

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

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

Permit No: 07-0175	Issue Date: <b>PERMIT ISSUED</b> MAR 14 2007	CEB: 087-W006001
-----------------------	--	---------------------

Location of Construction: 242 ISLAND AVE P. I.	Owner Name: TWIN PEAKS LLC	Owner Address: 22 W BRYAN ST # 107	Phone: 207 766 2508
Business Name:	Contractor Name: Lionel Plant Associates	Contractor Address: 98 Island Avenue Peaks Island	Phone: 207 766 2508
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	Zone: LR-2

Past Use: Residential 4 unit	Proposed Use: Residential 4 unit install a Weil McLean in basment w/ 2 275 gal tanks	Permit Fee: \$190.00	Cost of Work: \$16,741.00	CEO District: 2
---------------------------------	---	-------------------------	------------------------------	--------------------

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TB NFPA 31	INSPECTION: Use Group: R2 Type: SB IBC 2003 ME solid Fuel Boilers Signature: DM 3/13/07
---	---

Proposed Project Description:  
Install a Weil McLean in basment w/ 2 275 gal tanks

*Legal use: 4 family*

Signature: *Greg Carr*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: dmartin	Date Applied For: 02/16/2007	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>	<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"/> Date: <i>2/16/07</i>	<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 Date: _____	<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 Date: _____
--	--	---	--

Scanned

**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.

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

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

Permit No: 07-0175	Date Applied For: 02/16/2007	CBL: 087 W006001
-----------------------	---------------------------------	---------------------

Location of Construction: 242 ISLAND AVE P. I	Owner Name: TWIN PEAKS LLC	Owner Address: 22 W BRYAN ST # 107	Phone:
Business Name:	Contractor Name: Lionel Plant Associates	Contractor Address: 98 Island Avenue Peaks Island	Phone: (207) 766-2508
Lessee/Buyer's Name	Phone:	Permit Type: HVAC	

Proposed Use: Residential 4 unit install a Weil McLean in basment w/ 2 275 gal tanks	Proposed Project Description: Install a Weil McLean in basment w/ 2 275 gal tanks
---	--

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 02/16/2007

**Note:** **Ok to Issue:**

- 1) 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.
- 2) This property shall remain a four (4) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) 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:** Tom Markley      **Approval Date:** 03/13/2007

**Note:** **Ok to Issue:**

- 1) Installation shall comply with 2003 International Mechanical Code and State of Maine Oil and Solid Fuel Board Laws and Rules
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 02/20/2007

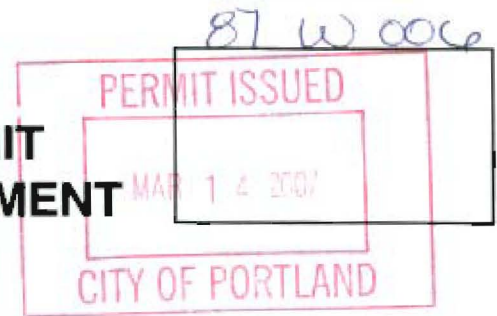
**Note:** **Ok to Issue:**

- 1) Install shall comply with NFPA 31



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 242 ISLAND AVE PEAKS ISLAND Use of Building APTS Date 02-16-07

Name and address of owner of appliance TWIN PEAKS LLC  
22 WEST BRYAN ST. PMB 107, SAVANNAH, GA 31401

Installer's name and address Terrence J. MUIKERN, (LPA FUELS, INC.)  
98 Island Ave, Peaks Island, ME 04108 Telephone 207-266-2503

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: WEIL McLAIN BOILER

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_
- Solid Fuel # \_\_\_\_\_
- Oil # MS 30002635
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank 275 GALLONS

Number of Tanks 2

Distance from Tank to Center of Flame 10 feet.

Cost of Work: \$16,741.00

Permit Fee: \$190

### Approved

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

### Approved with Conditions

- See attached letter or requirement

Inspector's Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Signature of Installer \_\_\_\_\_



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

Feb 16 2007

Received from Richard Plante Associates

Location of Work 2042 Island Ave PT

Cost of Construction \$ 16,741.00

Permit Fee \$ 190.00

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

Other HVAC

CBL: 87 10 006

Check #: 21622

Total Collected \$ 190.00

# 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.

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

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Penas Island
Street	242 Island Ave #4
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: Twin Peaks LLC	First:
Applicant Name: DAVID KIRBY	
Mailing Address of Owner/Applicant (If Different)	15 Reed St Waltham MA

10134 0-8460

PORTLAND PERMIT # 10134 TOWN COPY

Date Permit Issued: 12/19/04 \$ 1716.90  If Double Fee Charged

Jeanie Bourke  
Local Plumbing Inspector Signature L.P.I. # 0732

087 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.

