

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

MAR - 8 2005

Permit Number: 050222

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Schneider Tina /Hap Cleary

has permission to Remodel kitchen, relocate interior bearing floor, add 1/2 bath

AT 162 Edwards St City of Portland 120 C012001

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 loaded or otherwise enclosed-in. HEAVY 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. _____

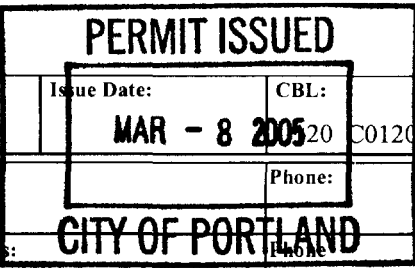
Health Dept. _____

Appeal Board _____

Other _____
Department Name

Jamie Bourke 3/8/05
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: 05-0222 Issue Date: MAR - 8 2005 CBL: C012001

Location of Construction: 162 Edwards St	Owner Name: Schneider Tina	Owner Address: 162 Edwards St	Phone: CITY OF PORTLAND
Business Name:	Contractor Name: Hap Cleary	Contractor Address: 40 Aldworth St. Portland	Phone: 2077970219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R3

Past Use: Single Family	Proposed Use: Single Family w/kitchen remodel, relocation of door, addition of 1/2 bath partition walls	Permit Fee: \$381.00	Cost of Work: \$40,000.00	CEO District: 3
Proposed Project Description: Remodel kitchen, relocate interior bearing door, add a 112 bath		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group R3 Type SB IRC-2003 Signature JMB 3/8/05	
		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: 03/07/2005	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"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> date: JMB 3/8/05	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: JMB
	ALL interior work JMB 3/8/05		

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

3/23/05 - checked plumbing - Test on OK venting
& piping OK - checked electrical - no problems checked
FRAMING OK - no issues seen OK to close in.

Tom M

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-0222	Date Applied For: 03/07/2005	CBL: 120 C012001
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Location of Construction: 162 Edwards St	Owner Name: Schneider Tina	Owner Address: 162 Edwards St	Phone:
Business Name:	Contractor Name: Hap Cleary	Contractor Address: 40 Aldworth St. Portland	Phone: (207) 797-0219
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family w/kitchen remodel, relocation of door, addition of 1/2 bath partition walls	Proposed Project Description: Remodel kitchen, relocate interior bearing door, add a 1/2 bath
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 03/07/2005

Note: **Ok to Issue:**

1) Per the contractor, there is no exterior work associated with this approved permit

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 03/08/2005

Note: **Ok to Issue:**

Dept: Zoning **Status:** Pending **Reviewer:** **Approval Date:**

Note: **Ok to Issue:**

Dept: Building **Status:** Pending **Reviewer:** **Approval Date:**

Note: **Ok to Issue:**

05-0222

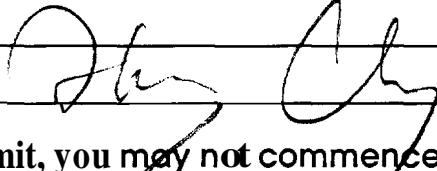
All Purpose Building Permit Application

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>162 EDWARDS ST</u>		
Total Square Footage of Proposed Structure <u>1</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>120</u> Block# <u>C</u> Lot# <u>12</u>	Owner: <u>TINA SCHNEIDER</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	cost Of Work: \$ <u>40,000</u> Fee: \$ <u>381.00</u>
Current use: <u>SINGLE FAMILY</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>SINGLE FAMILY</u>		
Project description: <u>Kitchen Remodel + ADD 1/2 BATH</u>		
Contractor's name, address & telephone: <u>HAP CLEARY 40 ALDWORTH ST PORTLAND 797 0219</u>		
Who should we contact when the permit is ready: <u>SAME</u>		
Mailing address: <u>HAP CLEARY 40 ALDWORTH ST PORTLAND MAINE</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>797-0219</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: 	Date: <u>March 7th 05</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

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.

A Pre-construction Meeting will take place upon receipt of your building permit.

- 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.**

NA **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature] 3/8/05
Signature of Applicant/Designee Date

[Signature] 3/8/05
Signature of Inspections Official Date

CBL: 120-C-12 Building Permit #: 05-0222



This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number	1 of 1
Parcel ID	120 C012001
Location	162 EDWARDS ST
Land Use	SINGLE FAMILY
Owner Address	SCHNEIDER TINA 162 EDWARDS ST PORTLAND ME 04102
Book/Page	NCFY02/
Legal	120-C-12 EDWARDS ST 162 7375 SF

Valuation Information

Land	Building	Total
\$30,240	\$81,380	\$111,620

Property Information

Year Built	Style	Story Height	sq. Ft.	Total Acres	
1910	Old Style	2	1566	0.169	
Bedrooms	Full Baths	Half Baths	Total Rooms	Attic	Basement
3	1		7	None	Full

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
GARAGE-WD/CB	1	1920	12X20	C	A

Sales Information

Date	Type	Price	Book/Page
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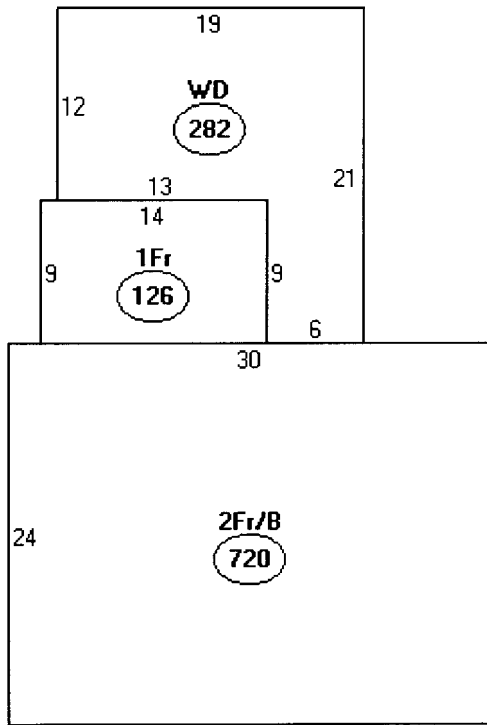
Picture and Sketch

Picture	Sketch	Tax Map
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[Click here to view Tax Roll Information.](#)

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or e-n d e d.

