

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 061094

Please Read
Application And
Notes, if Any,
Attached

This is to certify that RAYMOND FREDERICK and JEAN M. ITS /Thompson & Johnson

has permission to Interior renovations to 2nd floor and 1st floor of bathroom & kitchen

AT 20 SUNSET RD 090 D01500

provided that the person or persons who perform or supervise the work 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.

PERMIT ISSUED
SEP 13 2006
CITY OF PORTLAND

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is resumed in 24 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

Carrie Louke 9/12/06
Director - Building & 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: 06-1094	Issue Date:	CBL: 090 D015001
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Location of Construction: 20 SUNSET RD, <i>JPI</i>	Owner Name: RAYMOND FREDERICK & JEAN	Owner Address: 86 GRACE LN	Phone:
Business Name:	Contractor Name: Thompson & Johnson Woodworkers	Contractor Address: 115 Island Ave Peaks Island	Phone: 2077665219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: <i>IR3</i>

Past Use: Single Family	Proposed Use: Single Family interior renovations to 2nd floor and 1st floor bathroom & kitchen	Permit Fee: \$3,270.00	Cost of Work: \$325,000.00	CEO District: 2
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FIRE DEPT: Approved Denied

INSPECTION: Use Group: *R3* Type: *SB*

IRC-2003

Signature: *JMB 9/12/06*

Proposed Project Description:
Interior renovations to 2nd floor and 1st floor bathroom & kitchen

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: *dmartin* Date Applied For: *07/24/2006*

Zoning Approval

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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

Shoreland within 250' *but structure outside 75' from high water*

Wetland

Flood Zone ** all work within existing footprint*

Subdivision *14-436(a) address 5% increase of allowable 50%*

Site Plan

Maj Minor MM

Date: *7/27/06 ASB*

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Date: _____

Historic Preservation

Not in District or Landmark

Does Not Require Review

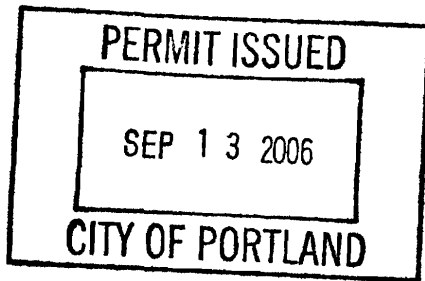
Requires Review

Approved

Approved w/Conditions

Denied

Date: *ASB*



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

9/21/06 - Pads in Basement
Demo - inspection
O.K. to proceed Church.

12/1/06
Conflict - likely beyond
scope.

CRD Plans seem to
be within scope.
met w/ Harvey.

CL: AH
OK to continue.

02/02/07 - Close-in Inspection.

OK to Close

* Needs to add Hammer arrestors.

✓ OK on offset Toilet Flange

Called Harvey.

OK
02/22/07 CL: AH
CL: AH

6/14/07 - met w/ Harvey for final inspection - all things
above addressed - smiles OK - stance OK - no issues
seen - OK to close out permit (Nice work!).

Jim M

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 1/24/07

Permit # _____

CBL# 090 D 015

LOCATION: 20 SUNSET RD PF METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER RAYMOND
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	50	Receptacles	35	Switches	7	Smoke Detector	.20	18.40
FIXTURES	40	Incandescent		Fluorescent	4	Strips	.20	8.80
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	10	Electric units					1.00	10.00
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens	2.00	2.00
		Insta-Hot		Water heaters	5	Fans	2.00	10.00
	1	Dryers		Disposals	1	Dishwasher	2.00	4.00
		Compactors		Spa	1	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	45.00

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 CENTENNIAL ST PF LIMITED LIC. # _____
 TELEPHONE 766 2710 653 6320

SIGNATURE OF CONTRACTOR [Signature] Ch # 5135

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	20 UNIT RD

PROPERTY OWNERS NAME

Last: FAYMEND	First:
Applicant Name: BISHNATH	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND PERMIT # 10151 TOWN COPY

Date Permit Issued: 11/8/07

Local Plumbing Inspector Signature: *[Signature]*

L.P.I. # 369

\$ 1166 If Double Fee Charged

90 D 15

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2			Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			10	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE