

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 070824

Please Read Application And Notes, If Any, Attached

This is to certify that DUFFY KRISTIN & WILLIAM DUFFY (Bob St On

has permission to Remove wall between Kit. & Bath 1/2 Bath and Mud room

AT 63 WOODMONT ST (080 H006001

PERMIT ISSUED
JUL 9 2007
CITY OF PORTLAND

provided that the person or persons, firm or corporation 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.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. 48 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

Christopher M. ... 7/9/07
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 No: 07-0824 | Issue Date: 7/9/07 | CBL: 080 H006001 |
|-----------------------|-----------------------|---------------------|

| | | | |
|---|--|---|----------------------|
| Location of Construction: 63 WOODMONT ST | Owner Name: DUFFY KRISTIN & WILLIAM J D | Owner Address: 63 WOODMONT ST | Phone: 773-1805 |
| Business Name: | Contractor Name: Bob St Onge | Contractor Address: 2424 N. Belfast Ave. Augusta | Phone: 2076263631 |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Dwellings | Zone: |

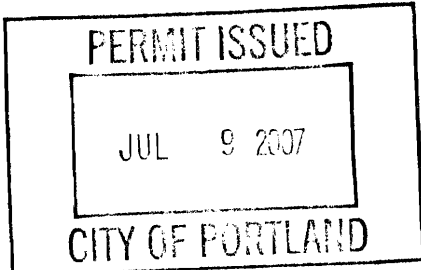
| | | | | |
|----------------------------|--|--|--|--------------------|
| Past Use: Single Family | Proposed Use: Single Family /Remodle Kitchen and Bath | Permit Fee: \$270.00 | Cost of Work: \$24,614.00 | CEO District: 3 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R-3 Type: SB IRC-2003 | |

| | | |
|--|------------|-----------------------|
| Proposed Project Description: Remove wall between Kit.& Bath 1/2 Bath and Mudroom | Signature: | Signature: 7/9/07 CLM |
| 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: csh | Date Applied For: 07/09/2007 | Zoning Approval |
|-------------------------|---------------------------------|------------------------|

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

| 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"/> | <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 | <input type="checkbox"/> Not in District or Landmark <input checked="" 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: 7/9/07 CLM | Date: | Date: 7/9/07 CLM |



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 |

7/13/07- checked framing/plumbing (relocated) and
electrical for close-in. OK to close-in.

2-21-13 DWM Final OK no outlet at peninsula. Jm M

City of Portland, Maine - Building or Use Permit

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

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|------------------------------|--|----------------------------|
| Permit No: 07-0824 | Date Applied For: 07/09/2007 | CBL: 080 H006001 |
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| Location of Construction: 63 WOODMONT ST | Owner Name: DUFFY KRISTIN & WILLIAM J D | Owner Address: 63 WOODMONT ST | Phone: () 773-1805 |
| Business Name: | Contractor Name: Bob St Onge | Contractor Address: 2424 N. Belfast Ave. Augusta | Phone: (207) 626-3631 |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Dwellings | |

| | |
|---|---|
| Proposed Use: Single Family /Remodle Kitchen and Bath | Proposed Project Description: Remove wall between Kit.& Bath 1/2 Bath and Mudroom |
|---|---|

| | | | |
|--|---|-------------------------------|-----------------------|
| Dept: Zoning | Status: Approved with Conditions | Reviewer: Chris Hanson | Approval Date: |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) Separate permits shall be required for future decks, sheds, pools, and/or garages. 2) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. | | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Chris Hanson | Approval Date: |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process. 2) Fastener schedule per the IRC 2003 3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. | | | |



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>63 Woodmont St. Portland, ME</u> | | |
| Total Square Footage of Proposed Structure <u>0</u> | Square Footage of Lot <u>5170 (I think!) 0.119 acres</u> | |
| Tax Assessor's Chart, Block & Lot Chart# _____ Block# <u>H</u> Lot# <u>6</u> Tax map <u>80 (C80H006001)</u> | Owner: <u>William J Duffy Jr & Kristin Chase Duffy</u> | Telephone: <u>207- 773-1805</u> |
| Lessee/Buyer's Name (If Applicable) | Applicant name, address & telephone: <u>Kristin C. Duffy 69 Woodmont St. Portland, ME 04102 207-773-1805</u> | Cost Of Work: <u>\$ 24,614</u> Fee: \$ _____ C of O Fee: \$ _____ |
| Current legal use (i.e. single family) <u>single family</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>single family</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>- opening kitchen & dining room up (remains, wall) - Reducing bathroom/laundry to small bath & mud room (adding small wall & swinging door)</u> | | |
| Contractor's name, address & telephone: <u>Bob St. Onge, SARK Management, Inc. 2424 N. Belfast Ave. Augusta, ME 04330</u> | | |
| Who should we contact when the permit is ready: <u>Kristin Duffy</u> Mailing address: <u>69 Woodmont St Portland ME 04102</u> Phone: <u>773-1805</u> <u>207-626-3631</u> <u>(C) 557-3631</u> | | |

30
240
270

Please submit all 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: <u>Kristin C Duffy</u> | Date: |
|--|-------|

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

JARR Management, Inc.