New Search!



Descriptor/Area

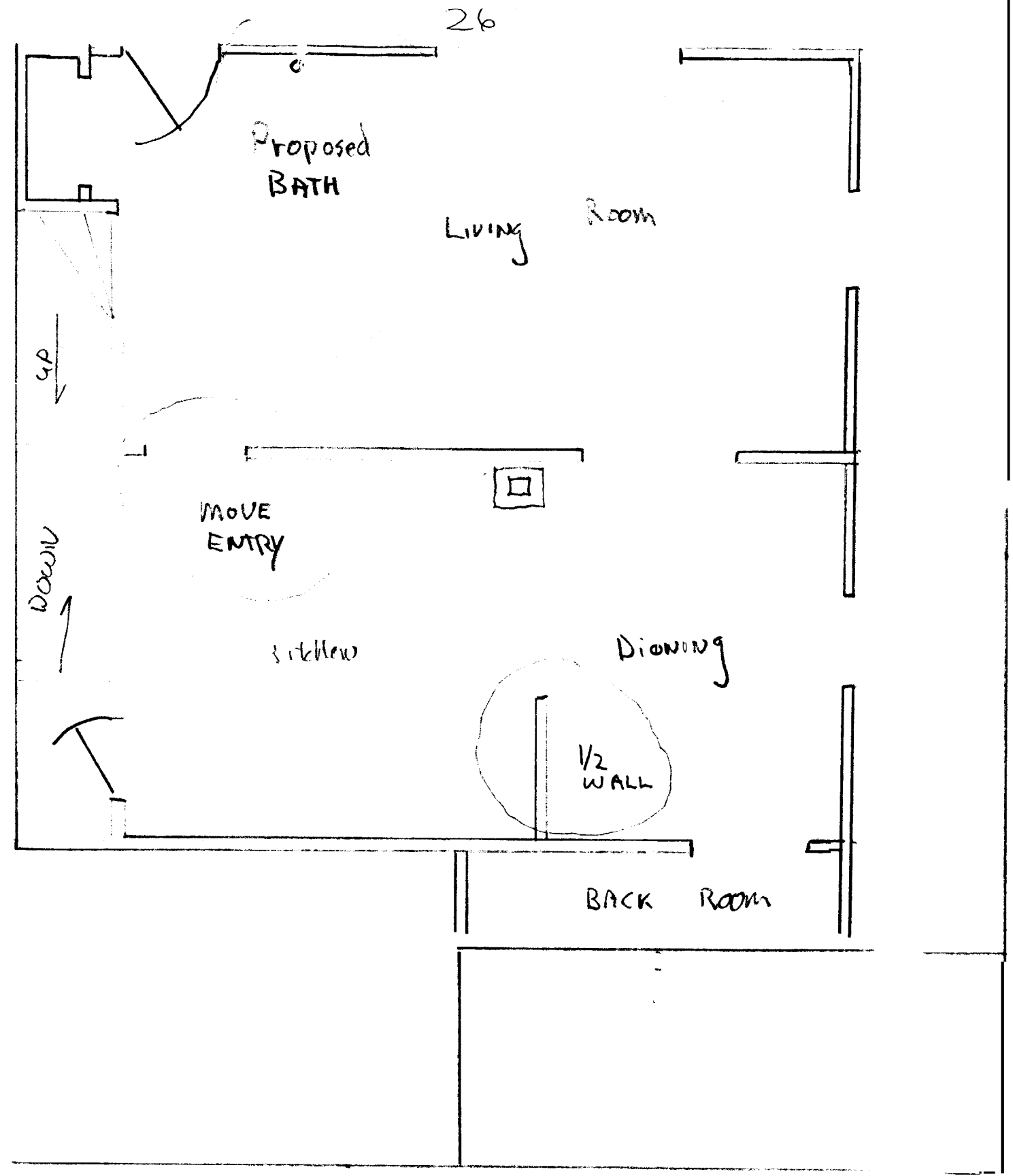
A: 2Fr/B
720 sqft

B: 1Fr
126 sqft

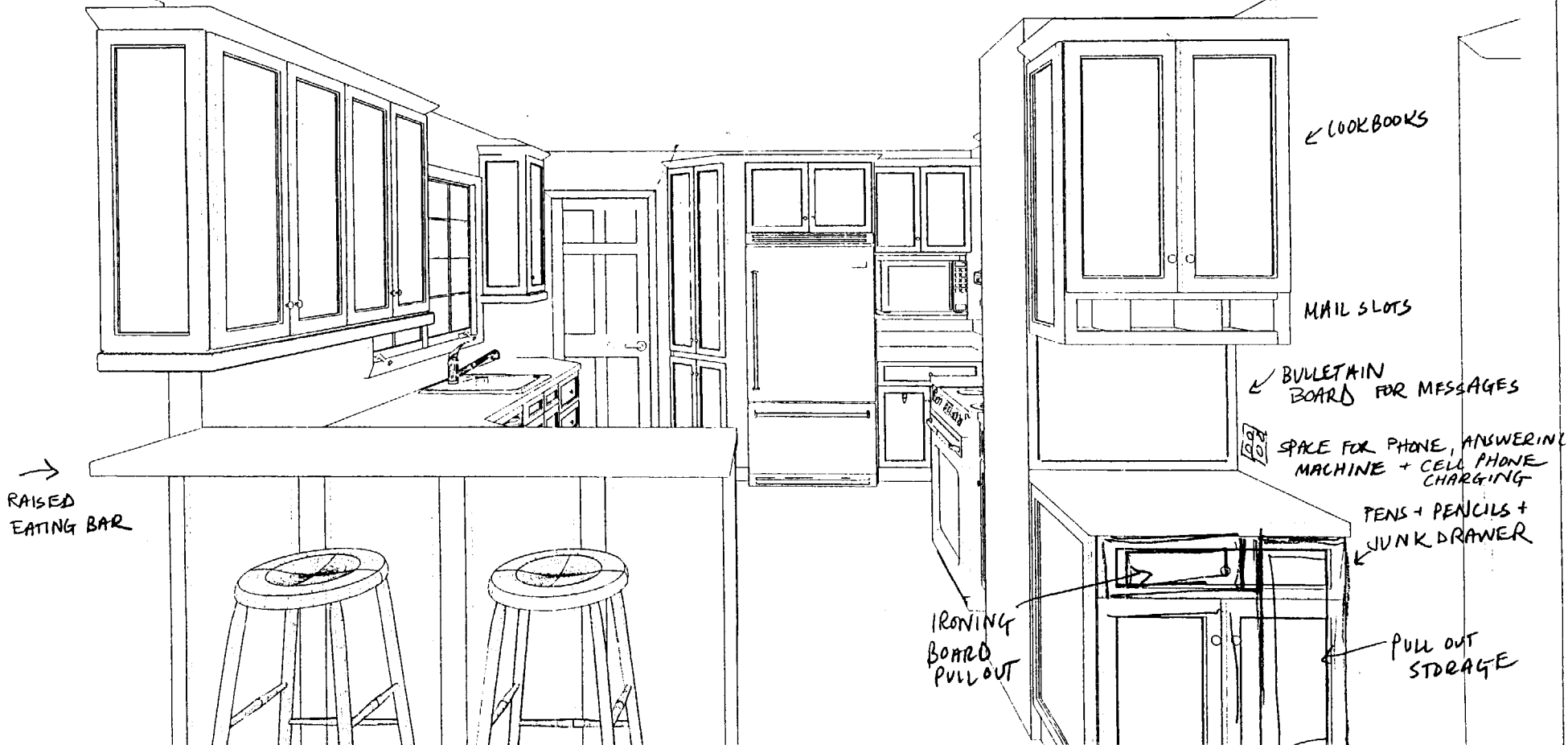
C: WD
282 sqft

24'

