

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 021086

This is to certify that Fales Elizabeth F /Blair, Thomas
has permission to renovate existing bedroom and adding bedroom
AT 9 Glenwood Ave City of Portland 123 D003001

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.

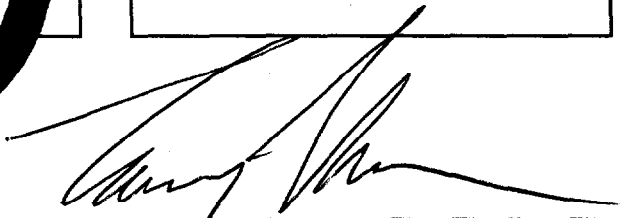
Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and work on permit in process before this building or part thereof is closed or enclosed-in. 48 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


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 ISSUED

Permit No: 02-1086
Issue Date: SEP 24 2002

CBL:
123 D003001

Location of Construction: 9 Glenwood Ave	Owner Name: Fales Elizabeth F	Owner Address: 9 Glenwood Ave	Phone:
Business Name:	Contractor Name: Blair, Thomas	Contractor Address: 275 Walton Street Portland	Phone: 2078380612
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Past Use: 2 Family	Proposed Use: 2 Family - renovate existing bedroom and adding bathroom	Permit Fee: \$93.00	Cost of Work: \$10,000.00	CEO District: 3
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Proposed Project Description: renovate existing bedroom and adding bathroom	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: R-3 Type: SB BOCA 99 Signature: <i>[Signature]</i>
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Permit Taken By: tmm	Date Applied For: 09/24/2002	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: 9/24/02	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: 9/24/02
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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

12/11/02 Close in - SR up - electrical access
at eaves - All existing Roof (hip) & JR

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>9 Glenwood Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>9558</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>123</u> Block# <u>D</u> Lot# <u>3</u>	Owner: <u>Elizabeth Fales</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>SAMES</u>	Cost Of Work: \$ <u>10,000</u> Fee: \$ <u>30.00</u>
Current use: <u>2 Units</u>	<i>Reapplying for denied permit - already paid on \$10,000</i>	
If the location is currently vacant, what was prior use:		
Approximately how long has it been vacant:		
Proposed use: <u>Already was bedroom - Replacing skylights in existing openings</u> Project description: <u>Removing plaster - sheetrocking - adding 5 1/2 x 7' Bath</u>		
Contractor's name, address & telephone: <u>Tom Blair - 275 Walton St Portland, ME 04103</u>		
Who should we contact when the permit is ready: <u>Tom Blair</u>		
Mailing address:		
<p>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: 838-0612</p>		

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:
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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**

02-1086

Prmt Text93 17352 Constr Type New Num1 20361

Permit Nbr 02-0361 Location of Construction 9 Glenwood Ave Appl. Date 04/11/2002
Status Denied Permit Type Alterations - Multi Family Issue Date
CBL 123 D003001 Territory Nbr 3 Estimated Cost \$10,000.00 Date Closed

Comment Date Comment

04/22/2002 To the HOLD bin.....no plans

Name mjn Follow Up Date Completed

09/11/2002 no plans ever submitted - spoke w/bullder - will reapply for new permit application.

Name tmm Follow Up Date Completed

CreatedBy gad CreateDate 04/16/2002 ModBy tmm ModDate 09/11/2002

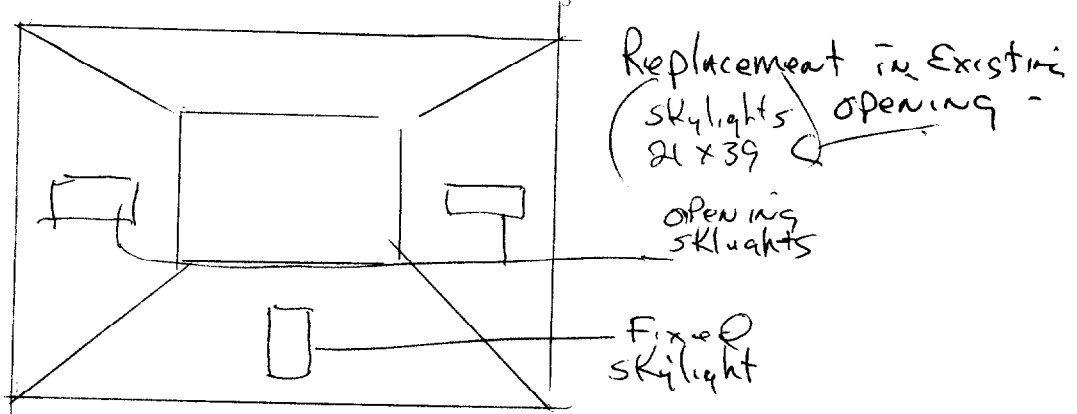
Delete	Schedule	Add	End	Print Permit	Print C of O	Print Insp
Prmt		Constr Type		New	Num1	
Permit Nbr	02-0361	Location of Construction	9	Glenwood Ave	Appl. Date	
Status	Hold	Permit Type	Alterations - Multi Family		Issue Date	
CBL	123 D003001	Territory Nbr	3	Estimated Cost	\$10,000.00	Date Closed