Bill & Kristin Duffy
69 Woodmont Street
Portland, Me 04102
207-773-1805

Dear Bill & Kristin

Here is a breakdown of what our Contract

- | | |
|---|---------------------------|
| 1. Demo | \$ 350.00 - B. 11 |
| 2. Move rear door to new rear entrance & re-use rear steps with some modifications | \$500.00 |
| 3. Install new window at sink and install new siding to match existing | \$ 550.00 |
| 4. Re-install old kitchen window in bathroom | \$ 600.00 |
| 5. Frame new bath area with pocket door. (we will try to use existing door so all the door in the house look alike) | \$ 400.00 |
| 6. Re-locate cabinet in dining to hall way closet | \$ 400.00 |
| 7. Install header where wall has to be removed | \$ 600.00 |
| 8. All new trim will match the existing | \$ 500.00 |
| 9. Sanding of the floor. | \$ 300.00 - Jimmy's |
| 10. The drywall will be repaired ready for paint (new ceiling in the old kitchen area) | \$1,500.00 |
| 11. Electrical will be moved so new kitchen will be functional. | \$ 2,000.00 - Bill? |
| 12. Plumbing & hearing will be moved so the project can be completed. | \$ 3,500.00 |
| 13. Cubbies will be at the new entrance area. | \$ 600.00 - Todd or Bill? |
| 14. Debris will be disposed off. | \$ 500.00 - Bill |
| 16. Install new cabinets | \$1,500.00 |
| 17. Cost of new cabinets & counter top | \$13,364.00 |