26



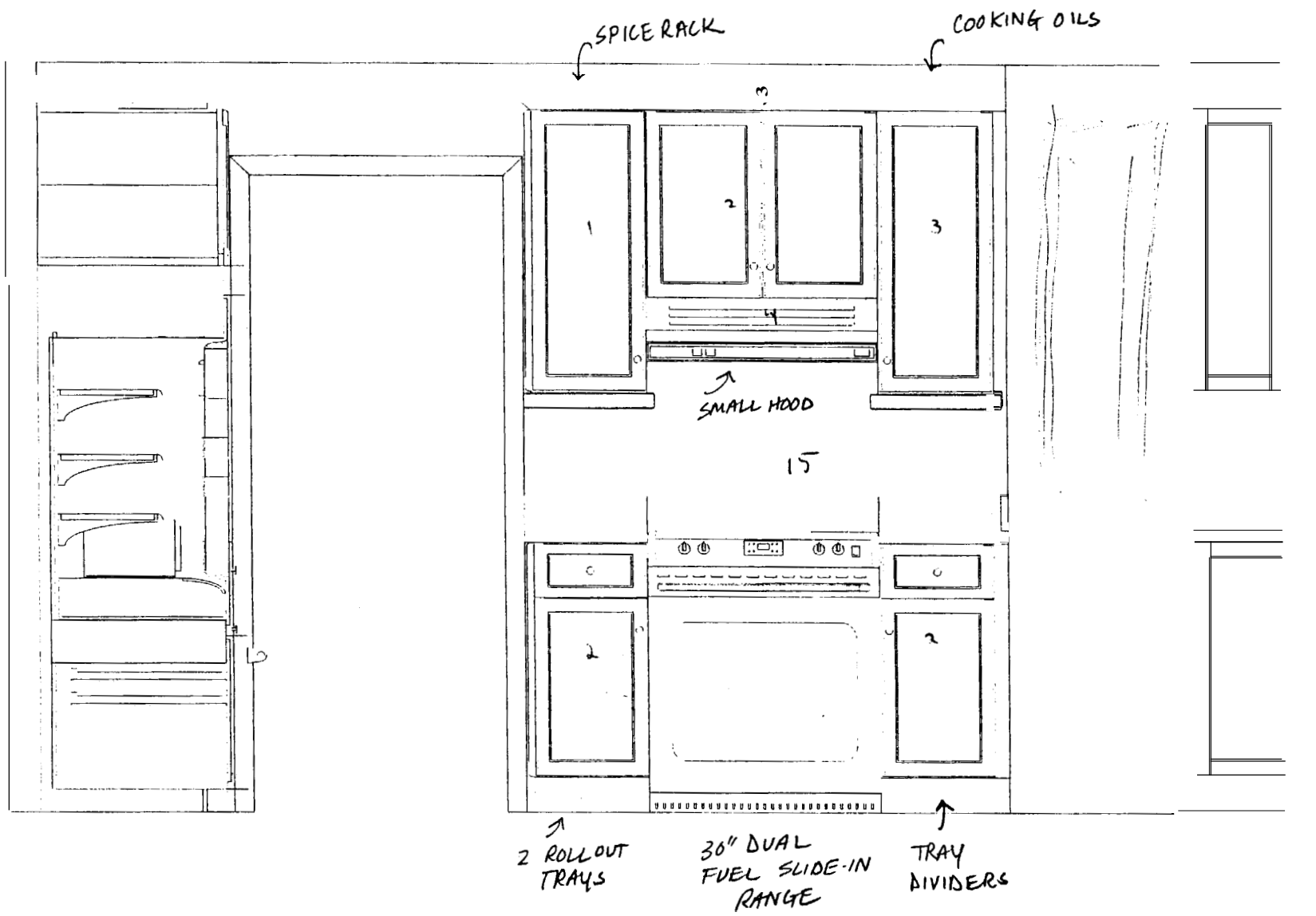
162
EDWARDS



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

2020
TECHNOLOGIES

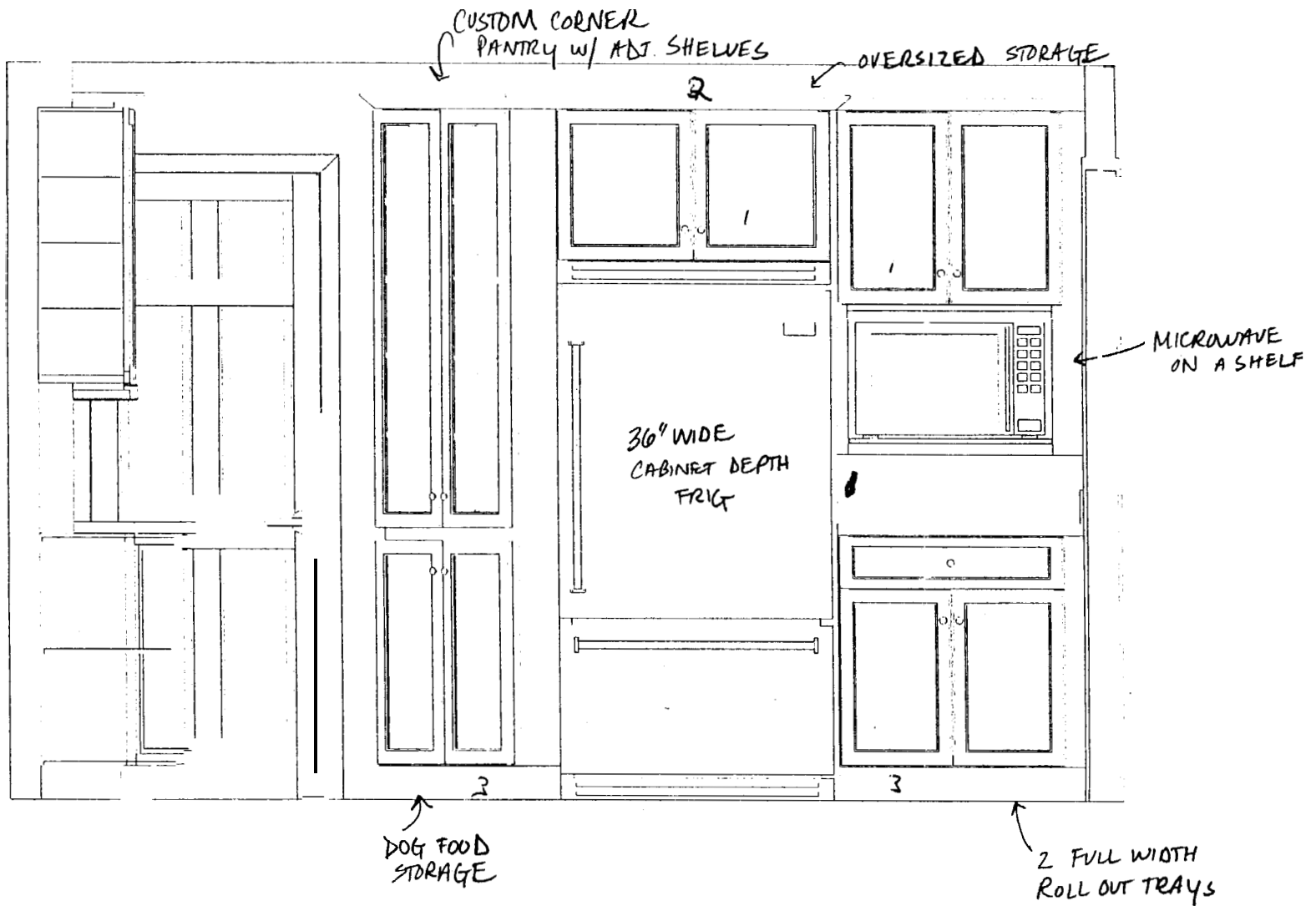
Designed: 12/3/2004
Printed: 12/9/2004



Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.