Comment Date	Comment	Add	Delete	Save
04/22/2002	To the HOLD bin.....no plans			
Name		mjn	Follow Up Date	Completed

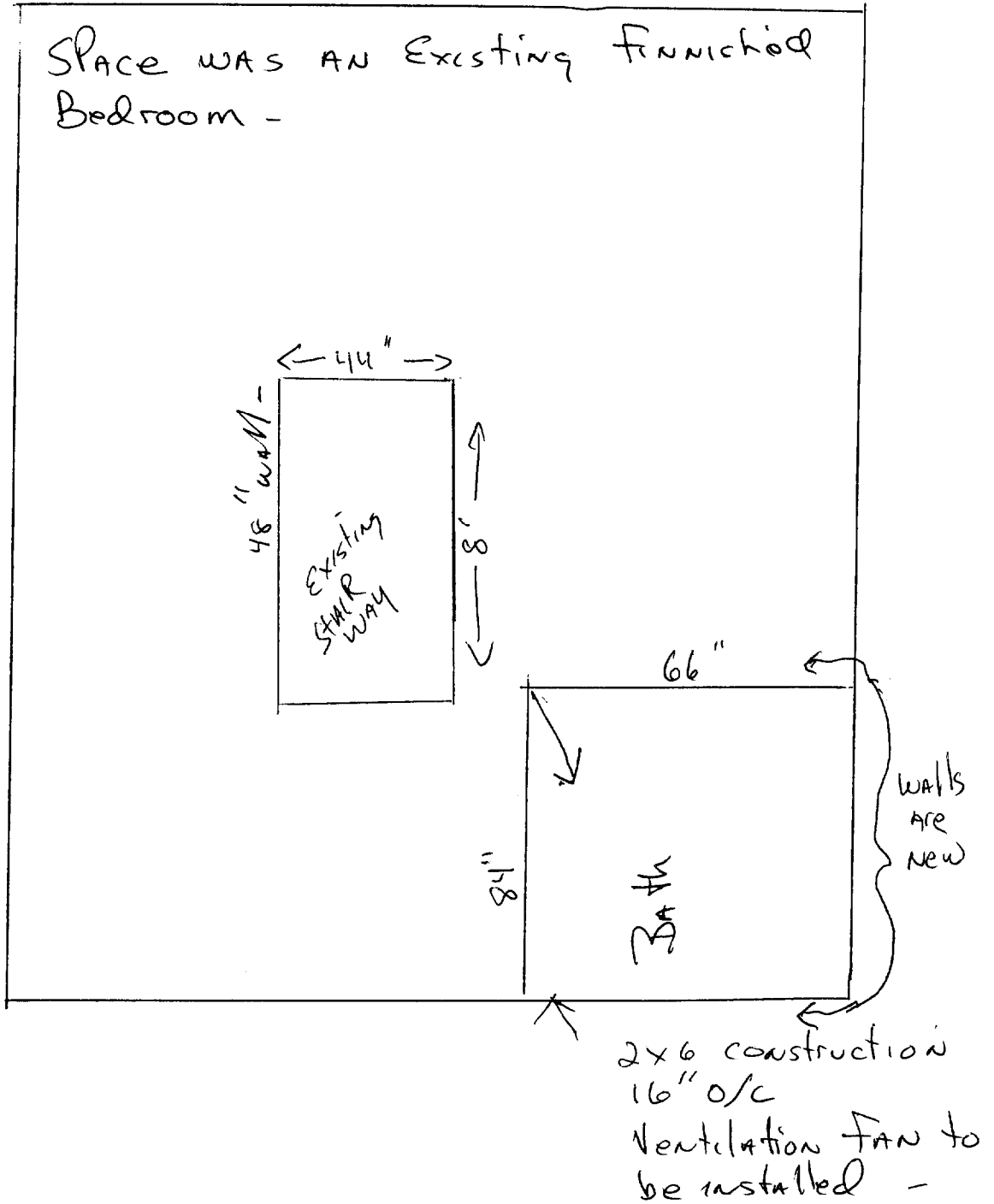
CreatedBy	gad	CreateDate	04/16/2002	ModBy	mjn	ModDate	04/22
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LEFT MESSAGE
4/22/02
[Signature]

780-8783



Space was an existing finished Bedroom -



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 8/2/01
 Permit # 1749
 CBL# 123-D-003

