

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-0856	Issue Date: JUL 16	DBL: 1084 G002001
-----------------------	-----------------------	----------------------

Location of Construction: 14 Crescent Ave	Owner Name: Oldread Robert W &	Owner Address: 14 Crescent Ave	Phone: 207766-5162
Business Name:	Contractor Name: no contractor/self	Contractor Address: n/a n/a	Phone: 2077665162
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: IR2

Past Use: Single Family Dwelling	Proposed Use: Single Family Dwelling - convert 1/2 Bath to Full Bath	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 3
Proposed Project Description: Expand 1/2 Bath to Full Bath		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R3 Type: SB Bocan 49 Signature: DC	

766-5139  
838-1224  
766-5162

Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature: N/A	Date:

Permit Taken By: dgc	Date Applied For: 07/16/2001	<b>Zoning Approval</b>	
-------------------------	---------------------------------	------------------------	--

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..	<b>Special Zone or Reviews</b> <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"/> N/A Date: 7/16/01 DC	<b>Zoning Appeal</b> <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 N/A Date: 7/16/01 DC	<b>Historic Preservation</b> <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 N/A Date: 7/16/01 DC
--	---	---	--

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.

Robert W. Oldread      14 Crescent Ave      7/16/01      766-5162  
 SIGNATURE OF APPLICANT      ADDRESS      DATE      PHONE

SAME AS ABOVE  
 RESPONSIBLE PERSON IN CHARGE OF WORK TITLE      DATE      PHONE

5/20/02

Rough Framing/Plumbing/Elec

will need to <sup>ok</sup> get P & E permits  
(K)



**CITY OF PORTLAND, MAINE**  
Department of Building Inspection

July 16 2001

Received from Robert Oldread a fee

of Thirty <sup>00</sup> /100 Dollars \$ 30.00

for permit to ~~install~~  
~~erect~~  
alter Single Family Bath Area

at 14 Crescent Ave Est. Cost \$ 1000.00  
~~move~~  
~~demolish~~

84-G-2  
ck # 0999

Wm. Coakley  
Inspector of buildings

Per \_\_\_\_\_

**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 \$5.00 or 10% whichever is greater.

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

# ELECTRICAL PERMIT

## City of Portland, Me.



*SIF*

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 5/29/02  
 Permit # 2002-4435  
 CBL# 084 6002

LOCATION: 14 CRESCENT AVE METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER OLDREAD, ROBERT + MARY  
 TENANT \_\_\_\_\_ PHONE # 766-5162

						TOTAL EACH FEE	
OUTLETS	Receptacles	/	Switches	<input checked="" type="checkbox"/>	Smoke Detector		.20
FIXTURES	Incandescent		Fluorescent		Strips		.20
SERVICES	Overhead		Underground		TTL AMPS	<800	15.00
	Overhead		Underground			>800	25.00
Temporary Service	Overhead		Underground		TTL AMPS		25.00
							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	<input checked="" type="checkbox"/>	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		35.00

*35.00*

OWNER  
 CONTRACTORS NAME Robert W. Oldread MASTER LIC. # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

SIGNATURE OF CONTRACTOR OWNER - Robert W. Oldread

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

084-G-002  
2002 8194

## PROPERTY ADDRESS

Town or Plantation: PEAKS ISLAND  
Street Subdivision Lot #: 14 CRESCENT AVE

## PROPERTY OWNERS NAME

Last: OLDREAD First: Robert

Applicant Name: SAME

Mailing Address of Owner/Applicant (If Different): SAME

PORTLAND 8104 TOWN COPY

Date Permit Issued: 5/29/02 \$ 240.00  If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 0640

## 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]* 5/29/02  
Signature of Owner/Applicant Date

## 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

- NEW PLUMBING
- RELOCATED PLUMBING

### Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # \_\_\_\_\_

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	0, 1	Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	<b>Total Fixtures</b>
			24 min.	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24 + SURCHARGE -