

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK****CITY OF PORTLAND**

PERMIT ISSUED

Please Read  
Application And  
Notes, If Any,  
Attached

Permit Number: 060692005

CITY OF PORTLAND

This is to certify that FISCHER MARTIN & WA RAUD FISCHER/Thompson Johnshas permission to interior renovations of bedroom & bathAT 238 BRACKETT AVE

088 L009001

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 of inspection must be given and written permission procured before this building or part thereof is occupied or services closed-in. 4  
OUR NOTICE 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

Director - Building &amp; Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

|   |   |   |  |
|---|---|---|--|
| Permit No: 06-0699  |   | Issue Date: 05/10/06  | EBL: 088 L09001  |
| Location of Construction:<br>238 BRACKETT AVE                           | Owner Name:<br>FISCHER MARTIN & WALTRAU                                     | Owner Address:<br>238 BRACKETT AVE  | Phone:   |
| Business Name:  | Contractor Name:<br>Thompson & Johnson Woodworkers                          | Contractor Address:<br>115 Island Ave Peaks Island  | Phone:<br>2077665219   |
| Lessee/Buyer's Name   | Phone:  | Permit Type:<br>Alterations - Dwellings   | Zone:<br>IR-1  |
| Past Use:<br>Single Family Home   | Proposed Use:<br>Single Family Home/ interior renovations of bedroom & bath | Permit Fee:<br>\$246.00   | Cost of Work:<br>\$25,000.00   |
| Proposed Project Description:<br>interior renovations of bedroom & bath |   | CE0 District:<br>2  | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied<br>INSPECTION: Use Group: R-3 Type: SB<br>Signature: <i>[Signature]</i> |
|   |   | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |  |

|   |                                 |   |  |   |
|---|---------------------------------|---|--|---|
| Permit Taken By:<br>Idobson   | Date Applied For:<br>05/10/2006 | <b>Zoning Approval</b>  |  |   |
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> |                                 | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland <i>N/A</i><br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: <i>6/23/06</i> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: <i>[Signature]</i> |

**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 |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE |         | DATE | PHONE |

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

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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>06-0699 | <b>Date Applied For:</b><br>05/10/2006 | <b>CBL:</b><br>088 L009001 |
|------------------------------|--|----------------------------|

|  |   |   |                                |
|--|---|---|--------------------------------|
| <b>Location of Construction:</b><br>238 BRACKETT AVE | <b>Owner Name:</b><br>FISCHER MARTIN & WALTRAU            | <b>Owner Address:</b><br>238 BRACKETT AVE                 | <b>Phone:</b>                  |
| <b>Business Name:</b>                                | <b>Contractor Name:</b><br>Thompson & Johnson Woodworkers | <b>Contractor Address:</b><br>115 Island Ave Peaks Island | <b>Phone</b><br>(207) 766-5219 |
| <b>Lessee/Buyer's Name</b>                           | <b>Phone:</b>   | <b>Permit Type:</b><br>Alterations - Dwellings            |                                |

|  |  |
|--|--|
| <b>Proposed Use:</b><br>Single Family Home/ interior renovations of bedroom & bath | <b>Proposed Project Description:</b><br>interior renovations of bedroom & bath |
|--|--|

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 05/23/2006

**Note:** removing hair salon - no recent permits on file - turning into sleeping space.      **Ok to Issue:**

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that the nonpermitted hair salon will be removed with this permit

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 06/29/2006

**Note:**      **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or heating.

# 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>238 BRACLET AVE.</u>  |   |   |
| Total Square Footage of Proposed Structure   | Square Footage of Lot   |   |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>88</u> Block# <u>L</u> Lot# <u>9,22</u>   | Owner: <u>MARTIN E. WALTRAUD FISCHER</u>  | Telephone: <u>845-878-9269</u>            |
| Lessee/Buyer's Name (If Applicable)  | Applicant name, address & telephone:<br><u>THOMPSON JOHNSON WOODWORKS</u><br><u>115 ISLAND AVE</u><br><u>PEAKS ISLAND 04108</u> | Cost Of Work: \$ <u>25,000</u><br>Fee: \$ |
| Current use: <u>SFR</u>  | If the location is currently vacant, what was prior use: _____  |   |
| Approximately how long has it been vacant: _____   |   |   |
| Proposed use: <u>SAME</u>  | Project description: <u>INTERIOR BEDROOM RENOVATION AND BATH</u>  |   |
| Contractor's name, address & telephone: <u>THOMPSON JOHNSON WOODWORKS</u>  |   |   |
| Who should we contact when the permit is ready: <u>RACHEL CONLEY</u>   |   |   |
| Mailing address: <u>115 ISLAND AVE, PEAKS ISLAND, ME 04108</u>   |   |   |
| We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207-766-5912</u> |   |   |

