

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 041146

Please Read
Application And
Notes, If Any,
Attached

PERMIT ISSUED
AUG 30 2004
CITY OF PORTLAND

This is to certify that Childs Frank L. &/Boucher, J

has permission to build 20' x 20' addition

AT 845 Seashore Ave

091 M009001

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 work on permit must be completed before this building or part thereof is occupied or closed-in. **48 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

[Handwritten Signature]
8/11/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1146	Issue Date: AUG 20 2004	CBL: 091 M009001
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Location of Construction: 845 Seashore Ave	Owner Name: Childs Frank L &	Owner Address: 100 Tiffany Ln	Phone:
Business Name:	Contractor Name: Boucher, Jean	Contractor Address: 488 Walker Road Lyman	Phone: 2073249069
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: IR-1

Past Use: single family	Proposed Use: single family - build 20' x 20' addition	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R</i> Type: <i>SB</i> <i>BOCA 1999</i>
Signature:	Signature:

Proposed Project Description:
build 20' x 20' addition

EXPIRED

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: tmm	Date Applied For: 08/11/2004	Zoning Approval	
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<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>	<p>Special Zone or Review</p> <p><input checked="" type="checkbox"/> Shoreland <i>Beyond 75' from</i></p> <p><input type="checkbox"/> Wetland</p> <p><input checked="" type="checkbox"/> Flood Zone <i>Panel 15 V2 Base</i></p> <p><input type="checkbox"/> Subdivision <i>flood Ekv. 14'</i></p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>8/27/04</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>8/27/04</i></p>
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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.

10/19/04 Setbacks Okay - located pins and string,
Okay to pour. Made it clear to owner and contractor
@ a survey will need to down once floor ^(deck) is done
for flood elevation before framing for walls may begin. go

10/19/04 Elevation Certificate provided JB

11/24/04 Close in for Framing only. Stairs are 7/7/8 - need to be
re-cut, Need joist hangers @ 2nd Fl conventional. Need 2x6 posts
carrying valley rafters (4) - windows not in - LVL headers installed
at 2nd Floor headers carrying posts from LVL Ridges. 3-2x10's as
called out at Gable End header - OK to Rough Plumb/Elec. JMB
Need to check Framing Anchors @ piers. spoke w/ owner about
septic permit approval / old system cesspool - will be 2 bedrooms total JMB

12/15/04 - Close in For Electrical w/ Paul - OK - Also checked
needed posts (4) supporting valleys - ok - all joist hangers in on 2nd
Fl. - Egress window - ok. plumbing partially done. ok to insulate
& Sheetrock. JMB * Stairs not ready yet *

12/22/04 Stairs - trend + rise OK. a Rowe
New ~~sew~~ Septic OK.

03/19/09 Expired w/o benefit of final inspection. JCR

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: 105 E 5110 RD PL
 Street Subdivision Lot #: PEAKS ISLAND

PROPERTY OWNERS NAME

Last: OWENS First: FRANK
 Applicant Name: PAUL ERICU
 Mailing Address of Owner/Applicant (If Different): 53 ELIZABETH ST - PEAKS

PORTLAND 799? TOWN COPY
 Date Permit Issued: 2-19-02 \$ 41810.00 C # Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 360
091 M 009

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] 2-19-02
 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.

[Signature]
 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 # 20591

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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		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
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			6	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

42
13
5/2

48

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 2-19-02
 Permit # 20024134
 CBL# 091 M009