Total contract \$ 27,164.00

Remainder

Demo cabinets -250.00
Sanding of the floor -300.00
~~Electrical~~ -2,000

27,164
- 2,550

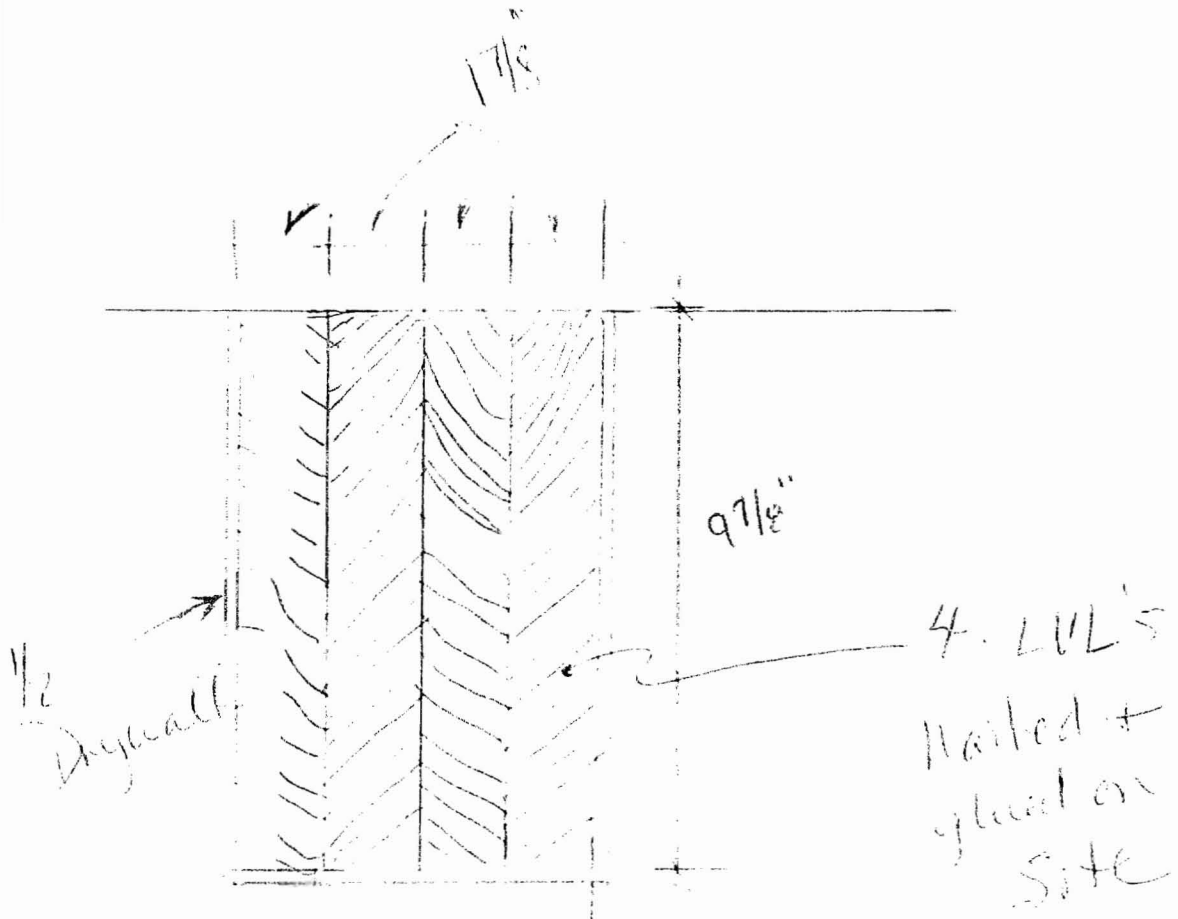
\$ 24,614

Bob St. Onge, Pres 5-14-07
Bob St. Onge

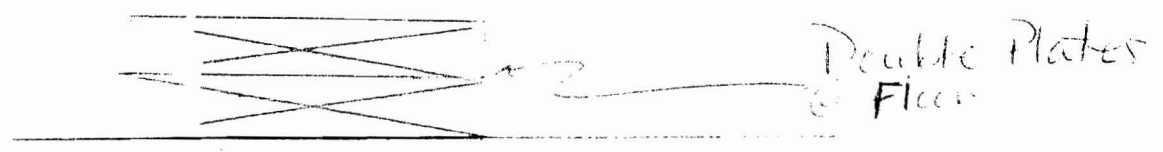
Bill Duffy
Bill Duffy

