

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BUILDING DEPARTMENT

PERMIT



This is to certify that TWIN PEAKS LLC/John Johnson

has permission to Interior renovations.

AT 242 ISLAND AVE P.I. 087 W006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 inspection must be given and when permission procured before this building or part thereof is occupied or closed-in. **FOUR 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

Andrew J. [Signature]
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, Maine - Building or Use Permit

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

| | | |
|------------------------------|--|----------------------------|
| Permit No: 06-0833 | Date Applied For: 06/06/2006 | CBL: 087 W006001 |
|------------------------------|--|----------------------------|

| | | | |
|--|--|---|---------------|
| Location of Construction: 242 ISLAND AVE. P.I. | Owner Name: TWIN PEAKS LLC | Owner Address: 30 MILK ST | Phone: |
| Business Name: | Contractor Name: John Larson | Contractor Address: 909 Seashore Ave Peaks Island | Phone: |
| Lessee/Boyer's Name | Phone: | Permit Type: Alterations - Commercial | |

| | |
|--|---|
| Proposed Use: Residential 4 unit. Interior renovations | Proposed Project Description: Interior renovations. |
|--|---|

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 06/20/2006

Note: c of o on file for four dwelling units

Ok to Issue:

- 1) This property shall remain a four (4) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 07/10/2006

Note:

Ok to Issue:

- 1) Each Sleeping room must have one egress sized window (5.7 sq. Ft. Net opening of one sash) with a sill height of less than 44 inches.
- 2) All partitions and floor ceiling assemblies that separate dwelling units from dwelling units or common areas must have a One hour fire resistance rating and a sound transmission class of 50. All penetration must be protected in accordance with chapter 7 of the 2003 IBC.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 06/21/2006

Note:

Ok to Issue:

- 1) All building construction shall comply with NFPA 101.

Comments:

7/10/2006-mjn: Left with owner, need much more information. Met w/ owner agreed to Egress windows And Fire ratings and STC's





CITY OF PORTLAND, MAINE
Department of Building Inspections

June 5 2006

Received from Alan Siefker

Location of Work 242 Island Ave

Cost of Construction \$ 30,000

Permit Fee \$ 291.00

Building (IL) Plumbing (IS) Electrical (IE) Site Plan (US)

Other _____

CBL: 87 W 004

Check #: 4160

Total Collected \$ 291.00

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.

Donna

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

THE UNIVERSITY OF MICHIGAN LIBRARY

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PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: 242 Island Ave Peaks Island
 Street: 04108
 Subdivision Lot #:

PROPERTY OWNERS NAME

Last: TWIN PEAKS LLC First:
 Applicant Name: DAVID KIRBY
 Mailing Address of Owner/Applicant (if Different): 15 REED ST Westbrook ME

PORTLAND PERMIT # 10001 TOWN COPY
 Date Permit Issued: 8/29/06 \$ 5600 # Double Fee Charged
Thomas Markley L.P.I. # 0744
 Local Plumbing Inspector Signature
87 W 006

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.

David Kirby 08/29/06
 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 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY <u>ARSON</u> | Plumbing To Be Installed By: 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>19084</u> |
|---|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|----------|--|----------|------------------------------|
| | Number | Type of Fixture | Number | 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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Sillcock | 0, 0 | Bathtub (and Shower) |
| | | Floor Drain | 0, 1 | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 0, 2 | Sink |
| | | Drinking Fountain | | Wash Basin |
| OR <input type="checkbox"/> TRANSFER FEE [\$6.00] | | Indirect Waste | 0, 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 6, 1 | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 0, 5 | Fixtures (Subtotal) Column 1 |
| | | | 0, 5 | Fixtures (Subtotal) Column 2 |
| | | | | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | 44 | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Caution: Permit Required

Work on this property requires a permit. A permit is required for all plumbing work, including but not limited to: installation, repair, or replacement of plumbing fixtures, equipment, or piping.

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ADDRESS - OVER THE ROAD

City: _____
State: _____
Zip: _____

OWNER'S NAME

Name: _____
Address: _____
City: _____
State: _____
Zip: _____

PERMIT INFORMATION

1. Type of work: _____
2. Estimated cost: _____
3. Estimated start date: _____
4. Estimated completion date: _____
5. Name of contractor: _____
6. License number: _____
7. Name of applicant: _____
8. Address: _____
9. City: _____
10. State: _____
11. Zip: _____

OR

OR

SEE PERMIT FOR REQUIREMENTS FOR CALCULATING

City of _____
Department of _____
Permit Fee: _____
Application Fee: _____
Total Fee: _____
Date: _____