

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: 01-1221	Issue Date: OCT 19 2001	DBL: 084 NO28001
-----------------------	----------------------------	---------------------

Location of Construction: 39 New Island Ave	Owner Name: Cashman Mary Jo &	Owner Address: 21637 Se 8th St	Phone: 207-666-2117
Business Name:	Contractor Name: Nilsen, Steve	Contractor Address: 19 Woods Road Peaks Island	Phone: 2077662117
Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings	Zone: JR-2

Permit Fee: \$96.00	Cost of Work: \$12,000.00	CFD District: 3
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group R-3 Type 5B BOA 1999	

Past Use: single family Proposed Use: single family mail when ready	Proposed Project Description: remodel existing kitchen and half bath	Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: N/A Date:
---	---	--

Permit Taken By: jodinea	Date Applied For: 10/01/2001	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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision OK <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minn <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation N/A <input type="checkbox"/> Approved <input type="checkbox"/> Denied	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: 10/19/01	Date: 10/19/01	Date: 10/19/01

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

t/3/09 Permit applied, closed, 66

01-12-01

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: ^{NEW} 39 ISLAND AVE PEAKS IS.

Total Square Footage of Proposed Structure ^{REMODEL} 200 S.F. Square Footage of Lot

Tax Assessor's Chart, Block & Lot
Chart# 74 Block# N Lot# 21
Owner: JOHN & MARY JO CASHMAN
Telephone: 766-2117

Lessee/Buyer's Name (if Applicable)
Applicant name, address & telephone:
Cost Of Work: \$ 12,000.00
Fee: \$ 96.00

Current use: SING FAMILY RESIDENCE
If the location is currently vacant, what was prior use: _____
Approximately how long has it been vacant: _____
Proposed use: _____
Project description: REMODEL EXISTING KITCHEN & HALF BATH
NO STRUCTURE

Contractor's name, address & telephone: STEVE NILSEN
Who should we contact when the permit is ready: SN *Must be ready
Mailing address: 19 WOODS RD
PEAKS IS. ME. 04108
Phone: _____

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 representatives 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: Steve Nilsen Date: 10/1/01

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

12/1

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 Sept 17 2001
 Permit # 1908
 CBL# 84-N-28

LOCATION: 39 NEW ISLAND AVE PF METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER JOHN CASHMAN
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS:	45	Receptacles	25	Switches	6	Smoke Detector	76	.20	15.20
FIXTURES	21	Incandescent		Fluorescent	7	Strips	25	.20	5.00
SERVICES	1	Overhead		Underground		TTL AMPS <800	1	15.00	15.00
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS	1	(number of)					1	1.00	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	2	Fans	2	2.00	4.00
	1	Dryers		Disposals	1	Dishwasher		2.00	
		Compactors		Spa	1	Washing Machine	1	2.00	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/Carrv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
		E Lights						1.00	
		E Generators						20.00	
PANELS		Service		Remote	1	Main	1	4.00	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>46.20</u>

INSPECTION: Will be ready 9/17/01 or will call _____

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 CENTENNIAL ST PORTLAND LIMITED LIC. # _____
 TELEPHONE 207 766 2780 756 4588

SIGNATURE OF CONTRACTOR [Signature]