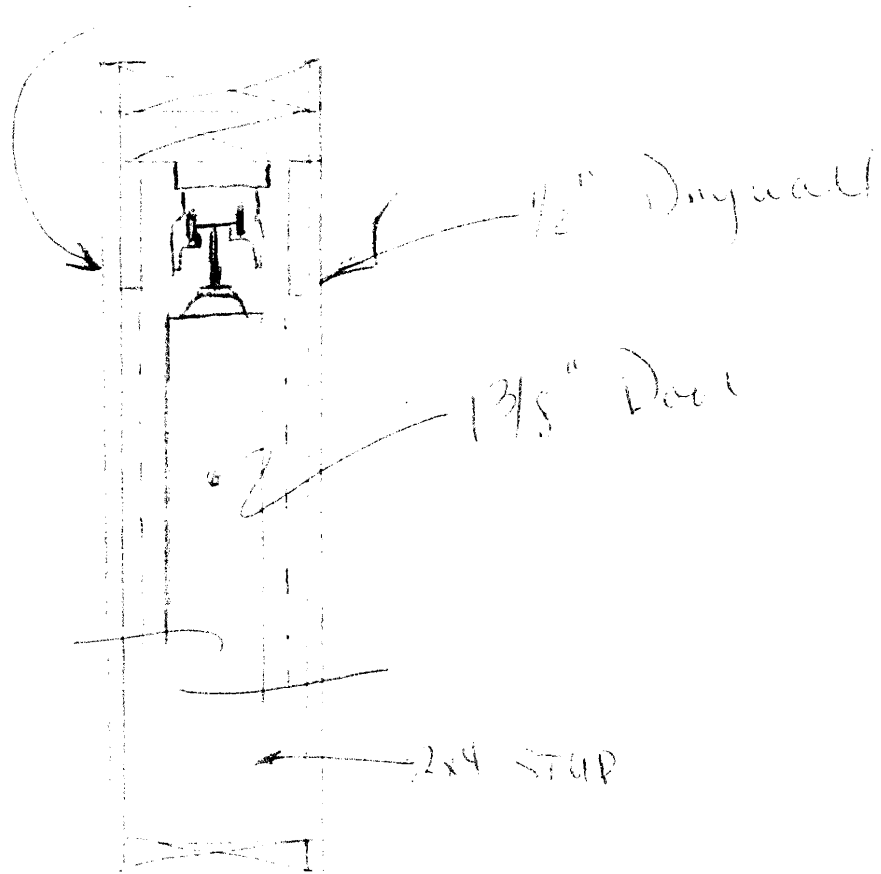
Kristin Duffy
Kristin Duffy

Detail @ New Slab

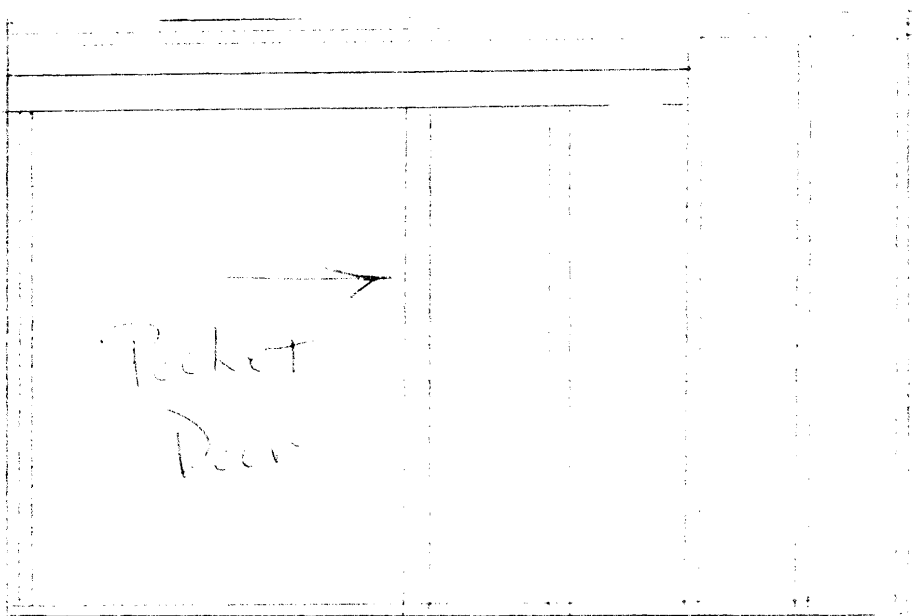


3. Tacks @ each end of beam in walls



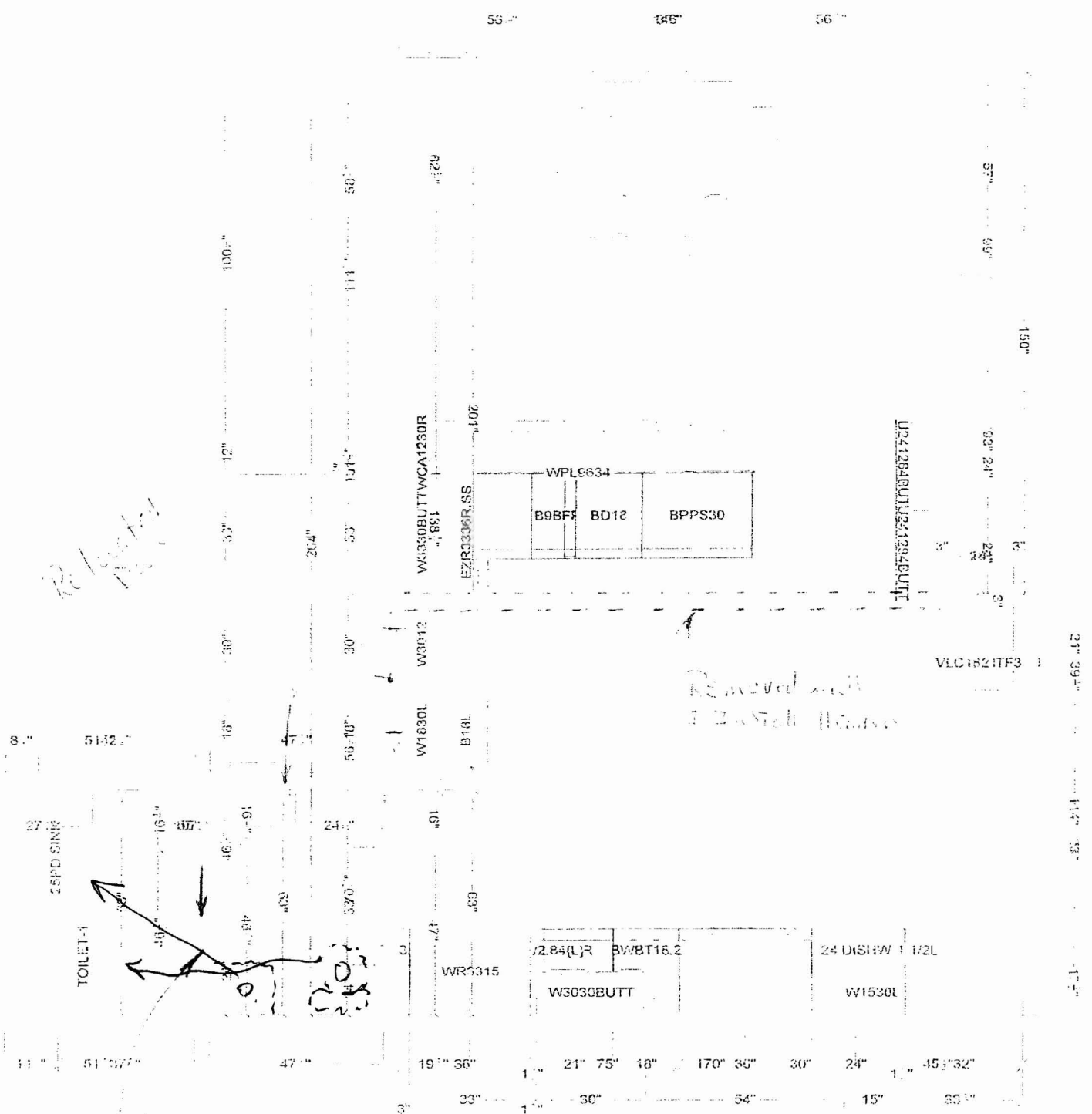


Cross-section of New Bathroom Wall



Plan View of New Wall in Bathroom