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 MAY 10 2006

**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>Paul J. July</u> | Date: <u>5.4.06</u> |
|---|---------------------|

**This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall**

# BUILDING PERMIT INSPECTION PROCEDURES

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.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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

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

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Paul. [Signature]  
Signature of Applicant/Designee

1-16-07  
Date

[Signature]  
Signature of Inspections Official

1-16-07  
Date

CBL: 8869

Building Permit #: 061834



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 238 BRACKETT AVE

CBL 088 L009001

Issued to FISCHER MARTIN & WALTRAUD FISCHER/Thompson & Date of Issue 08/29/2006

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-0699, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

entire

APPROVED OCCUPANCY

single family home  
IR-1  
R-3 type5B  
IRC 2003

**Limiting Conditions:**

any use changes need approval

This certificate supersedes  
certificate issued

Approved:

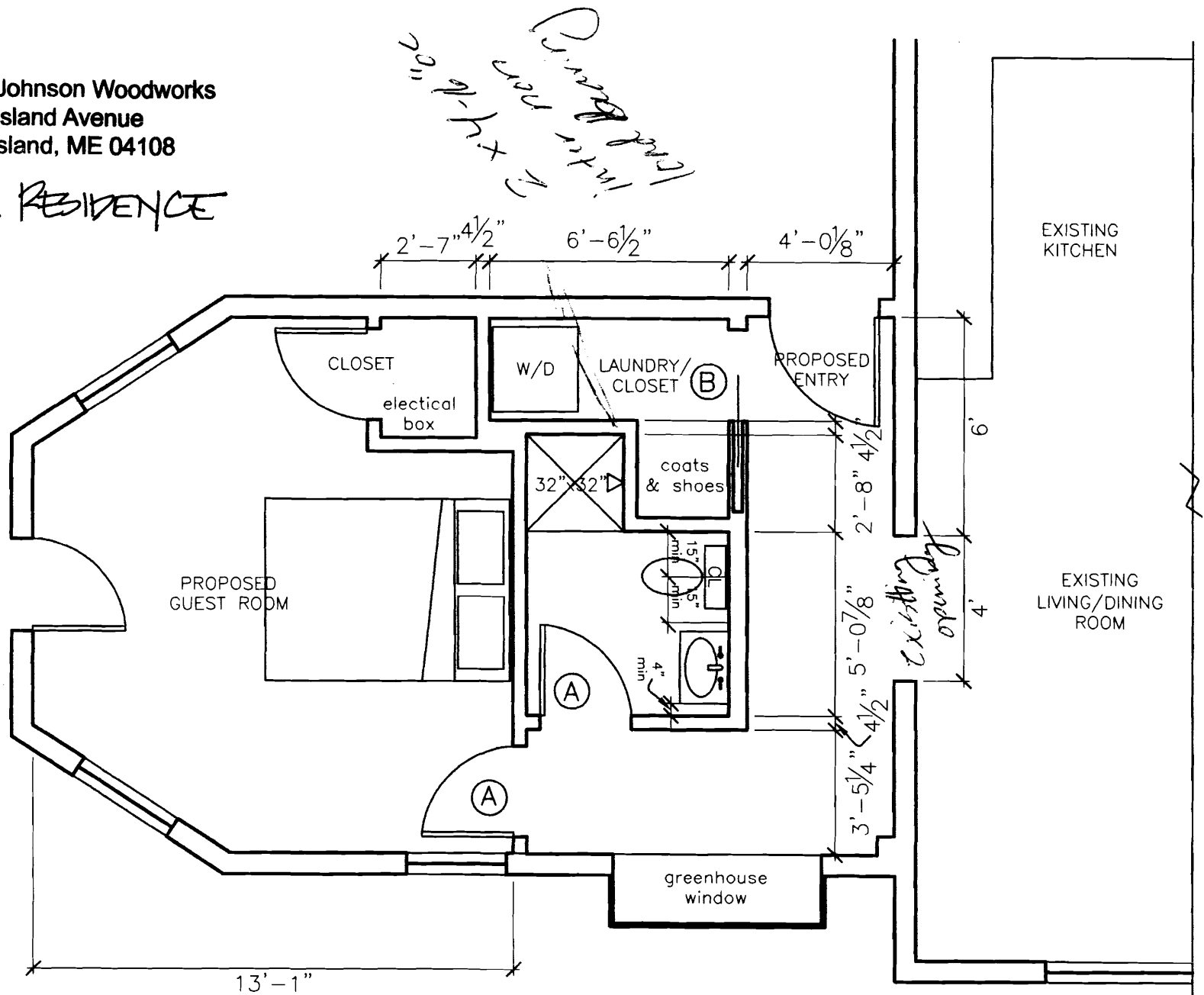
8/29/06 *Cheryl J. H.*  
.....  
(Date) Inspector

