

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

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

**PERMIT ISSUED**

Permit No: 01-1351	Issue Date: NOV 21 2001	CBL: 09 S002001
-----------------------	----------------------------	--------------------

Location of Construction: 128 Reed Ave <i>PI</i>	Owner Name: Weber Mary Ellen &	Owner Address: 3 Haswell Greave	Phone: 508-439-2888
Business Name: n/a	Contractor Name: McTigue, Construction	Contractor Address: 97 Brackett Ave, P.I. Portland	Phone: 2077662676
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Dwellings	Zone: <i>IR-1</i>
Past Use: Single Family	Proposed Use: Single Family / Remove Existing Roof & Rebuild	Permit Fee: \$234.00	Cost of Work: \$35,000.00
Proposed Project Description: Remove & Rebuild Roof		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>BOCA 1999</i>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: <i>gg</i>	Date Applied For: 10/30/2001	<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>	<p>Special Zone or Reviews</p> <p><input checked="" type="checkbox"/> Shoreland <i>within but over 75' buffer</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>panels zone</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>OK with conditions 11/20/01</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>9</i></p>
---	--	---	---

**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

11/21/07 Floor ? - 2x6 - 6'-0" Max span  
Headers? - 2-2x8 headers  
Stairs? - Not rebuilding  
Left message for builder.

Wind

5/9/02 Framing OK A ~

# 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>128 Reed Ave @ Morton's Lane Peaks Isl.</u>		
Total Square Footage of Proposed Structure <u>610</u>	Square Footage of Lot <u>7000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>091</u> Block# <u>5</u> Lot# <u>002</u>	Owner: <u>MaryEllen Weber</u> <u>3 Hoswell Greene Rd</u> <u>Delmar, N.Y. 12054-9777</u>	Telephone: <u>1-518-439-2888</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Robert McTigue</u> <u>766-2676</u>	Cost Of Work: \$ <u>35,000</u>  Fee: \$ <u>234.00</u>
Current use: <u>Single Family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>S/F</u>		
Project description: <u>Remove Existing Roof - Rebuild as shown on Plan</u>		
Contractor's name, address & telephone: <u>McTigue Const. 97 Brackett Ave P.F.</u> <u>766-2676</u>		
Who should we contact when the permit is ready: <u>Robert McTigue</u>		
Mailing address: _____		
Phone: _____		

**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>Robert McTigue</u>	Date: <u>10-30-01</u>
---	-----------------------

**This is not a permit, you may not commence ANY work until the permit is issued**

IR-1  
Shoreland  

 RECEIVED  
 OCT 30 2001  
 CITY OF PEAKS ISLAND  
 DEPARTMENT OF CONSTRUCTION

10/30/01

# PLUMBING APPLICATION

2002-8176

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Peaks Isl. Portland  
Street Subdivision Lot #: 128 Reed Ave.

## PROPERTY OWNERS NAME

Last: Waser First: Mary Ellen

Applicant Name: A.F. Duce

Mailing Address of Owner/Applicant (If Different): 29 Talliswood Hillside, ME. 04042

## 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

5-3-02

## 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

PORTLAND  
Date Permit Issued: 5/3/02  
Local Plumbing Inspector Signature: [Signature]  
8071  
TOWN COPY  
\$ 24.00 FEE  
L.P.I. # 06410  
# Double Fee Charged

## 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 # 10,22,6,71

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE (\$6.00)</p>		Hosebibb / Silcock		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
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			3	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24  
10  
34

# ELECTRICAL PERMIT

## City of Portland, Me.



BP

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 4/5/02  
 Permit # 2002-4260  
 CBL# 91-5-2-3

LOCATION: Ree Ave Peaks Island METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER William Weber  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	15	Receptacles	§	Switches	3	Smoke Detector		.20	
FIXTURES	5	Incandescent		Fluorescent		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	2	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	
		0-25 Kva						5.00	
		25-200 Kva						8.00	
TRANSFORMER		Over 200 Kva					10.00		
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	35.00	35.00

CONTRACTORS NAME William Flynn MASTER LIC. # 4548  
 ADDRESS 24 Contermark St Peaks Isl LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 766 2780 756 4588

SIGNATURE OF CONTRACTOR [Signature]

# ELECTRICAL PERMIT

## City of Portland, Me.



091-S-002

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 5-14-99

LOCATION: 128 Reed Ave./Morton's Lane Peaks Island

Permit # 4548

OWNER Mary Ellen Webber ADDRESS \_\_\_\_\_

								TOTAL EACH FEE		
<b>OUTLETS</b>	Telephone		Data		CATV				.20	
	Receptacles	30	Switches	18	Smoke Detector	4	52		.20	
<b>FIBER OPTICS</b>									15.00	
<b>FIXTURES</b>	incandescent	12	fluorescent						.20	
	fluorescent strip	1							.20	
<b>SERVICES</b>	Overhead				TTL AMPS TO	800			15.00	
	Underground					800			15.00	
Temporary Service	Overhead				AMPS OVER	800			25.00	
	Underground					800			25.00	
<b>METERS</b>	(number of)								1.00	
<b>MOTORS</b>	(number of)								2.00	
<b>RESID/COM</b>	Electric units								1.00	
<b>HEATING</b>	oil/gas units		Interior		Exterior				5.00	
<b>APPLIANCES</b>	Ranges		Cook Tops		Wall Ovens				2.00	
	Insta-Hot		Water heaters		Fans				2.00	
Disposals	Dishwasher		Compactors		Dryers	1	1		2.00	
	Air Cond/win				Others (denote)	1	1		2.00	
<b>MISC. (number of)</b>	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	
	<b>PANELS</b>	Service		Remote		Main				4.00
		<b>TRANSFORMER</b>	0-25 Kva							5.00
		25-200 Kva								8.00
	Over 200 Kva								10.00	
								TOTAL AMOUNT DUE		17.00
								MINIMUM FEE		25.00
								MINIMUM FEE/COMMERCIAL		35.00

INSPECTION: Will be ready \_\_\_\_\_ or will call  \_\_\_\_\_

CONTRACTORS NAME William Flynn MASTER LIC. # 4548  
 ADDRESS 24 Centennial St. Peaks Island 04108 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 766-2780 756-4588 cell

SIGNATURE OF CONTRACTOR *William Flynn*

Application ID Number: 1-1351

Delete Review

Save

Close

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 11/16/01 Received from Tammy  
128 Reed Street, corner of Morton Ln

Approval Date: 11/20/2001

Given On Date: 11/07/2001

OK to Issue Permit

Name: Marge Schmuckal

Date: 11/20/2001

Date 2:

Conditions Section:

Add New Condition From Default List

Add New Condition

Delete Condition

This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

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.

Separate permits shall be required for future decks, sheds, pools, and/or garages.

Create Date: 11/05/2001 By: gg

Update Date: 11/20/2001 By: mes