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 1. <input 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 # 9084
--	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> <b>HOOK-UP:</b> 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"/> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
<b>OR</b> <input type="checkbox"/> <b>TRANSFER FEE</b> [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Peaks Island  
Street Subdivision Lot #: 242 Island Ave #3

## PROPERTY OWNERS NAME

Last: Twin Peaks LLC First: \_\_\_\_\_  
Applicant Name: DAVID KIRBY  
Mailing Address of Owner/Applicant (if Different): 15 Reed St Westbrook ME

06-8460

PORTLAND PERMIT # 10137 TOWN COPY

Date Permit Issued: 12/19/06 \$ 1760.00  Double Fee FEE Charged

Jeanie Bourke L.P.I. # 0732  
Local Plumbing Inspector Signature

087 wood

## 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

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.  NEW PLUMBING
2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

1.  MASTER PLUMBER
2.  OIL BURNERMAN
3.  MFG'D. HOUSING DEALER/MECHANIC
4.  PUBLIC UTILITY EMPLOYEE
5.  PROPERTY OWNER

LICENSE # L 90,841

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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			1.0	
<input type="checkbox"/> TRANSFER FEE [\$6.00]				Fixtures (Subtotal) Column 2
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

76

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation

PEAKS ISLAND

Street Subdivision Lot #

242 Island No. #2

## PROPERTY OWNERS NAME

Last:

Twin Peaks LLC

First:

Applicant Name:

DAVID KIRBY

Mailing Address of Owner/Applicant (If Different)

15 REED ST. Westbrook ME

## 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*

Signature of Owner/Applicant

12/18/06

Date

PORTLAND

PERMIT # 10136

TOWN COPY

Date Permit Issued:

12/19/06

\$ 1,520.00

If Double Fee Charged

*Jeannie Bowke*

Local Plumbing Inspector Signature

L.P.I. # 0732

087 WOOD

## 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.  NEW PLUMBING  
2.  RELOCATED PLUMBING

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER

LICENSE # L9084

### 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.

OR

TRANSFER FEE  
[\$6.00]

Number

Column 2

Type of Fixture

Number

Column 1

Type of Fixture

Hosebibb / Silcock

0, 1

Bathtub (and Shower)

Floor Drain

Shower (Separate)

Urinal

0, 1

Sink

Drinking Fountain

0, 1

Wash Basin

Indirect Waste

0, 1

Water Closet (Toilet)

Water Treatment Softener, Filter, etc.

0, 1

Clothes Washer

Grease / Oil Separator

0, 1

Dish Washer

Roof Drain

Garbage Disposal

Bidet

Laundry Tub

Other: \_\_\_\_\_

Water Heater

Fixtures (Subtotal)  
Column 2

0, 6

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

**Total Fixtures**

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

**Permit Fee  
(Total)**

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

52

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Footing/Building Location Inspection: | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> Re-Bar Schedule Inspection:           | Prior to pouring concrete  |
| <input checked="" type="checkbox"/> Foundation Inspection:                | Prior to placing ANY backfill  |
| <input checked="" type="checkbox"/> Framing/Rough Plumbing/Electrical:    | Prior to any insulating or drywalling  |
| <input checked="" type="checkbox"/> Final/Certificate of Occupancy:       | Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. |

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

N/A If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

N/A CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Denise Martin Admin  
Signature of Applicant/Designee

Date

7-19-06

Signature of Inspections Official

Date

CBL: 087 0006 Building Permit #:

060823



# ELECTRICAL PERMIT

## City of Portland, Me.

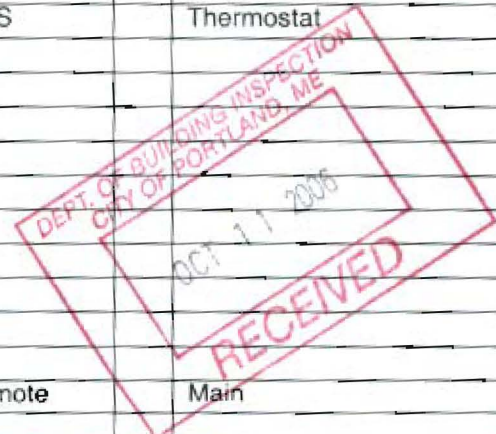


To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 10-11-06  
 Permit # 2006-4895  
 CBL# 87W6

LOCATION: 242 ISLAND AVE - PEAKS IS METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER TWIN PEAKS LLC  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	40	Receptacles	20	Switches	5	Smoke Detector	.20	13.00	
FIXTURES	8	Incandescent	6	Fluorescent		Strips	.20	2.80	
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	2.00	
		Insta-Hot		Water heaters		Fans	2.00		
	/	Dryers	/	Disposals	/	Dishwasher	2.00	6.00	
		Compactors		Spa	/	Washing Machine	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/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 55.00							MINIMUM FEE	45.00	55.00



CONTRACTORS NAME DANIEL FLYNN MASTER LIC. # 9241  
 ADDRESS PO Box 1282 SACO, ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 332-1497  
 SIGNATURE OF CONTRACTOR [Signature] ck# 2473