A.T.S.



Removed wall

*Removed wall
to install alcove*

*Hinged wall to make
Bathroom smaller*

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

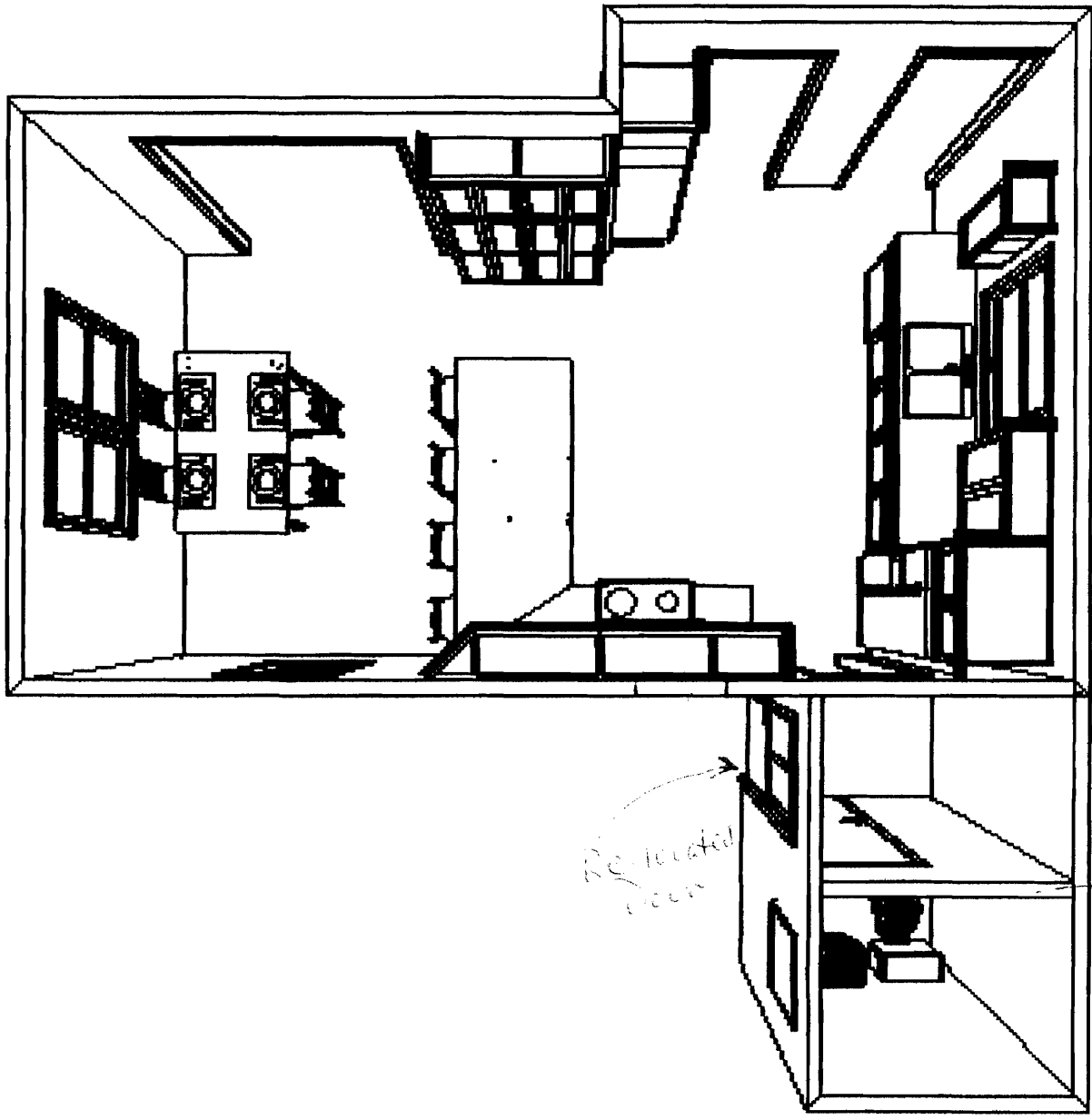
This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 4/10/2007
Printed: 5/5/2007