*Cheryl J. H.*  
.....  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Thompson Johnson Woodworks  
115 Island Avenue  
Peaks Island, ME 04108

FISHER RESIDENCE



(A) Proposed First Floor Bedroom  
1/4" = 1'-0"

This Plan

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

| PROPERTY ADDRESS  |  |
|---|--|
| Town or Plantation  | TRAPS ISLAND                             |
| Street Subdivision Lot #  | 235 BRACKETT AVE                         |
| PROPERTY OWNERS NAME  |  |
| Last:   | FISCHER                                  |
| First:  |  |
| Applicant Name:   | JESSE NIANTSCH                           |
| Mailing Address of Owner/Applicant (If Different)   | 52 GRANDVIEW AVE<br>S. 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  | Date 6/14/06                             |

|                                    |         |          |       |  |
|------------------------------------|---------|----------|-------|--|
| Date Permit Issued:                | 6/14/06 | \$       | 30.00 | <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature |         | L.P.I. # | 0744  |  |
| 88 L 009                           |         |          |       |  |

### 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   | Type of Structure To Be Served:  | Plumbing To Be Installed By:  |
|---|--|---|
| 1. <input checked="" type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER - SPECIFY _____ | 1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # 7344 |

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



# ELECTRICAL PERMIT

## City of Portland, Me.

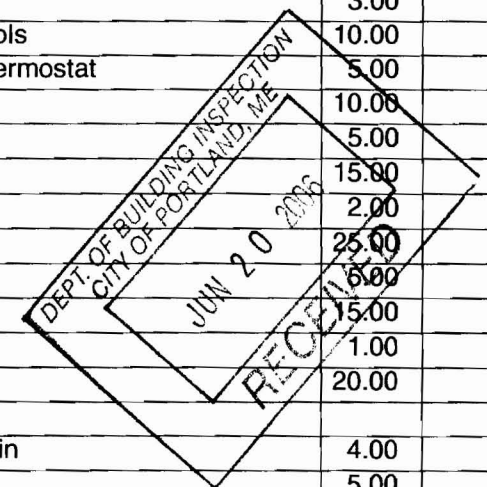


To the Chief Electrical Inspector, Portland Maine:  
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 6/20/06  
Permit # 2006-4543  
CBL# 88-L-9-22

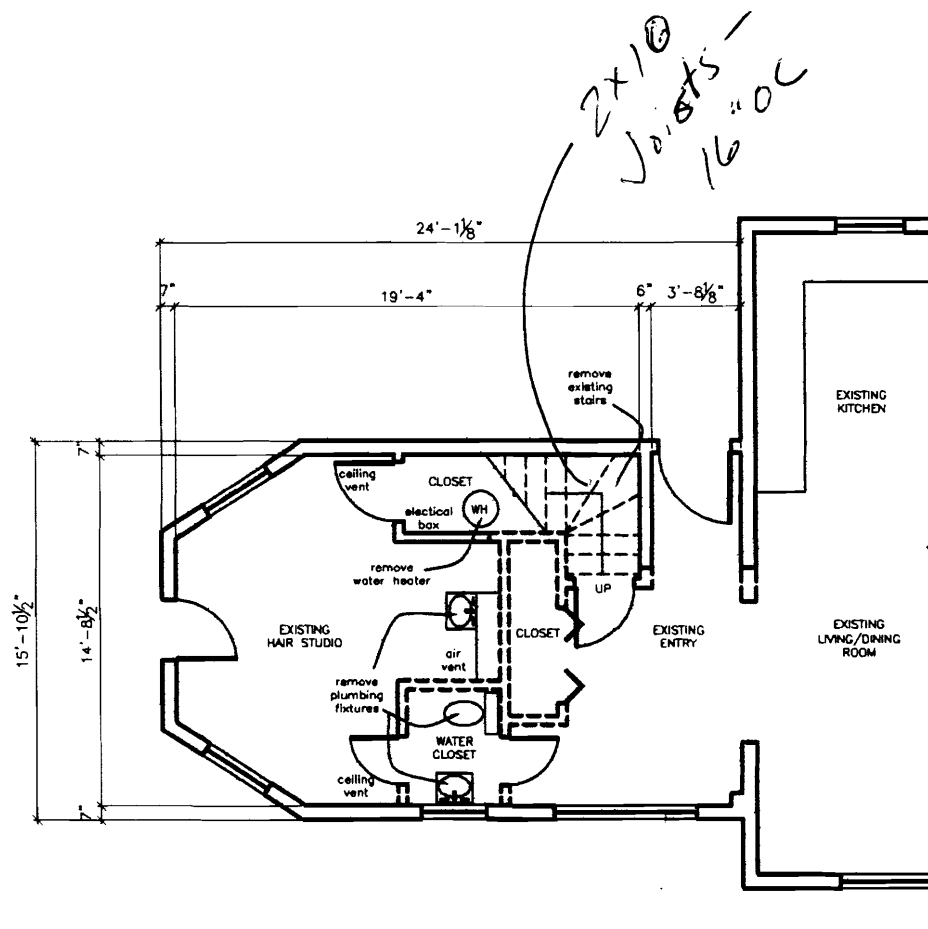
LOCATION: 238 BRACKETT AVE (PT) METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER MARTIN FISHER  
TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