Designed: 12/31/2004
Printed: 12/9/2004

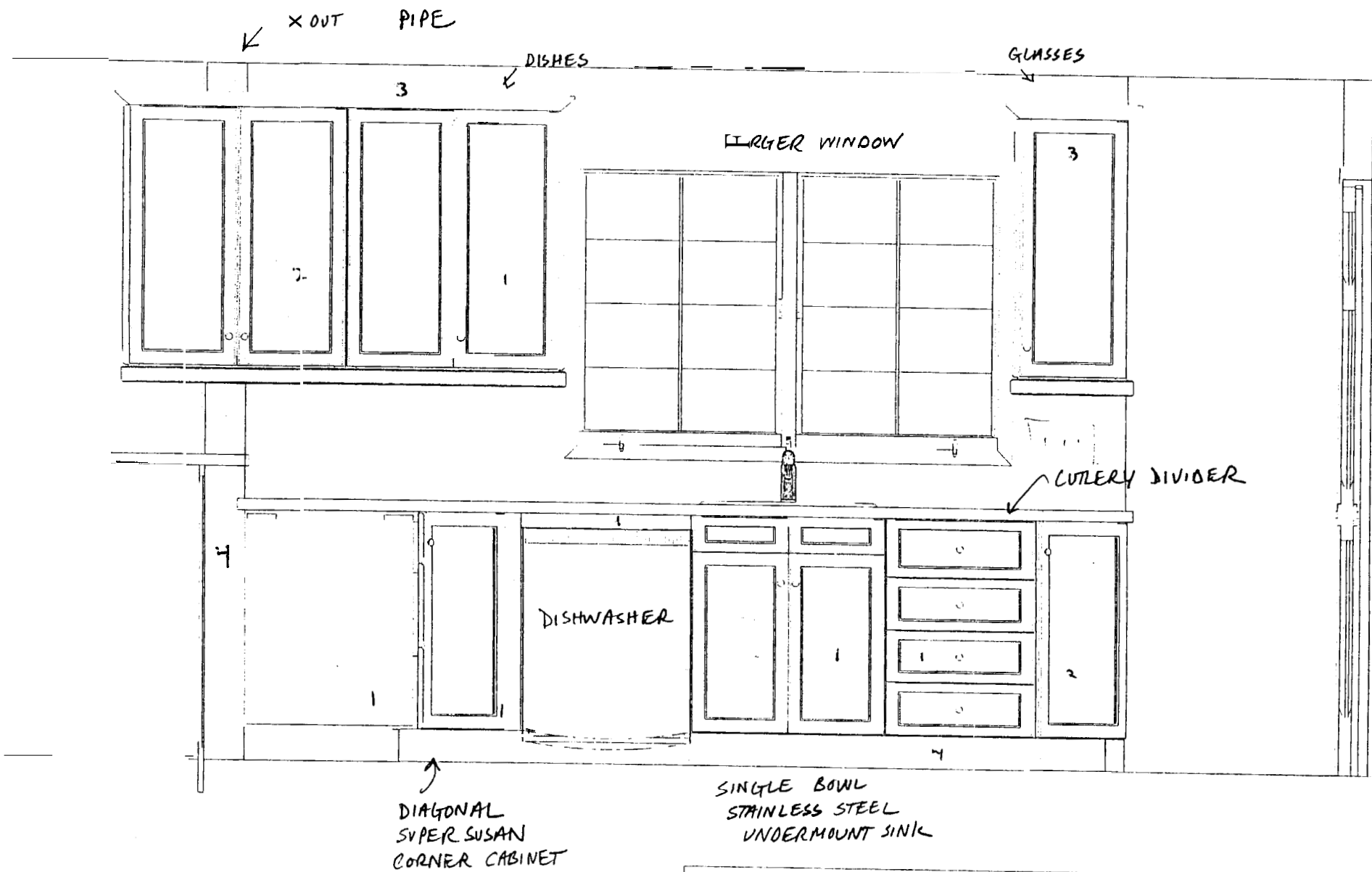


12

Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.

20 20i
TECHNOLOGIES

Designed: 12/3/2004
Printed: 12/9/2004



24 25

Note: This drawing is an artistic interpretation of the general appearance of the design. It is not meant to be an exact rendition.		Designed: 12/3/2004 Printed: 12/9/2004
		Schneider Kitchen 2 Schneider Kitchen 2 Drawing #: 1

