

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Owner:		Phone:		Permit No:	
Owner Address:		Lessee/Buyer's Name:		Phone:		101344	
Contractor Name:		Address:		Phone:		Permit Issued:	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <i>A3</i> Type <i>5B</i> <i>BOCA 94</i>	
Proposed Project Description:		Signature:		Signature: <i>[Signature]</i>		Zone: CBL:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		Zoning Approval:	
Permit Taken By:		Date Applied For:		Signature: Date:		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT



COMMENTS

2/6/01 Setbacks & Foundation Per Plan ~~(D)~~

6/8/01 Framing ~~(A)~~ ~~(D)~~

10/30/01 ~~Setback~~ windows didn't meet egress / contractor
to fix, Dave C. contacted him
issue with the guardrail system 2" mesh
too!

1/7/02 OJO punch list. Punch correct inside & outside areas
stairs, etc.

5/30/02 Punch list corrected. A. Lane

9/2-F-15

Inspection Record

Type	Date
Foundation:	_____
Framing:	_____
Plumbing:	_____
Final:	_____
Other:	_____



Certificate of Occupancy

LOCATION 32 Evergreen Ledge CBL 092 F01500101

Issued to Constantin, Barbara/Leddy / Houser Associates Date of Issue 09/20/2002

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. 00-1344, 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
Use Group: R-3
Type: 5-B BOCA: 1999

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

9/20/02
(Date)  Inspector

 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.

ELECTRICAL PERMIT

City of Portland, Me.



SIF JK

4

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 11/27/00
 Permit # 1005
 CBL# 092-F-015

LOCATION: FURGREEN AVE - DEAN ISLAND METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER GUS + BARBARA FILIPOS
 TENANT N/A PHONE # 766 2200

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector			
					.20	
FIXTURES	Incandescent	Fluorescent	Strips		.20	
SERVICES	2 Overhead 100	Underground	TTL AMPS	<800	15.00	
	Overhead	Underground		>800	25.00	
Temporary Service	1 Overhead	Underground	TTL AMPS	100	25.00	2500
					25.00	
METERS	(number of)	1			1.00	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	Remote	Main		4.00	
	TRANSFORMER	0-25 Kva			5.00	
	25-200 Kva				8.00	
	Over 200 Kva				10.00	
				TOTAL AMOUNT DUE		26.00
				MINIMUM FEE/COMMERCIAL 45.00	35.00	35.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME SFAGUST FURRICO CO MASTER LIC. # MS 03088
 ADDRESS 74 GREENWOOD LAKE - PORTLAND LIMITED LIC. # _____
 TELEPHONE 797-4422

SIGNATURE OF CONTRACTOR Ray G Popler

ELECTRICAL PERMIT

City of Portland, Me.



#3 S/F T.M.F.O.C.

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 5/30/01
 Permit # 1548
 CBL# 92-F-15

LOCATION: 32 EVERGREEN LEDGE TRAIL METER MAKE & # _____
 CMP ACCOUNT # MA 5 OWNER GUS + BARBARA FILIPUS
 TENANT CONSTANTINE FILIPUS PHONE # _____

							TOTAL EACH FEE			
OUTLETS	Receptacles	54	Switches	18	Smoke Detector	7	79	.20	15.80	
FIXTURES	Incandescent	12	Fluorescent	4	Strips		16	.20	3.20	
SERVICES	Overhead	✓	Underground		TTL AMPS (0.00)	<800		15.00	15.00	
	Overhead		Underground			>800		25.00		
Temporary Service	Overhead		Underground		TTL AMPS			25.00		
								25.00		
METERS	(number of)	1						1.00	1.00	
MOTORS	(number of)							2.00		
RESID/COM	Electric units							1.00		
HEATING	oil/gas units	(1)	Interior		Exterior			5.00	1.00	
	APPLIANCES	Ranges	(1)	Cook Tops	Wall Ovens			2.00	2.00	
	Insta-Hot		Water heaters	Fans				2.00		
	Dryers	(1)	Disposals	Dishwasher	(1)			2.00	4.00	
	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
										46.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME SEACOAST ELECTRIC CO MASTER LIC. # MJ 03085
 ADDRESS 74 GREENWOOD LANE LIMITED LIC. # _____
 TELEPHONE 797-4422

SIGNATURE OF CONTRACTOR Nancy G Paplee

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

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

FDHLE Form	7716	TOWN CITY	<input type="checkbox"/> " Double Fee Charged
Date Permit Issued:	5, 29, 01	\$	6, 0, 0, 0
Local Plumbing Inspector Signature		L.P.I. #	0, 1, 2, 4
092-F-015			

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.

[Signature]

Local Plumbing Inspector Signature

9/30/02
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 # _____

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 public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</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>		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
<p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX (207) 287-4172

PROPERTY LOCATION		PORTLAND 7483 TOWN COPY Date Permit Issued: <u>10/24/00</u> \$ <u>1120.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>011914</u>
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	
Street or Road	EVERGREEN AVENUE	
Subdivision, Lot *		Local Plumbing Inspector Signature _____
OWNER/APPLICANT INFORMATION		
Name (last, first, MI) FILIPOS GUS Owner - Applicant		I authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Mailing Address of WILL WINKLEMAN, WHITTEN ARCHITECTS 37 SILVER STREET PORTLAND, ME 04101		
Daytime Tel. * 774-0111		Municipal Tax Map * 92 Lot * F-15,25
Owner or Applicant Statement		Caution: Inspections Required
I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner / Applicant _____ Date _____		Local Plumbing Inspector Signature <u>Dave Cadehill</u> (AN) (1st) Date Approved <u>OK</u> (2nd) Date Approved <u>OK 9/19/02</u>

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>CESSPOOL</u> Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No First Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1056</u> sq. ft. <input type="checkbox"/> lin. ft. 22 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH= 270 GPD
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> / <u>A/C</u> / <u>1</u> AT Observation Hole - <u>TB H/L</u> Depth <u>13</u> " Elevation _____" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 7/10/00 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Albert Frick
 Site Evaluator Signature

63
 SE #

8/4/2000
 Date

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 HHE-200 Rev. 1/99
9/8/2000

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD GORHAM, MAINE 04038 - (207) 839-5563