

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0569	Issue Date: MAY 14 2004	CBL: 092 A003001
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Location of Construction: 592 Island Ave	Owner Name: Three Seasons Llc	Owner Address: 582 Island Ave	Phone: CITY OF PORTLAND
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Business Name:	Contractor Name: William Bunton	Contractor Address: 87 Middle Road Cumberland	Phone: 2078296438
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Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings	Zone: IR-2
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Past Use: Single Family	Proposed Use: Single Family w/interior alterations	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 1
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FIRE DEPT: N/A Signature: [Signature]	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R Type: SB BOCA 1999 Signature: [Signature]
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Proposed Project Description:
Interior alterations

EXPIRED

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 05/05/2004	Zoning Approval
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- 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 <input checked="" type="checkbox"/> Shoreland <i>Interior reno's - Beyond 75'</i> <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"/> Date: 5/14/04	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: 5/14/04
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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.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____

0115104 Framing Electrical Okay - Still need
plumbing test - Okay to close m'y aware of
potential plumbing problems may cause to tear out -
All plumbing in walls are finished, just need
pressure test - go

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

 Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

 Footing/Building Location Inspection: Prior to pouring concrete

 Re-Bar Schedule Inspection: Prior to pouring concrete

 Foundation Inspection: Prior to placing ANY backfill

Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

 If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

 CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

X. Wilbur Signature of Applicant/Designee Date 5/15/04

Signature of Inspections Official Date

CBL: 092-A-3 Building Permit #: 04-569

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT

Permit Number: 040569

This is to certify that Three Seasons Llc /William has permission to Interior alterations AT 592 Island Ave

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.

Modification inspection must be given and when permit is procured before this building or part thereof is laid or closed-in. **48-72 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 _____

PERMIT ISSUED
MAY 14 2004
CITY OF PORTLAND

[Signature]
Director, Building & Inspection Services

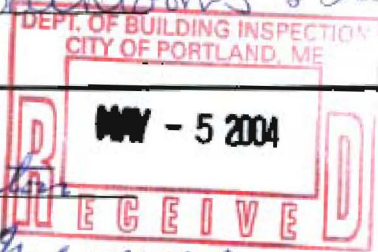
PENALTY FOR REMOVING THIS CARD

04-0569

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>592 Deland Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>92</u> Block# <u>A</u> Lot# <u>003</u>	Owner: <u>Michael Beebe</u>	Telephone:
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>William Buntin</u> <u>87 Middle Rd Cumberland Me 04021</u>	Cost Of Work: \$ <u>25000</u> Fee: \$ <u>24600</u>
Current use: <u>Cottage</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>interior lean coled bathrooms + kitchen</u>		
Project description: _____		
Contractor's name, address & telephone: _____		
Who should we contact when the permit is ready: <u>William Buntin</u>		
Mailing address: <u>87 Middle Rd Cumberland Me 04021</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>829-6438</u>		



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>William Buntin</u>	Date: <u>5/5/04</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

PLUMBING APPLICATION

TEL 7662482
CEL 6535396

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: 592 ISLAND AVE
Street: PEAKS ISLAND
Subdivision Lot #

PROPERTY OWNERS NAME

Last: ERICO First: PAUL
Applicant Name:
Mailing Address of Owner/Applicant (If Different): 58 ELIZABETH ST

PORTLAND Date Permit Issued: 6/11/04 \$ 916.00 TOWN COPY # Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 0603
092 A 003

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.

PAUL ERICO 6/11/04
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

- 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 # 12,059

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.	2	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	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	1	Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			1,2	Fixtures (Subtotal) Column 2
			1,5	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			96	Permit Fee (Total)

CK# 5674

\$10/96



CITY OF PORTLAND, MAINE

Department of Building Inspections

May 5 2004

Received from Boston Capital

Location of Work 392 Jubilee

Cost of Construction \$ _____

Permit Fee \$ 346.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 092 A003

Check #: 3502

Total Collected \$ 346.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Handwritten signature: Gray

ELECTRICAL PERMIT

City of Portland, Me.

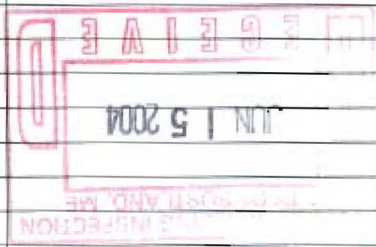


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 6/15/04
 Permit # _____
 CBL# 092 A003

LOCATION: 592 FISHAWAY AVE (PI) METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER THREE SEASONS LLC
 TENANT Mike Beebe PHONE # _____

								TOTAL EACH FEE		
OUTLETS	25	Receptacles	20	Switches	3	Smoke Detector		.20	5.00	
FIXTURES	20	Incandescent		Fluorescent	1	Strips		.20	4.20	
SERVICES	1	Overhead		Underground		TTL AMPS <800		15.00	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	1	Ranges		Cook Tops		Wall Ovens		2.00	2.00	
		Insta-Hot	1	Water heaters	1	Fans		2.00		
		Dryers		Disposals	1	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	1	Main		4.00	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	38.20



CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 Centerline ST (PI) LIMITED LIC. # _____
 TELEPHONE 766 2780 653 6320

SIGNATURE OF CONTRACTOR [Signature]