R.H. 38 1/2

20" →

← 156 1/2

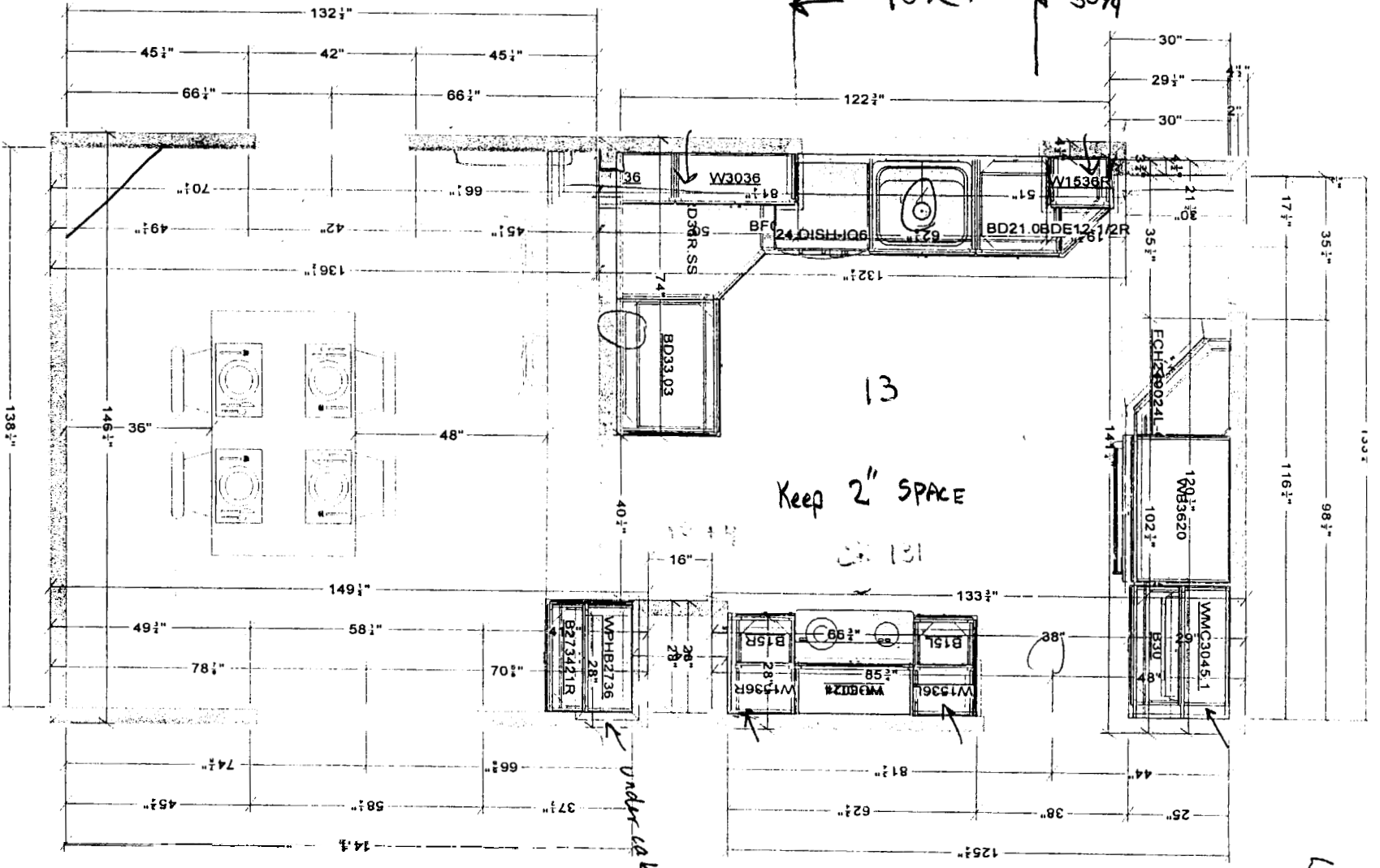
Dry wall

162

← 102 1/4

← 50 1/4

34 1/4



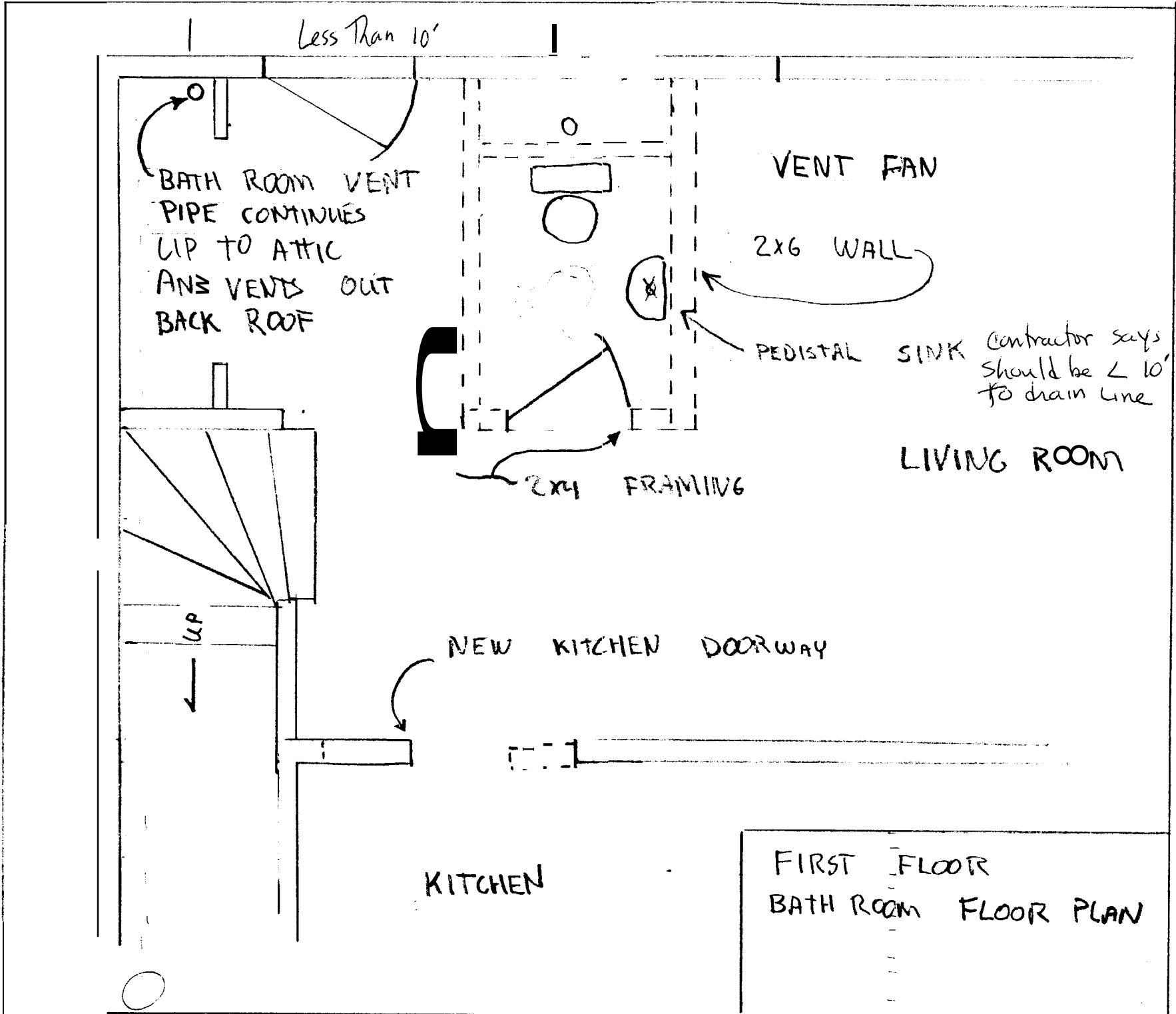
Schneider Kitchen 2

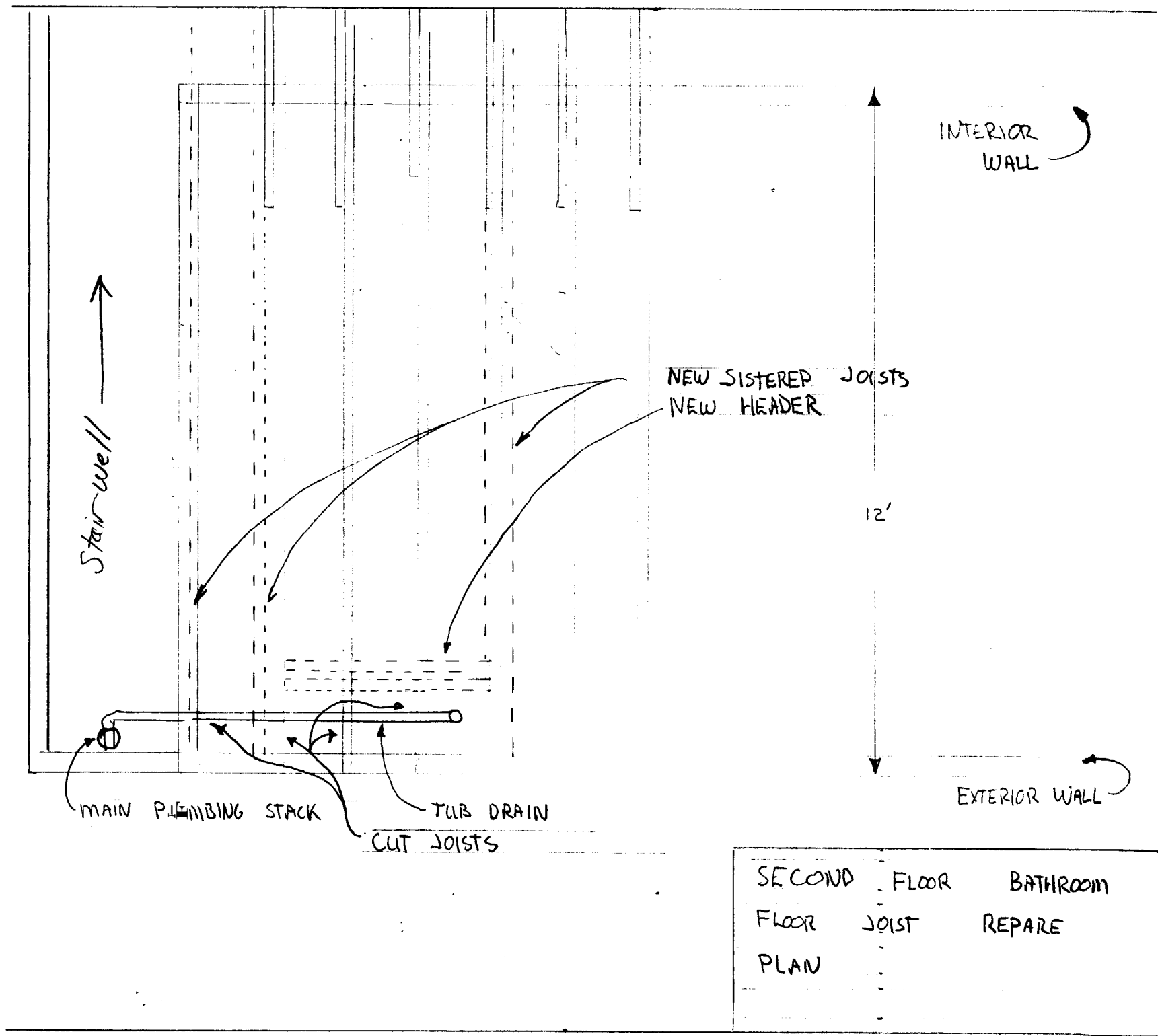
All

Drawing #: 1

Scale: 0 5/16" = 1'

Designed: 12/3/2004
Printed: 12/10/2004





SECOND FLOOR BATHROOM
FLOOR JOIST REPAIR
PLAN

EXISTING 2ND FLOOR JOISTS BREAKING OVER TOP PLATE

NEW JOISTS WITH BLOCKING TO REPAIR BATH ROOM FLOOR JOISTS

SECOND FLOOR

2(2x10) HEADER

EXISTING 2x4 PLATES + STUD WALL 16" OC

34'

8'

APX 24'

