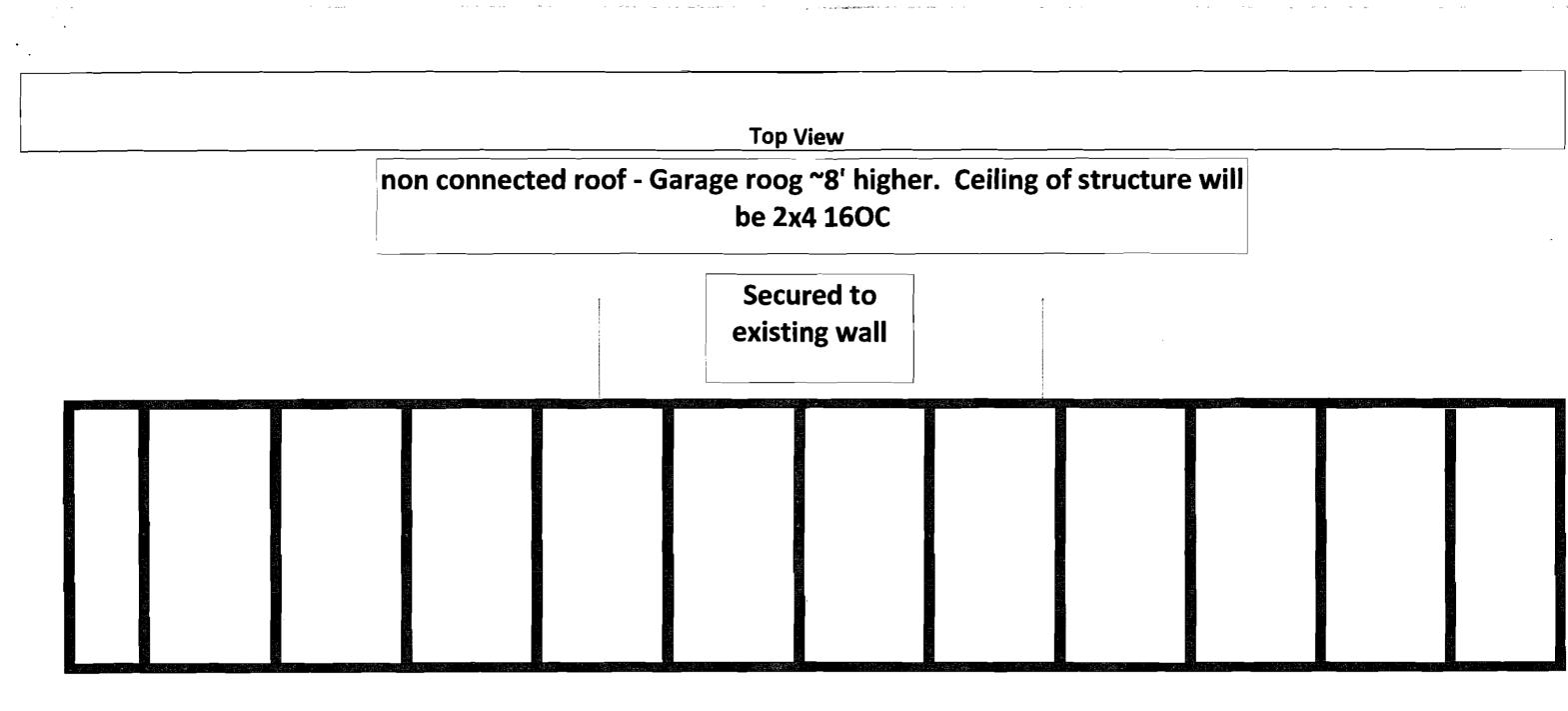
C PARAMETERS

SIDE ELEVATION

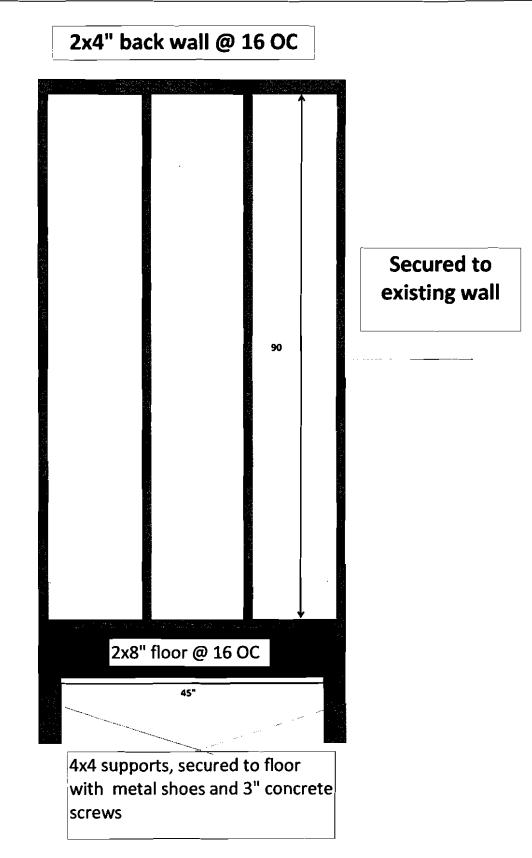


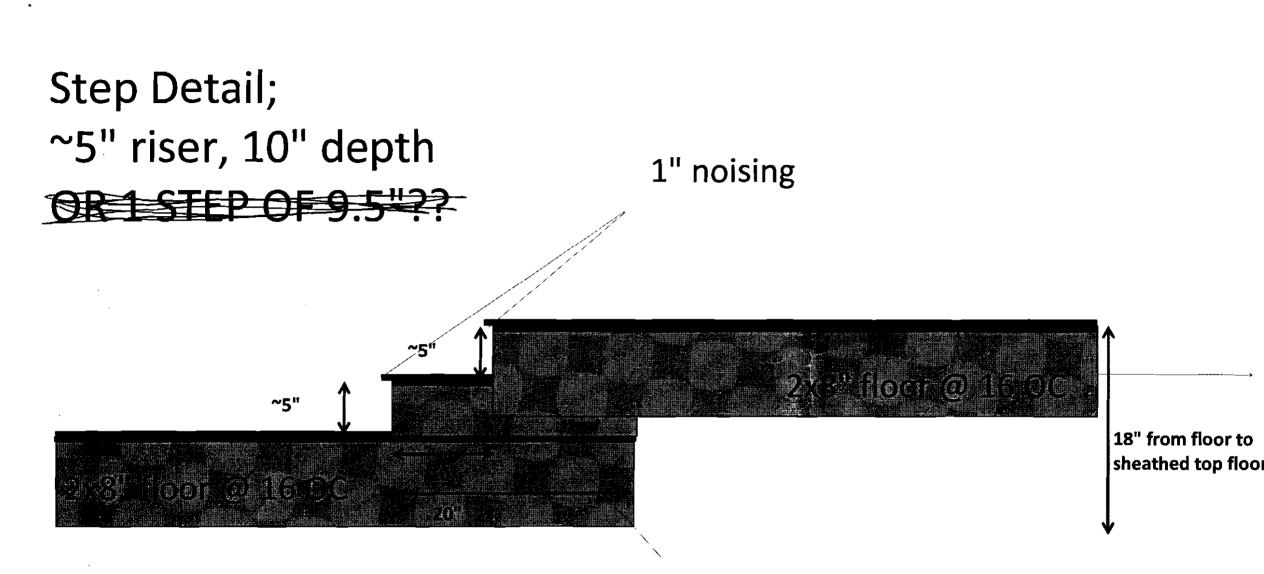
S is g to meet any is all constraints. The propriation of the start start is

and the second sec



REAR ELEVATION





2x5" step - notched tosupport and accomadate2x8 floor