

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
 Application And  
 Notes, if Any,  
 Attached

PERMIT ISSUED

JUN 8 2005  
 Permit Number: 050715

CITY OF PORTLAND

This is to certify that Carlin Barbara A /Town and Country Construction  
 has permission to After the fact, replace one non bearing window head with new sheetrock & insulation  
 AT 0 Island Ave 0 109B B005001

provided that the person or persons, firm or organization 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 when permission procured before this building or part thereof is altered or enclosed-in-  
 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* 6/8/05  
 Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**



# CITY OF PORTLAND, MAINE

Department of Building Inspections

June 8 20 05

Received from Town & Country Constr.

Location of Work Island Ave P.I

Cost of Construction \$ 1000.

Permit Fee \$ 30.00

Building (II)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other \_\_\_\_\_

CBL: 109B-B-5

Check #: 7315

Total Collected \$ 30.00

## 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

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

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

Permit No: 05-0715	Issue Date: <b>JUN 8 2005</b>	CBL: 109B B005001
		
Location of Construction: 0 Island Ave	Owner Name: Carlin Barbara A	Owner Address: 15 Brown St
Business Name:	Contractor Name: Town and Country Construction	Contractor Address: PO Box 1516 Biddeford
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings
Past Use: Single Family	Proposed Use: Single Family w/interior renovations & replace one rotted non-bearing window header	Permit Fee: \$30.00
		Cost of Work: \$1,000.00
		CEO District: 1
		Zone: <b>F-B</b>
		INSPECTION: Use Group: <b>R3</b> Type: <b>SB</b>
		Signature: <b>JMB 6/8/05</b>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
		Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
		Signature: _____ Date: _____

Location of Construction: 0 Island Ave	Owner Name: Carlin Barbara A	Owner Address: 15 Brown St	Phone:
Business Name:	Contractor Name: Town and Country Construction	Contractor Address: PO Box 1516 Biddeford	Phone: 2072844681
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: <b>F-B</b>
Past Use: Single Family	Proposed Use: Single Family w/interior renovations & replace one rotted non-bearing window header	Permit Fee: \$30.00	Cost of Work: \$1,000.00
		CEO District: 1	Zone: <b>F-B</b>
		INSPECTION: Use Group: <b>R3</b> Type: <b>SB</b>	
		Signature: <b>JMB 6/8/05</b>	
		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: jmb	Date Applied For: 06/08/2005	<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>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <i>Interior</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <b>6/8/05 JMB</b>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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: _____	

**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.

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

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

Permit No: 05-0715	Date Applied For: 06/08/2005	CBL: 109B B005001
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Location of Construction: 0 Island Ave	Owner Name: Carlin Barbara A	Owner Address: 15 Brown St	Phone:
Business Name:	Contractor Name: Town and Country Construction	Contractor Address: PO Box 1516 Biddeford	Phone: (207) 284-4681
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family w/interior renovations & replace one rotted non-bearing window header	Proposed Project Description: After the fact, replace one non-bearing window header, new sheetrock & insulation
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Dept: Zoning      Status: Approved      Reviewer: Jeanine Bourke      Approval Date: 06/08/2005  
 Note:      Ok to Issue:

Dept: Building      Status: Approved      Reviewer: Jeanine Bourke      Approval Date: 06/08/2005  
 Note:      Ok to Issue:

- 1) This permit is after the fact, while doing replacement windows, one non-bearing header was found to be rotted and replaced.
- 2) This permit DOES NOT certify the use of the property or building. It only authorizes the construction activities.

Dept: Fire      Status:      Reviewer:      Approval Date:  
 Note:      Ok to Issue:

# 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 6/8/05  
 Permit # 2005-4813  
 CBL# 109 B B 5

LOCATION: Falund - Ave Cliff Falls METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Barbara Carlin  
 TENANT \_\_\_\_\_ PHONE # 775 2882

					TOTAL	EACH FEE	
<b>OUTLETS</b>		Receptacles	Switches	Smoke Detector	.20		
<b>FIXTURES</b>		Incandescent	Fluorescent	Strips	.20		
<b>SERVICES</b>		Overhead	Underground	TTL AMPS <800	15.00		
		Overhead	Underground	>800	25.00		
<b>Temporary Service</b>		Overhead	Underground	TTL AMPS	25.00		
					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		
					5.00		
<b>APPLIANCES</b>		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		
	<b>MISC. (number of)</b>		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			
<b>PANELS</b>	✓ Service up	Service	Remote	Main	4.00		
		TRANSFORMER	0-25 Kva		5.00		
		25-200 Kva		8.00			
		Over 200 Kva		10.00			
<b>TOTAL AMOUNT DUE</b>							
<b>MINIMUM FEE/COMMERCIAL 45.00</b>					<b>MINIMUM FEE</b>	35.00	



✓ Service up check all wiring in house

✓ CONTRACTORS NAME BOUCHER ELECTRIC MASTER LIC. # MSL00016557  
 ✓ ADDRESS 12 BALD AVENUE - BIDDEFORD, ME LIMITED LIC. # \_\_\_\_\_  
 ✓ TELEPHONE 207 282 9025  
 ✓ SIGNATURE OF CONTRACTOR [Signature] ck # 6894

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: CLIFF ISLAND ISLAND DRIVE

## PROPERTY OWNERS NAME

Last: CHARLIN First: BARBARA  
 Applicant Name: DANIEL R DUBE  
 Mailing Address of Owner/Applicant (if Different): 71 GUNNELL ROAD BIDD - 04005

PORTLAND PERMIT # 9415 TOWN COPY  
 Date Permit Issued: 6/17/05 \$ 130.00  If Double Fee Charged  
 Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_  
109 BB 005

## 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] Date: 6/17/05

## 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

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <u>Relocate old water line.</u>	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" 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 type="checkbox"/> PROPERTY OWNER LICENSE # <u>66213</u>
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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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  TRANSFER FEE (\$6.00)		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	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: _____	1	Water Heater
	Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1	
			Fixtures (Subtotal) Column 2	
		4	<b>Total Fixtures</b>	
		6.00	Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# 2209

TOWN COPY

10/30 \$40

66.00