DUFFY

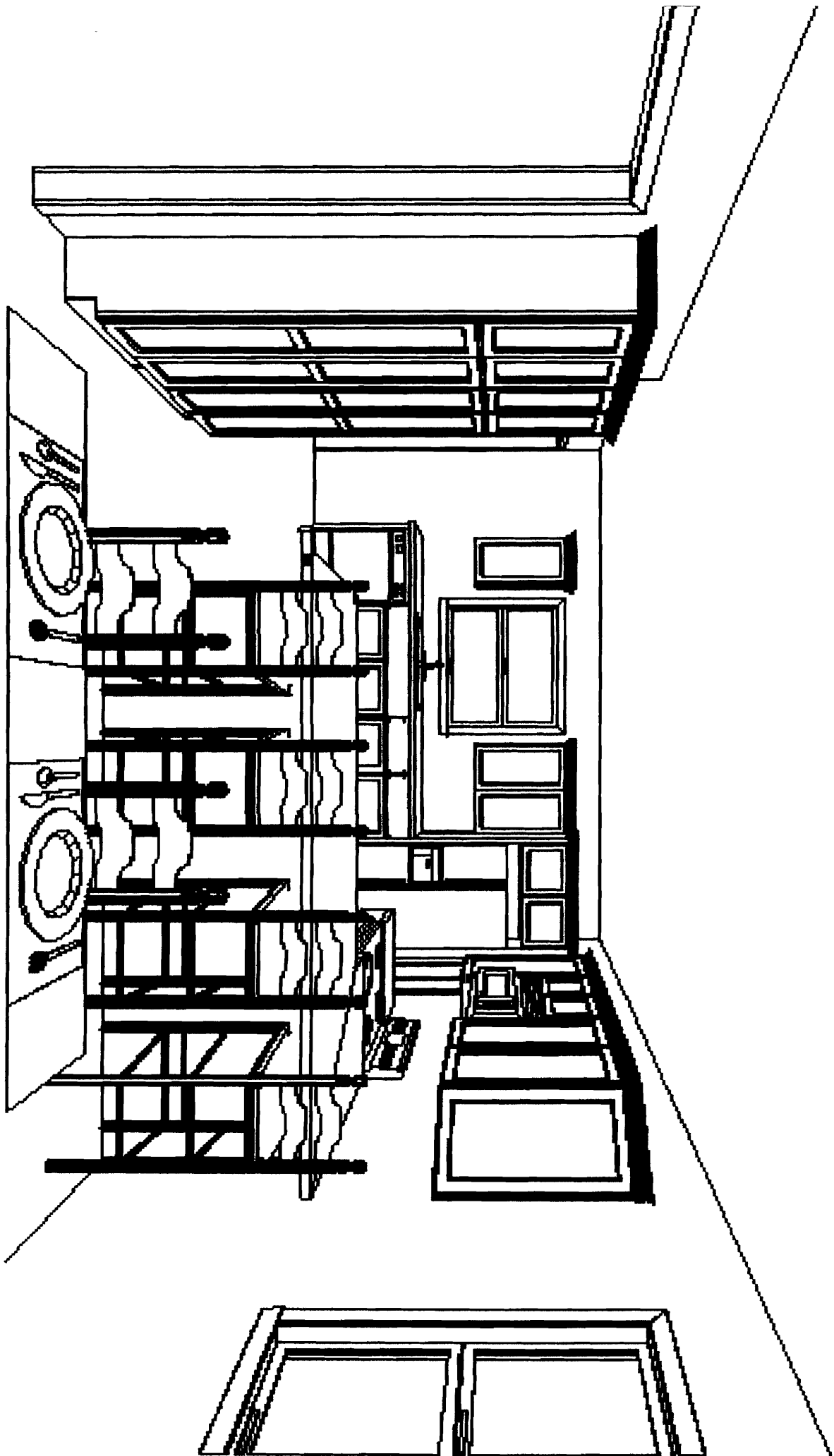
All

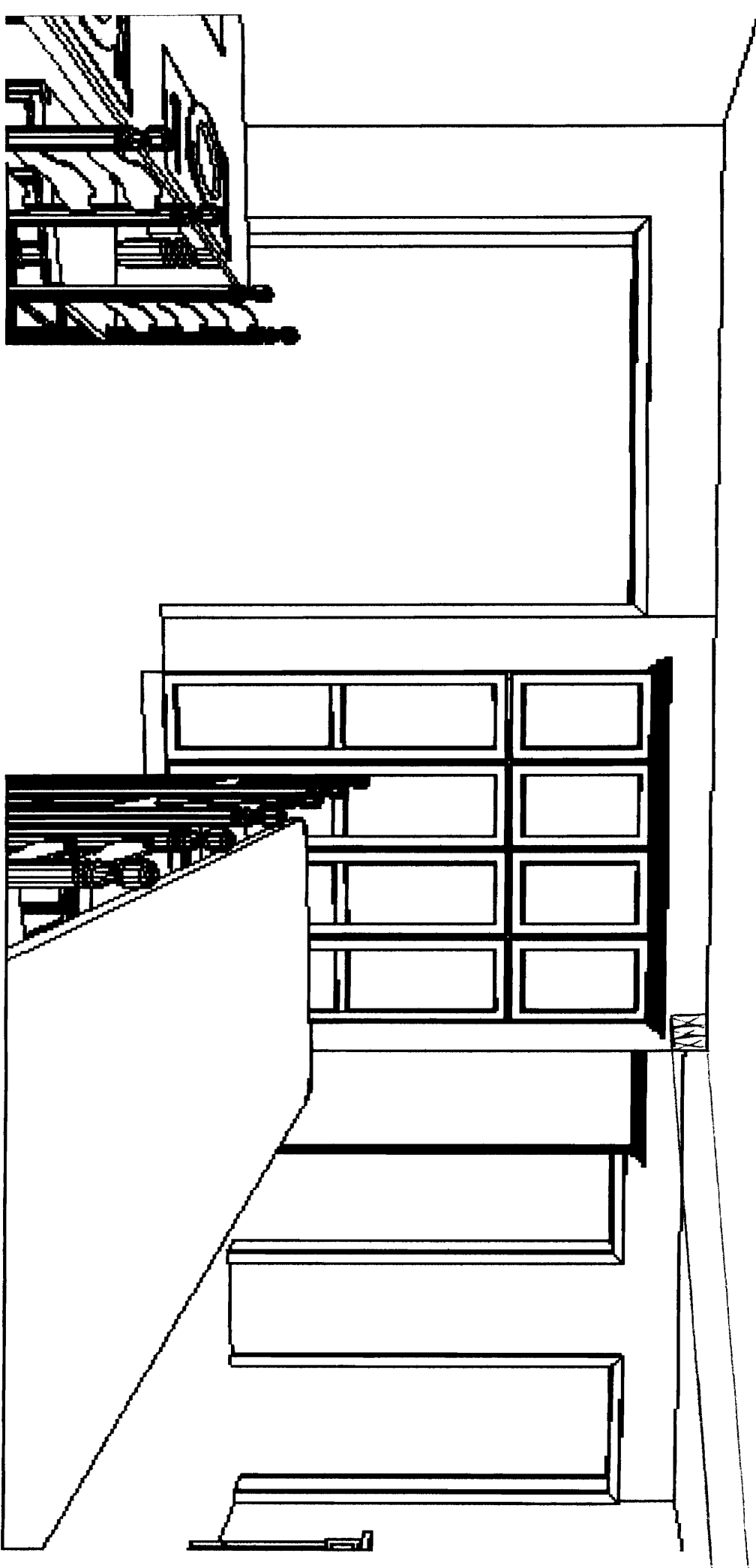
Drawing #:

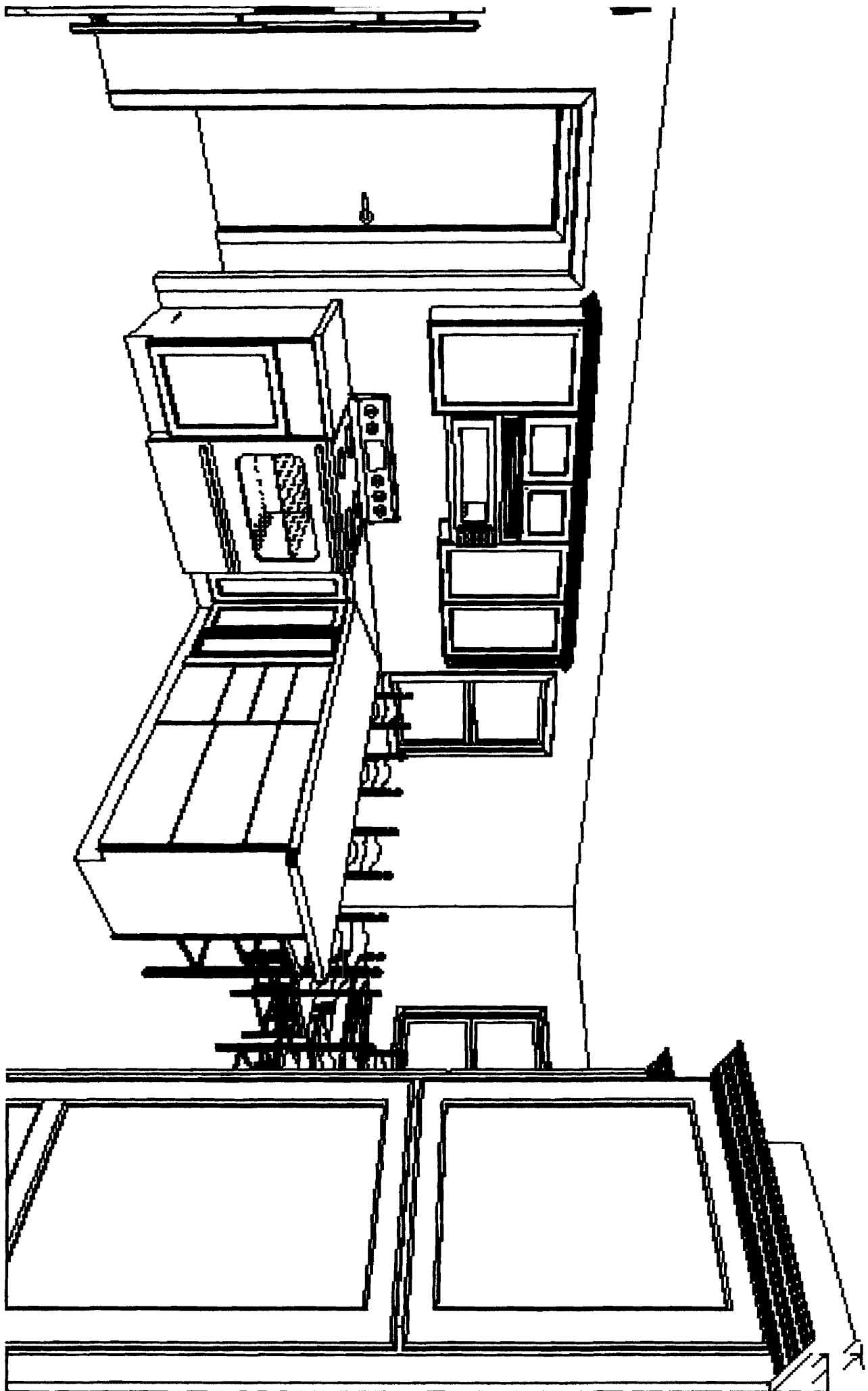


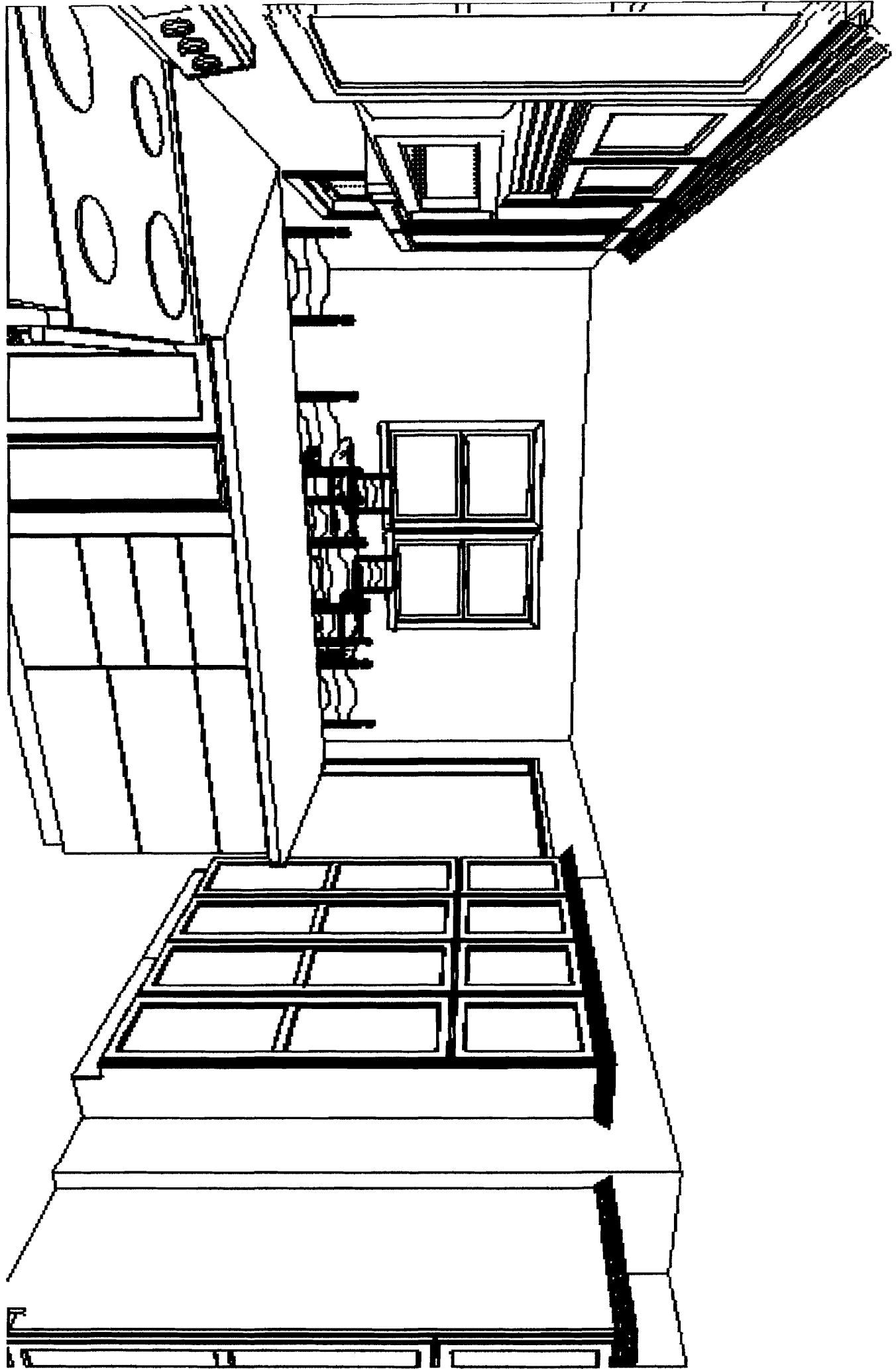
Re-located
window

New
wall

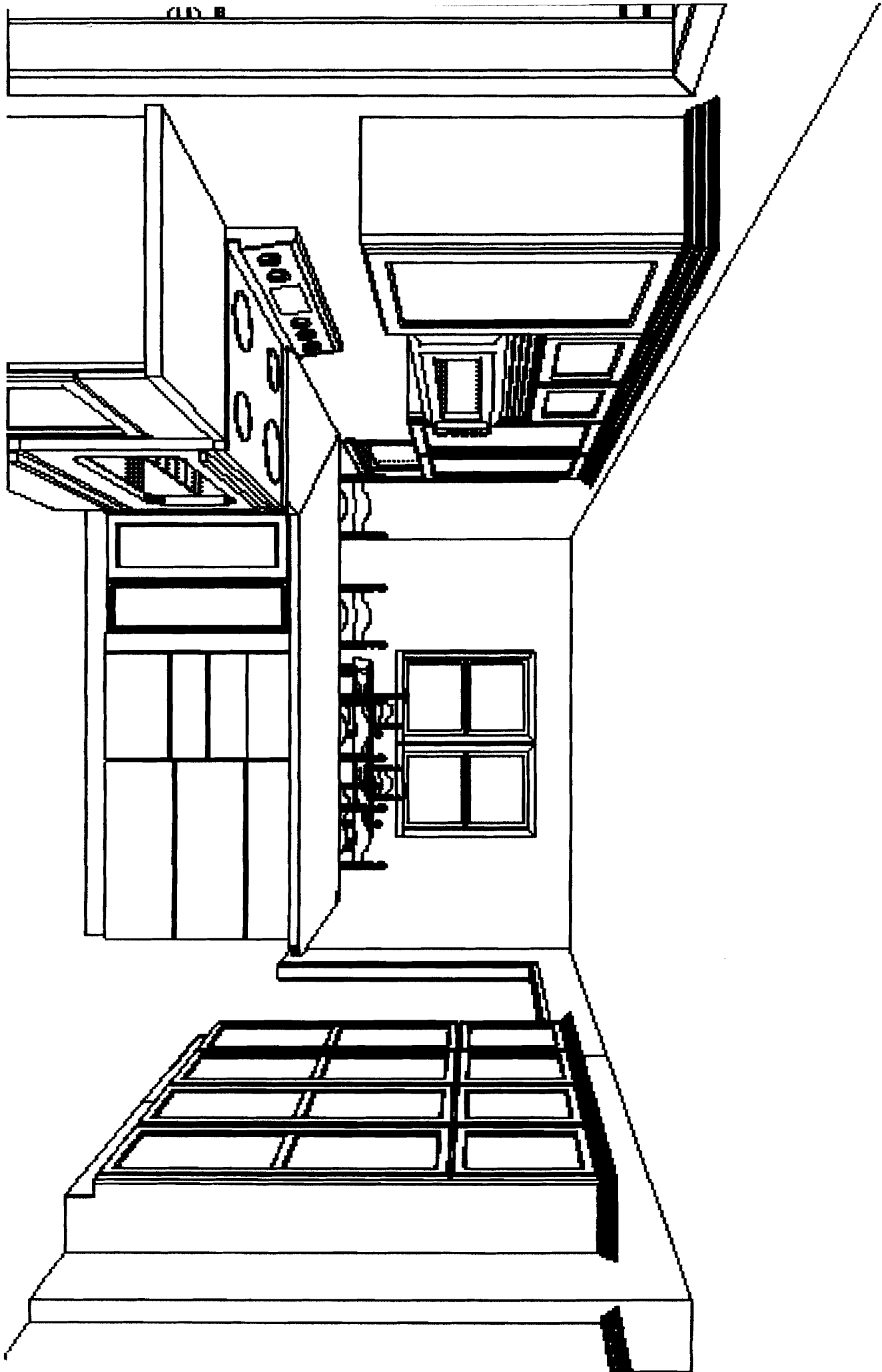








(11) B





CITY OF PORTLAND, MAINE
Department of Building Inspections

_____ 20 51

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ 270.00

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL: _____

Check #: 1273

Total Collected \$ 270

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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:

LOCATION: 63 Woodmont METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

| | | | | | | |
|-------------------|----|------------------|---------------|---------------|---------------|----------|
| OUTLETS | 10 | Receptacles | 10 | Switches | 10 | Smoke D |
| FIXTURES | 10 | Incandescent | 10 | Fluorescent | | Strips |
| SERVICES | | Overhead | | Underground | | TTL AMP |
| | | Overhead | | Underground | | |
| Temporary Service | | Overhead | | Underground | | TTL AMP |
| METERS | | (number of) | | | | |
| MOTORS | | (number of) | | | | |
| RESID/COM | | Electric units | | | | |
| HEATING | | oil/gas units | | Interior | | Exterior |
| APPLIANCES | 1 | Ranges | 4 | Cook Tops | | Wall Ove |
| | | Insta-Hot | | Water heaters | | Fans |
| | | Dryers | | Disposals | 1 | Dishwas |
| | | Compactors | | Spa | | Washing |
| | | Others (denote) | | | | |
| MISC. (number of) | | Air Cond/win | | | | |
| | | Air Cond/cent | | | | Pools |
| | | HVAC | | EMS | | Thermos |
| | | Signs | | | | |
| | | Alarms/res | | | | |
| | | Alarms/com | | | | |
| | | Heavy Duty(CRKT) | | | | |
| | | Circus/Carnv | | | | |
| | X | Alterations | | | | |
| | | Fire Repairs | | | | |
