

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

CITY OF PORTLAND

PERMIT ISSUED

Permit Number: 051049

AUG 12 2005

This is to certify that HOLBROOK DOROTHY A owner

has permission to Finish existing 2nd floor create 2 bedrooms 1 bath

AT 20 BEACON ST

119 E010001

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.

Notification of inspection must be given and written permission procured before this building or part thereof is occupied or closed-in. HOURS 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

[Signature]
8/12/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

closed

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

Permit No: 05-1049	Issue Date: ISSUED	CBL: 7119 E010001
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Location of Construction: 20 BEACON ST	Owner Name: HOLBROOK DOROTHY A	Owner Address: 20 BEACON ST	Phone:
Business Name:	Contractor Name: Owner	Contractor Address: Portland: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Past Use: Single Family Home	Proposed Use: Single Family Home/ Finish existing 2nd floor create -2 bedrooms 1 bath	Permit Fee: \$93.00	Cost of Work: \$8,000.00	CEO District: 3
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Proposed Project Description: Finish existing 2nd floor create -2 bedrooms 1 bath	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>N/A</i>	INSPECTION: Use Group: R-3 Type: 5B IRC 2003 Signature: <i>[Signature]</i>
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Permit Taken By: Idobson	Date Applied For: 07/29/2005	Zoning Approval	
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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..	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"/> Mjnor <input type="checkbox"/> MM <input type="checkbox"/> Date: 8/12/05	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: 8/12/05
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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

9/2/05. Checked plumbing/electrical & framing
for class in. Exam on. Smoke test. Plumbing test
OK. Framing looks good. OK to close in
walls. Jm M

Final inspection
work completed
OK (Jm)

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	20 BEACON ST

PROPERTY OWNERS NAME

Last: NOBLE First: PAUL

Applicant Name: KEN LUCE PLUMBING & HEATING

Mailing Address of Owner/Applicant (If Different): 10 LUCMICK AVE WINDHAM, ME 04092

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: [Signature] Date: 8-24-05

PORTLAND PERMIT # 9530 TOWN COPY

Date Permit Issued: 8-24-05 \$ 11.24 Double Fee FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 07321

119 210

Caution: Inspection Required

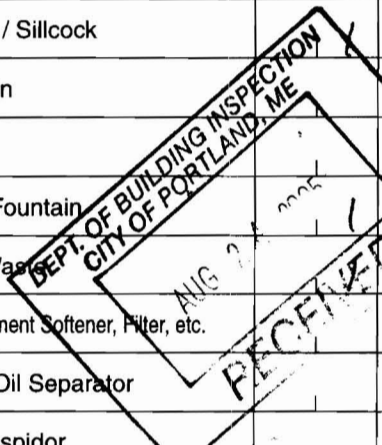
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for: 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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>022511</u>
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		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
		SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Fixtures (Subtotal) Column 2
			3	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)



TOWN COPY

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 8/29/05
Permit # 05-4791
CBL# 119 E 010

LOCATION: 20 Beacon St METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Paul Noble
TENANT _____ PHONE # 232-2467

							TOTAL EACH FEE
OUTLETS	27	Receptacles	20	Switches	3	Smoke Detector	.20
FIXTURES	17	Incandescent		Fluorescent		Strips	.20
SERVICES	1	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		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
							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					5.00
		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	1	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

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

AUG 29 2005

RECEIVED

CONTRACTORS NAME Maurice Noble MASTER LIC. # MS 6000 2945
 ADDRESS 143 Pope Rd Windham ME 04092 LIMITED LIC. # _____
 TELEPHONE 892-9417

SIGNATURE OF CONTRACTOR [Signature] #593
 White Copy - Office • Yellow Copy - Applicant