

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

**BUILDING INSPECTION**

Please Read  
Application And  
Notes, If Any,  
Attached

Permit Number: 061443  
**PERMIT ISSUED**  
OCT 18 2006  
CITY OF PORTLAND

This is to certify that MARTINDELL MARY L / J Harvey

has permission to Add 2 bedrooms and 3/4 bath attic space

AT 15 GRASMERE RD

City of Portland 111 D009001

provided that the person or persons who accept 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 is procured before this building or part thereof is occupied or services are provided. 24 HOUR NOTICE 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

*Thomas H. Mackley* 10/17/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 06-443	Issue Date: OCT 10 2006	CBL: 111 D009001
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Location of Construction: 15 GRASMERE RD	Owner Name: MARTINDELL MARY L	Owner Address: 15 GRASMERE RD	Phone:
Business Name:	Contractor Name: Joe Harvey	Contractor Address: 1705 Forest Ave Portland	Phone: 2076320483
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Residential 2 unit  <i>leg use</i>	Proposed Use: Residential 2 unit add 2 bedrooms and 3/4 bath to attic space  <i>2 family</i>	Permit Fee: \$200.00	Cost of Work: \$18,000.00	CEO District: 1
Proposed Project Description: Add 2 bedrooms and 3/4 bath to attic space		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>IRC 2003</i>	
		Signature:	Signature: <i>Joe 10/17/06</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: dmartin	Date Applied For: 09/29/2006	<b>Zoning Approval</b>		
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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 Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland <i>all interior work - no structural changes except windows</i></p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>10/6/06 ABM</i></p> <p>Date: <i>OK w/conditions</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><i>ABM</i></p> <p>Date: _____</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.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

10/31/06 - checked plumbing for new attic living space - OK to close in floor. Jim M

11/15/06 - framing + elec - OK to close. ~~Jim M~~

12/15/06 - Final insp - all work completed - OK to close out permit.

Jim M

# PLUMBING APPLICATION

**PROPERTY ADDRESS**

Town or Plantation: \_\_\_\_\_  
Street Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

**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 \_\_\_\_\_

PORTLAND PERMIT # 10063 TOWN COPY

Date Permit Issued: 10/24/06 \$ 11.24  If Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 0244

**Caution: Inspection Required**

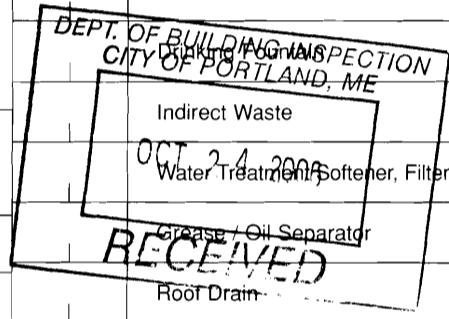
*I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.*

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><b>OR</b></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>		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Indirect Waste		Wash Basin
<p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Water Treatment Softener, Filter, etc.		Water Closet (Toilet)
		Grease / Oil Separator		Clothes Washer
		Roof Drain		Dish Washer
		Bidet		Garbage Disposal
	Other: _____			Laundry Tub
		Fixtures (Subtotal) Column 2		Water Heater
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>				
				Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>



# ELECTRICAL PERMIT

## City of Portland, Me.

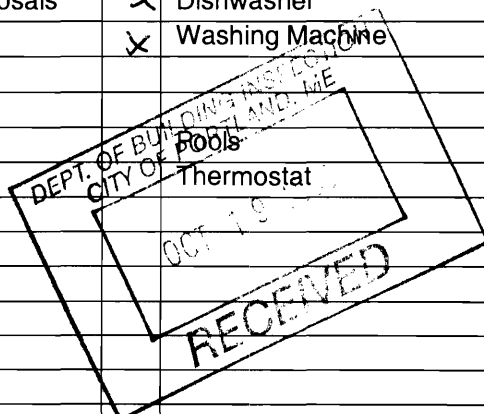


To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date \_\_\_\_\_  
 Permit # 2006-4924  
 CBL# III-D-9

LOCATION: 15 Grassmere METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # - OWNER Sharon Martin  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE	80
OUTLETS	<u>15</u>	Receptacles	<u>6</u>	Switches	<u>8</u>	Smoke Detector	.20	<u>5.</u>
FIXTURES		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	
							2.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
	<u>X</u>	Dryers		Disposals	<u>X</u>	Dishwasher	2.00	<u>4</u>
		Compactors		Spa	<u>X</u>	Washing Machine	2.00	<u>2</u>
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent					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	
	<u>X</u>	Alterations					5.00	<u>5</u>
		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 55.00	
							MINIMUM FEE	<u>45.00</u>



CONTRACTORS NAME Peter L Doria MASTER LIC. # 04821  
 ADDRESS 135 Bolton street LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 775-0888 329-8312  
 SIGNATURE OF CONTRACTOR [Signature]

White Copy - Office • Yellow Copy - Applicant

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