| | | E Lights | | | | |
| | | E Generators | | | | |
| PANELS | | Service | | Remote | | Main |

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 JUL 11 2007
 RECEIVED

PLUMBING APPLICATION

PROPERTY ADDRESS

| | |
|-----------------------------|-----------------|
| Town or Plantation | PORTLAND |
| Street Subdivision Lot # | 63 WOODMONT ST. |

PROPERTY OWNERS NAME

| | | | |
|---|-----------------------------------|--------|----------------|
| Last: | DUFFY | First: | BILL + KRISTIN |
| Applicant Name: | GRANITE CORP | | |
| Mailing Address of Owner/Applicant (If Different) | P.O. BOX 370 OAKLAND, ME 04863 | | |

20

PORTLAND

Date Permit Issued: 7/11

Jamelle
Local Plumbing Inspector

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.

Jamelle Key
Signature of Owner/Applicant

7/10/07
Date

Caution

I have inspected the installation and find it in compliance with the M.P.C.

Local Plumbing Inspector

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 _____

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.

Column 2

Number Type of Fixture

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

OR

Matthew Dunlap
Secretary of State

MAINE

WHERE AMERICA'S DAY BEGINS

CDL OPERATOR

ROY
JAMES E
16 DONALD STREET
WATERVILLE, ME 04901

2018119

EXPIRES **08/18/2011** ISSUED **08/16/2006** BIRTH DATE **08/18/1962**

WEIGHT **220** SEX **M** HAIR **BR** EYES **BR** HEIGHT **5 10**

CLASS **B**

REST. **A**

ENDS. **PXI**



James E. Roy

▼ ORGAN DONOR



STATE OF MAINE
DEPT OF PROFESSIONAL & FINANCIAL REGUL
PLUMBERS EXAMINING BOARD

LICENSE # MS2505

JAMES E. ROY
LICENSED MASTER PLUMBER

ISSUED Jul 01, 2006 EXPIRES Jun 30, 2008