LOCATION: 10 SEASHORE AVE PEAKS IS METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER FRANK+BETH CHINDS
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	RECEPTACLES	SWITCHES	SMOKE DETECTOR	TOTAL EACH FEE
24	8	4		7.20
FIXTURES	INCANDESCENT	FLUORESCENT	STRIPS	TOTAL EACH FEE
8	1			1.80
SERVICES	OVERHEAD	UNDERGROUND	TTL AMPS <800	15.00
	OVERHEAD	UNDERGROUND	TTL AMPS >800	25.00
Temporary Service	OVERHEAD	UNDERGROUND	TTL AMPS	25.00
				25.00
METERS	1 (number of)			1.00
MOTORS	(number of)			2.00
RESID/COM	Electric units			1.00
HEATING	oil/gas units	Interior	Exterior	5.00
APPLIANCES	1 Ranges	Cook Tops	Wall Ovens	2.00
	1 Insta-Hot	1 Water heaters	Fans	2.00
	1 Dryers	Disposals	Dishwasher	2.00
	Compactors	Spa	Washing Machine	2.00
MISC. (number of)	Others (denote)			2.00
	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	35.00

INSPECTION: Will be ready _____ or will call

CONTRACTORS NAME PAUL ERICO MASTER LIC. # 27448
 ADDRESS 58 ELIZABETH ST. LIMITED LIC. # _____
 TELEPHONE 766 2482 6535376-CELL

SIGNATURE OF CONTRACTOR Paul Erico

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

u/ permit # C 41146

PROPERTY ADDRESS

Town or Plantation: 845 SENSATION AVE

Street Subdivision Lot #: PEAKS ISLAND

PROPERTY OWNERS NAME

Last: CHILDS First: BETH

Applicant Name: PAUL ERIC

Mailing Address of Owner/Applicant (If Different): 57 ELIZABETH ST. PEAKS IS.

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: Paul Eric Date: 11/30/04

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

2004-8482

PORTLAND 9189 TOWN COPY

Date Permit Issued: 11/30/04

FEE: \$1360.00

L.P.I. # 0725

Local Plumbing Inspector Signature: [Signature]

9114009

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 # L2059

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.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
460				Fixture Fee
				Transfer Fee
10/30				Hook-Up & Relocation Fee
				Permit Fee (Total)

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 11-30-07
 Permit # 2004-5278
 CBL# 91 M 009

LOCATION: 845 SEASHORE AVE PEAKS IS. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER FRANK + BETH CHILDS
 TENANT _____ PHONE # 766-

							TOTAL	EACH FEE	
OUTLETS	<u>44</u>	Receptacles	<u>19</u>	Switches	<u>3</u>	Smoke Detector	.20	<u>13.20</u>	
FIXTURES	<u>6</u>	Incandescent		Fluorescent		Strips	.20	<u>1.20</u>	
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		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	<u>1</u>	Remote		Main	4.00	<u>4.00</u>	
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	<u>35.00</u>

CONTRACTORS NAME Paul Grew MASTER LIC. # 7448
 ADDRESS 58 ELIZABETH ST. LIMITED LIC. # _____
 TELEPHONE 766 2482 6535396-CELL
 SIGNATURE OF CONTRACTOR Paul Grew

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1146	Date Applied For: 08/11/2004	CBL: 091 M009001
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Location of Construction: 845 Seashore Ave	Owner Name: Childs Frank L &	Owner Address: 100 Tiffany Ln	Phone:
Business Name:	Contractor Name: Boucher, Jean	Contractor Address: 488 Walker Road Lyman	Phone: (207) 324-9069
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	

Proposed Use: single family - build 20' x 20' addition	Proposed Project Description: build 20' x 20' addition
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Dept: Zoning Status: Approved Reviewer: Tammy Munson Approval Date: 08/27/2004
 Note: Ok to Issue:

Dept: Building Status: Approved Reviewer: Tammy Munson Approval Date: 08/27/2004
 Note: Ok to Issue:

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Proposed Use: single family - build 20' x 20' addition	Proposed Project Description: build 20' x 20' addition
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Dept: Zoning**Status:** Approved**Reviewer:** Tammy Munson**Approval Date:** 08/27/2004**Note:**Ok to Issue: **Dept:** Building**Status:** Approved**Reviewer:** Tammy Munson**Approval Date:** 08/27/2004**Note:**Ok to Issue: