

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0446	Issue Date: PERMIT ISSUED APR 27 2004	CBL: 091 F005001
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Location of Construction: 95 Trefethen Ave Peaks Island	Owner Name: O'Brien Astrid M	Owner Address: 5550 Fieldston Rd	Phone: 2077764635
Business Name:	Contractor Name: Ben Weigel	Contractor Address: 12 Madokawando Landing Falmouth	Phone: 2077764635
Lessee/Buyer's Name:	Phone:	Permit Type: Additions - Dwellings	Zone: IR-1

Past Use: Seasonal single family	Proposed Use: Seasonal single family w/1-story, 7' x 8' bathroom addition	Permit Fee: \$192.00	Cost of Work: \$19,000.00	CEO District: 1	16,000 [#]
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R3 Type: 5B BOCA 1999 Signature: JMB 4/26/04					

Proposed Project Description:
Build 1-story, 7' x 8' bathroom addition

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 04/16/2004	Zoning Approval
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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 <i>Approved</i> <input type="checkbox"/> Flood Zone <i>Note: At Maximum 20% lot coverage</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>JMB 4/26/04</i>	Zoning Appeal <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: _____	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: <i>JMB</i>
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EXPIRED

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED
APR 27 2004
CITY OF PORTLAND

Permit Number: 040446

This is to certify that O'brien Astrid M/Ben Weiger
has permission to Build 1-story, 7' x 8' bathroom addition
AT 95 Trefethen Ave Peaks Island 091 F005001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 latched or closed-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

Jamie Bouke 4/26/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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Location of Construction: 95 Trefethen Ave Peaks Island	Owner Name: O'brien Astrid M	Owner Address: 5550 Fieldston Rd	Phone:
Business Name:	Contractor Name: Ben Weigel	Contractor Address: 12 Madokawando Landing Falmouth	Phone (207) 776-4635
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	

Proposed Use: Seasonal single family w/1-story, 7' x 8' bathroom addition	Proposed Project Description: Build 1-story, 7' x 8' bathroom addition
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 04/26/2004
Note: **Ok to Issue:**

1) Note that the 20% maximum lot coverage is being met with the issuance of this permit. No future structures will be allowed on this property.

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 04/26/2004
Note: **Ok to Issue:**

1) Seq



04-0446

Residential 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: ⁹⁵ 6 TREFFTEN AVE, Peaks Island		
Total Square Footage of Proposed Structure 5600' 1 story addition	Square Footage of Lot 10,000.	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 91 F 005	Owner: Robert + Astrid O'Brien	Telephone: 212-636-6242
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Weigel Construction 12 Madokawando Ldg Falmouth, ME 04105 776-4635	Cost Of Work: \$ 19,000. Fee: \$ 192.
Current Specific use: Residential (Seasonal)		
Proposed Specific use: Residential (Seasonal)		
Project description: addition of 7' x 8' 3/4 Bath on 1st Floor, 1 story.		



Contractor's name, address & telephone: Ben Weigel 12 Madokawando Ldg Falmouth, ME 04105
Who should we contact when the permit is ready: Ben Weigel
Mailing address: Weigel Construction 12 Madokawando Ldg Falmouth, ME 04105
Phone: 776-4635

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: <i>[Signature]</i>	Date: 4/16/04
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: 97 TREPETHEN AV PEAKS ISLAND

PROPERTY OWNERS NAME

Last: O'BRIEN First: ROBERT ASTRID

Applicant Name: CARLO DURIA PLS + HTG INC

Mailing Address of Owner/Applicant (if Different): 10 STONECREST DR PORTLAND ME 04103

2004-8166

0732

PORTLAND Date Permit Issued: 5/11/04 \$ 130.00 If Double Fee Charged

J. Anne Burke Local Plumbing Inspector Signature L.P.I. # 0732

91 F005

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 Inspector 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	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # <u>07167</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
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.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			4	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

30 + 10/40

CL# 6758

ELECTRICAL PERMIT

City of Portland, Me.

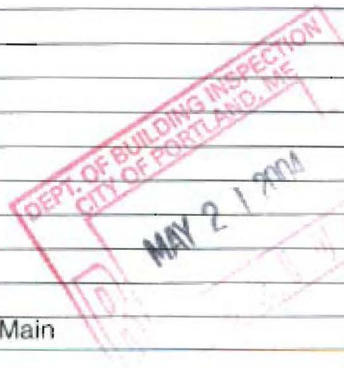


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 5/2/04
 Permit # 2004-4465
 CBL# 91-F-5+6

LOCATION: 97 TREFETHEN AVE (PT) METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER ROBERT O'BRIEN
 TENANT _____ PHONE # _____

							TOTAL	EACH FEE
OUTLETS	10	Receptacles	10	Switches		Smoke Detector	.20	400.00
FIXTURES	5	Incandescent		Fluorescent	1	Strips	.20	100.00
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	1	Fans	2.00	200.00
		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	35.00



CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 CENTENNIAL ST LIMITED LIC. # _____
 TELEPHONE 766 2780 653 6320

SIGNATURE OF CONTRACTOR [Signature] #4772