|                   |              |                  |           |               |          |                 | TOTAL                  | EACH FEE     |
|-------------------|--------------|------------------|-----------|---------------|----------|-----------------|------------------------|--------------|
| OUTLETS           | <u>10</u>    | Receptacles      | <u>10</u> | Switches      | <u>1</u> | Smoke Detector  |                        | .20          |
| FIXTURES          | <u>8</u>     | Incandescent     |           | Fluorescent   | <u>3</u> | 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 | <u>1</u> | 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            | <u>35.00</u> |

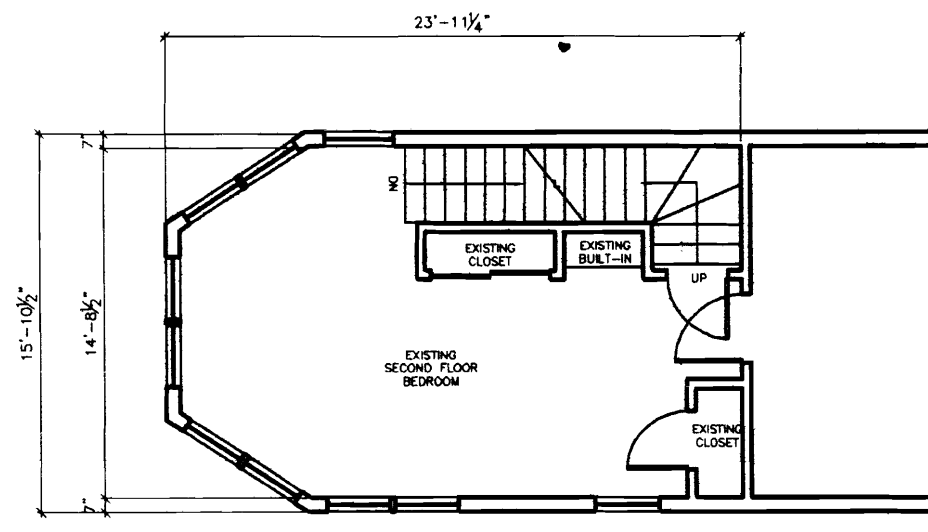


CONTRACTORS NAME William Flynn MASTER LIC. # 4548  
ADDRESS 24 CENTENNIAL ST LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 766 2780 657 6320