NEW 2x10 HEADER FOR DOORWAY AND TO SHIFT WEIGHT OFF COMPRIMIZED JOIST

FIRST FLOOR

2x8 FLOOR JOISTS

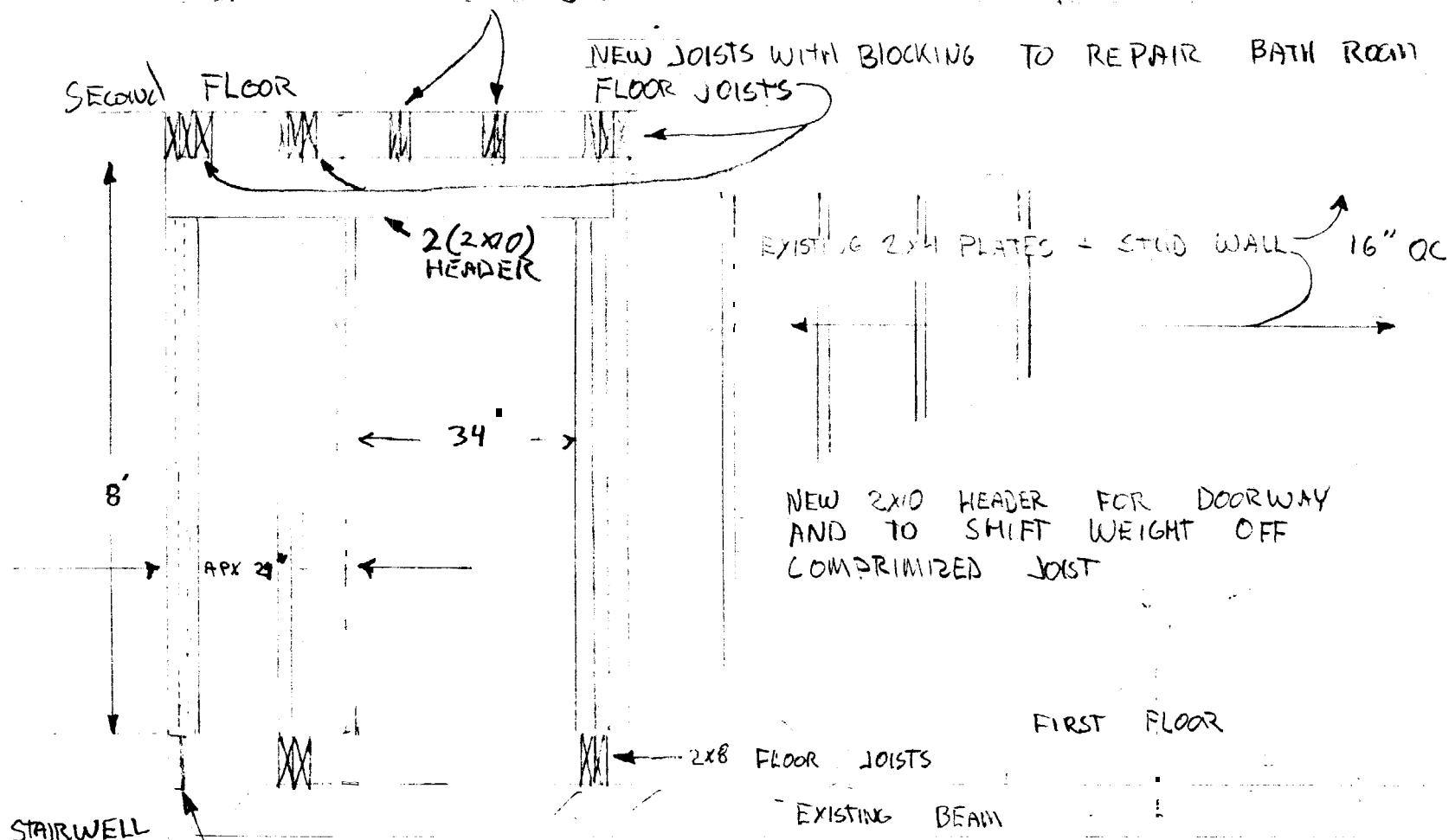
EXISTING BEAM

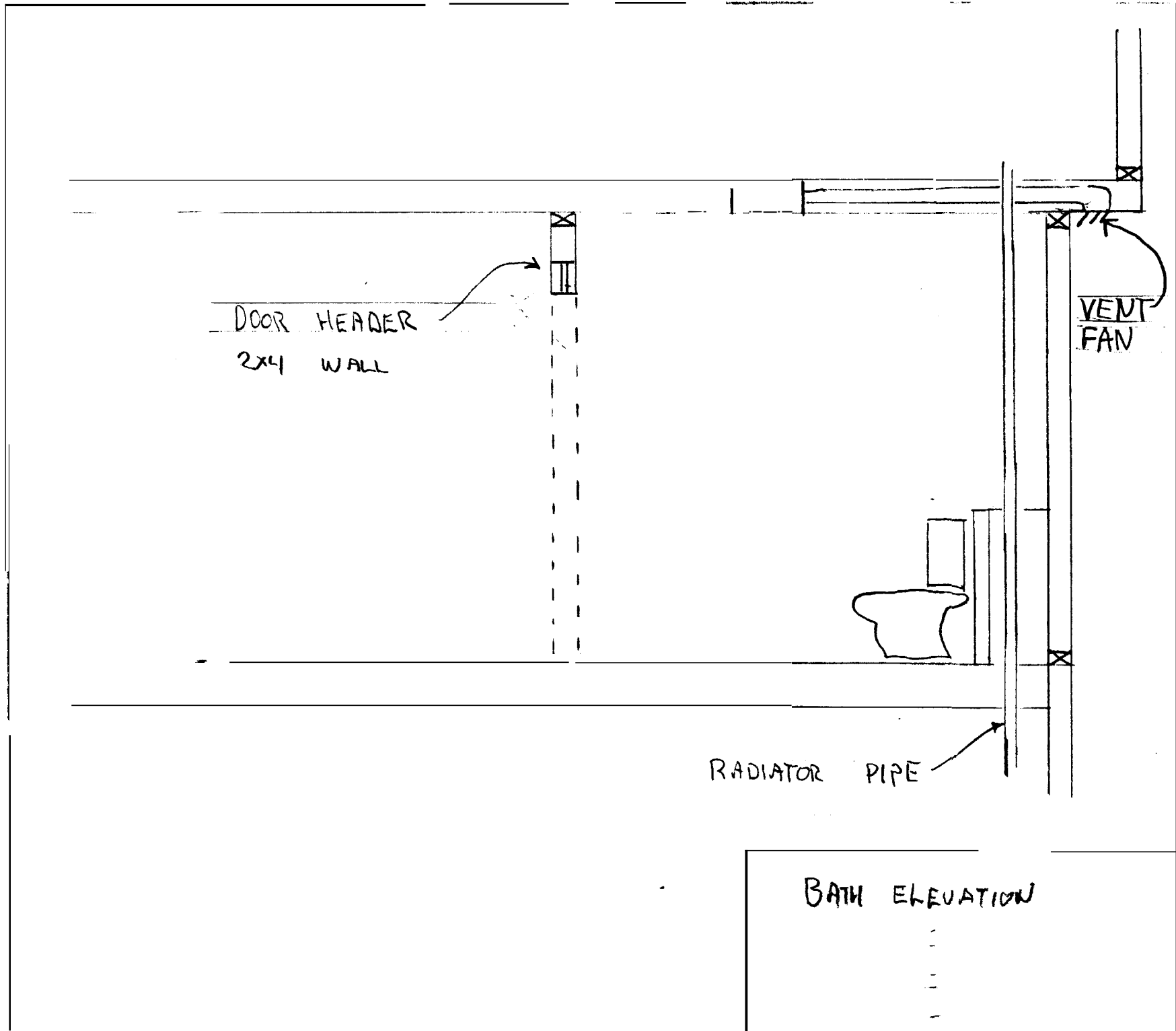
STAIRWELL TO BASEMENT

COMPRIMIZED JOIST

DOUBLED FLOOR JOIST TO CARRY WEIGHT FROM 2x10 HEADER

FRAMING PLAN FOR MOVING KITCHEN ENTRY





3

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 3-21-05
 Permit # 054240
 CBL# 120 C 12

LOCATION: 162 Edwards St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER LINA SCHNIDER
 TENANT _____ PHONE # _____

						TOTAL EACH FEE	
OUTLETS	20	Receptacles	6	Switches	Smoke Detector	.20	
FIXTURES	8	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	
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 100 Amp	4.00	
TRANSFORMER		0-25 Kva			30 CKT.	5.00	
		25-200 Kva				8.00	
		Over 200 Kva				10.00	
TOTAL AMOUNT DUE							
MINIMUM FEE/COMMERCIAL 45.00							
MINIMUM FEE						35.00	
						35.00	

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 APR 21
 RECEIVED

CONTRACTORS NAME LOTTEY ELECTRIC MASTER LIC. # 75
 ADDRESS 26 Brooks Ln Dr. Falmouth LIMITED LIC. # _____
 TELEPHONE 7233400

SIGNATURE OF CONTRACTOR [Signature]

Clt # 8219

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	162 Edson St

PROPERTY OWNERS NAME

--

Mailing Address of Owner/Applicant (If Different)	
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PORTLAND PERMIT # 9302 TOWN COPY

Date Permit Issued: 3/16/05 \$ 12400 If Double Fee Charged

Janine Beaulieu
Local Plumbing Inspector Signature L.P.I. # 07812

12000012

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

Caution: Inspection Required

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

Signature of Owner/Applicant

Date

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# 128811
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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
<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		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