

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 01-1552	Issue Date: JAN 22 2002	CBL: 084 E004001 6 15
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Location of Construction: 14 Ryefield St. Peaks Island	Owner Name: Mollus / Trimbley	Owner Address: 216 Lowell Ave	Phone: 617-969-1936
Business Name: n/a	Contractor Name: Horizon Builders, Inc	Contractor Address: PO Box 802 Portland	Phone: 2078799787
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Additions - Dwellings	Zone: IR-2

Past Use: Summer Camp	Proposed Use: Summer Camp / Add one bedroom to second floor over existing living room.	Permit Fee: \$534.00	Cost of Work: \$85,000.00	CEO District: 3
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Proposed Project Description: Build bedroom to second floor.	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Demed INSPECTION: Use Group: <i>013 Type SB BOCA 44</i> Signature: _____ Date: _____
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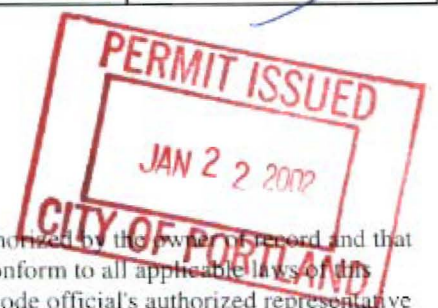
Permit Taken By: gg	Date Applied For: 12/19/2001	<b>Zoning Approval</b>	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical 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 <input checked="" type="checkbox"/> Shoreland <i>gas within 75' of high water 30% rule</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 15 just outside of flood zone Zone C</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>1/14/02</i>	Zoning Appeal <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: _____	Historic Preservation <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 Date: _____
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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.

<i>William C. Clifton</i>			
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
<i>William C. Clifton</i>	PRESIDENT HBI	01/22/02	252-3551
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



11/10/02 ~~DAVID~~ David & Tom Mackley Did A field inspection on Peaks Island to confirm the given dimensions

11/11/02 - Tom & DAVID confirmed the dimensions & heights AS meeting what they saw on site

7/19/02 Checked framing & electrical (plumbing not ready) a few nail plates needed (taken care of). Egress window in new bedroom OK - Smoke OK - OK to close in all areas except plumbing. Tom M

8/01/02 - checked plumbing - Tests OK - no problem seen - OK to completely close in. Tom M

6/3/09

Permit applied, closed. GG

# All Purpose 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>14 RYEFIELD ST., PEAKS ISLAND</u>		
Total Square Footage of Proposed Structure <u>287 S.F.</u>	Square Footage of Lot <u>3375 S.F.</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>34</u> Block# <u>E</u> Lot# <u>4/15</u>	Owner: <u>CYNTHIA MOLLUS AND ROGER TRIMBEY</u> <u>216 LOWELL AVE, NEWTON, MA.</u>	Telephone: <u>617 969-1936</u>
Lessee/Buyer's Name (if Applicable) <u>/</u>	Applicant name, address & telephone: <u>HORIZON BUILDERS, INC.</u> <u>P.O. BOX 802 PORTLAND, ME.</u> <u>879-9787</u>	Cost Of Work: \$ <u>85,000</u> Fee: \$ <u>534-</u>
Current use: <u>SUMMER CAMP</u>		
If the location is currently vacant, what was prior use: <u>/</u>		
Approximately how long has it been vacant: <u>/</u>		
Proposed use: <u>SAME</u>		
Project description: <u>ADD ONE BEDROOM TO SECOND FLOOR OVER EXISTING LIVING ROOM. REPLACE ROTTEN FTG. POSTS. SIDING. INSULATE.</u>		
Contractor's name, address & telephone: <u>HORIZON BUILDERS, INC.</u> <u>P.O. BOX 802, PORTLAND, ME. 04104</u> <u>207-879-9787</u> Who should we contact when the permit is ready: <u>TOM CHILDS</u> Mailing address: <u>SAME</u>		
		<u>PLEASE CALL!</u> Phone: <u>252-3552</u>

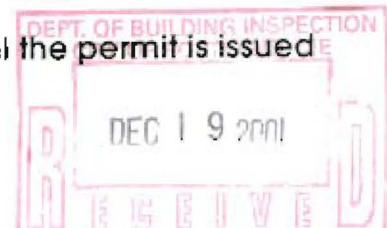
Public Sewer

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

*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>Thomas Childs</u>	Date: <u>12-13-01</u>
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This is not a permit, you may not commence ANY work until the permit is issued



# ELECTRICAL PERMIT

## City of Portland, Me.



2002-4461

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 6-6-02  
 Permit # 2002-4461  
 CBL# 084 E 004

LOCATION: 14 Aycfield St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Rig Trimby  
 TENANT Rig Trimby PHONE # 252-3551

							TOTAL	EACH FEE	
OUTLETS	<u>20</u>	Receptacles	<u>16</u>	Switches	<u>5</u>	Smoke Detector		.20	<u>8.20</u>
FIXTURES		Incandescent		Fluorescent		Strips		.20	
SERVICES	<u>/</u>	Overhead		Underground	<u>100</u>	TTL AMPS	<800	15.00	<u>15.00</u>
		Overhead		Underground			>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS	<u>/</u>	(number of)						1.00	<u>1.00</u>
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	35.00	<u>35.00</u>

CONTRACTORS NAME Alan Nielsen MASTER LIC. # 17560014961  
 ADDRESS 9 Fairfield Rd. Scar. Me. 04079 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 883-7666

SIGNATURE OF CONTRACTOR \_\_\_\_\_

# PLUMBING APPLICATION

2002-8226 **84-E-9**  
 Department of Human Sciences  
 Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Peaks Island
Street	14 RYE FIELD
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: Primby  
Mollus First:

Applicant Name: Joski Hartford

Mailing Address of Owner/Applicant (If Different):  
454 OCEAN ST  
50 PORTLAND ME 04106

## 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: [Signature] Date: 6/2/02

PORTLAND  
 Date Permit Issued: 6/10/02  
 Local Plumbing Inspector Signature: [Signature]  
 8138 TOWN COPY  
 \$ 2140.00 FEE  Double Fee Charged  
 L.P.I. # 06180

084E004

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>92754</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	0, 1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	0, 1	Wash Basin
		Indirect Waste	0, 1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
		SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	0	Fixtures (Subtotal) Column 2
		3	<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			<b>Permit Fee (Total)</b>	

24  
13  
34

04