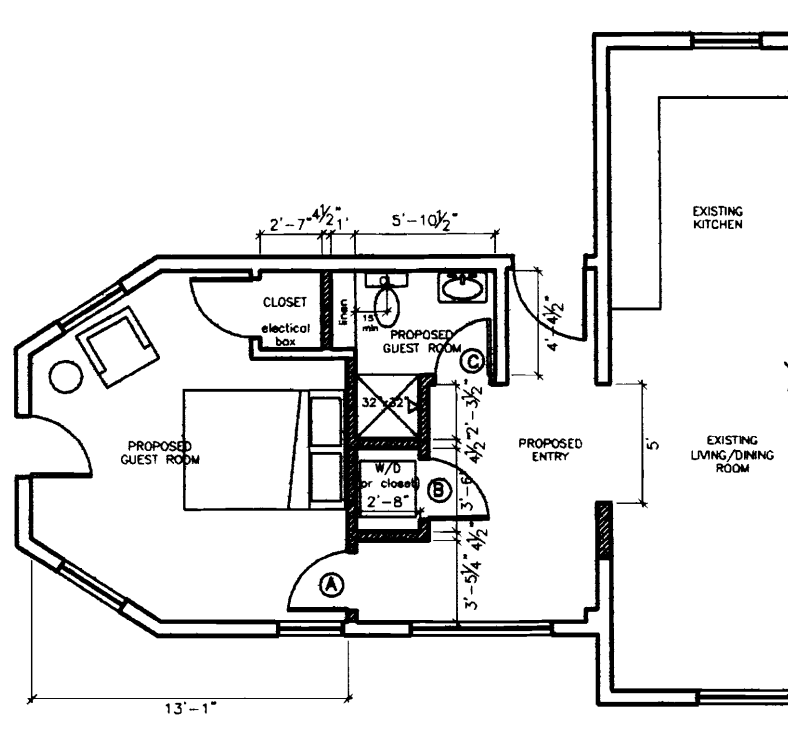
SIGNATURE OF CONTRACTOR \_\_\_\_\_



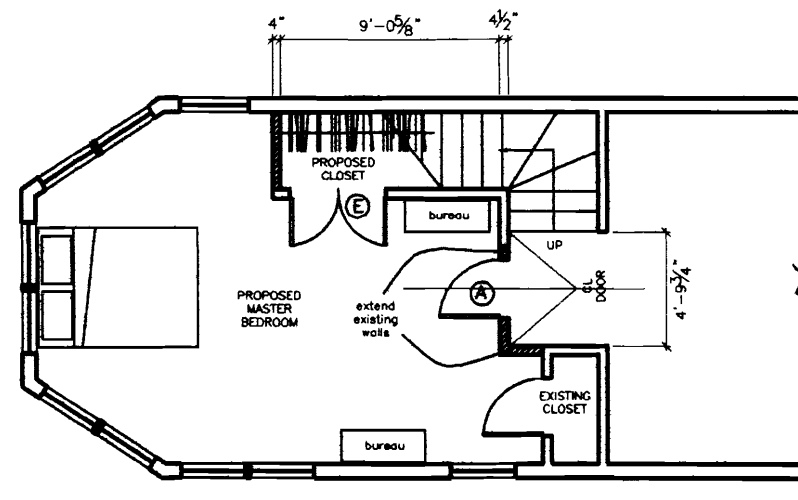
**A** Existing First Floor Hair Studio  
 1/4" = 1'-0"



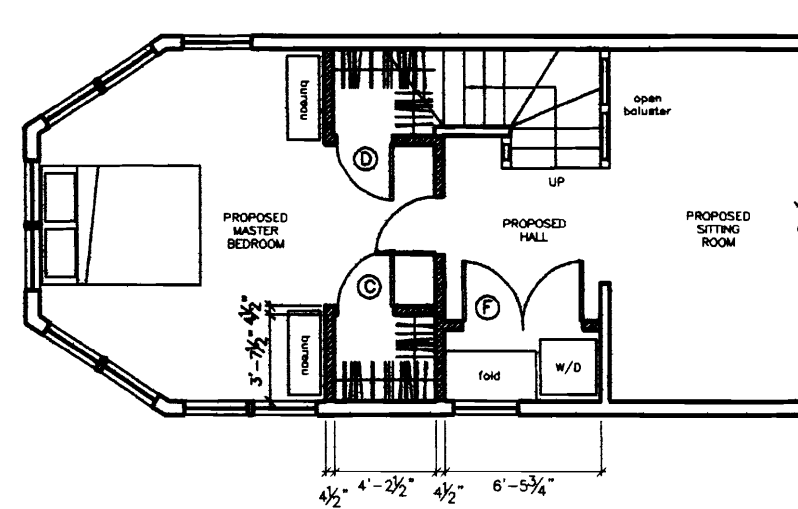
**B** Existing First Second Floor Master Bedroom  
 1/4" = 1'-0"



Ⓐ Proposed First Floor Bedroom  
 $\frac{1}{4}''=1'-0''$



Ⓑ Proposed Second Floor Master Bedroom: Option A  
 $\frac{1}{4}''=1'-0''$



Ⓒ Proposed Second Floor Master Bedroom: Option B  
 $\frac{1}{4}''=1'-0''$