LOCATION: 9 Glenwood St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Elizabeth Fales
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>24</u>	Receptacles	<u>4</u>	Switches	<u>1</u>	Smoke Detector	<u>29</u>	<u>.20</u>	<u>5.80</u>
FIXTURES	<u>8</u>	Incandescent		Fluorescent		Strips	<u>8</u>	<u>.20</u>	<u>1.60</u>
SERVICES		Overhead		Underground		TTL AMPS <800		<u>15.00</u>	
		Overhead		Underground		>800		<u>25.00</u>	
Temporary Service		Overhead		Underground		TTL AMPS		<u>25.00</u>	
								<u>25.00</u>	
METERS		(number of)						<u>1.00</u>	
MOTORS		(number of)						<u>2.00</u>	
RESID/COM		Electric units						<u>1.00</u>	
HEATING		oil/gas units		Interior		Exterior		<u>5.00</u>	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		<u>2.00</u>	
		Insta-Hot		Water heaters		Fans		<u>2.00</u>	
		Dryers		Disposals		Dishwasher		<u>2.00</u>	
		Compactors		Spa		Washing Machine		<u>2.00</u>	
		Others (denote)						<u>2.00</u>	
MISC. (number of)		Air Cond/win						<u>3.00</u>	
		Air Cond/cent				Pools		<u>10.00</u>	
		HVAC		EMS		Thermostat		<u>5.00</u>	
		Signs						<u>10.00</u>	
		Alarms/res						<u>5.00</u>	
		Alarms/com						<u>15.00</u>	
		Heavy Duty(CRKT)						<u>2.00</u>	
		Circus/Carnv						<u>25.00</u>	
		Alterations						<u>5.00</u>	
		Fire Repairs						<u>15.00</u>	
		E Lights						<u>1.00</u>	
		E Generators						<u>20.00</u>	
PANELS		Service		Remote		Main		<u>4.00</u>	
TRANSFORMER		0-25 Kva						<u>5.00</u>	
		25-200 Kva						<u>8.00</u>	
		Over 200 Kva						<u>10.00</u>	
							TOTAL AMOUNT DUE		
							MINIMUM FEE/COMMERCIAL 45.00		
							MINIMUM FEE <u>35.00</u>		
							<u>35.00</u>		

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Brian's Plumbing + Electric MASTER LIC. # MS 60013648
 ADDRESS 10 Forest Lane Cumberland LIMITED LIC. # _____
 TELEPHONE 827-4179

SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

PROPERTY ADDRESS

City or
Plantation
Street
Subdivision Lot #

PROPERTY OWNERS NAME

Last: Johns First: Elizabeth
Applicant Name: Bryan Johns
Mailing Address of Owner/Applicant (If Different)

182 D 003

PORTLAND
Date Permit Issued: 3/25/07 \$ 310.00 If Double Fee Charged
[Signature] Local Plumbing Inspector Signature L.P.I. # 360

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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>7633</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		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: _____		Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)



CITY OF PORTLAND, MAINE

Department of Building Inspections

2/17/02

Received from

Helping Hand Renovations

Location of Work

7 Ashwood Ave.

Cost of Construction \$

\$

*1500.00 for
detailed permit*

Permit Fee \$

\$

50

Building (IL)

Plumbing (I5)

Electrical (I2)

Site Plan (U2)

Other

CBL:

103-0-3

Check #:

3312

Total Collected \$

50.00

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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 020361

This is to certify that Fales Elizabeth F /Blair, Thomas
has permission to Interior Renovations to Master Bedroom and Bath
AT 9 Glenwood Ave City of Portland 123 D003001

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 altered or closed-in. **48 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

PERMIT DENIED

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: 02-0361	Issue Date:	CBL: 123 D003001
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PERMIT DENIED

Location of Construction: 9 Glenwood Ave	Owner Name: Fales Elizabeth F	Owner Address: 9 Glenwood Ave	Phone:
Business Name:	Contractor Name: Blair, Thomas	Contractor Address: 275 Walton Street Portland	Phone: 2078380612
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone:

Past Use: Two Family	Proposed Use: Two Family	Permit Fee: \$93.00	Cost of Work: \$10,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: PERMIT DENIED Type:
Signature:	Signature:

Proposed Project Description:
 Interior Renovations to Master Bedroom and Bath

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 04/11/2002	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 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: _____	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 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: _____
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PERMIT DENIED

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

02-0361

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>9 Glenwood Ave</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>9558</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>123</u> Block# <u>D</u> Lot# <u>003</u>	Owner: <u>Elizabeth Fales</u>	Telephone: <u>/</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>9 Glenwood Ave Portland, Me</u>	Cost Of Work: \$ <u>10,000</u> Fee: \$ <u>93⁰⁰</u>
Current use: <u>Residence 2 Family</u>		
If the location is currently vacant, what was prior use: <u>/</u>		
Approximately how long has it been vacant: <u>/</u>		
Proposed use: <u>Master Bedroom + Bath</u>		
Project description: <u>INSULATE A RE-SHEETROCK EXISTING WALLS, ROOF WALLS, CEILING MAKE READY TO PAINT - BUILD HALF WALL AROUND STAIR WAY - ADD BRICK WALL INTERNALLY</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Thomas Blair</u>		
Mailing address: <u>275 WALTON ST PORTLAND, ME 04103</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>202 838-0612</u>		

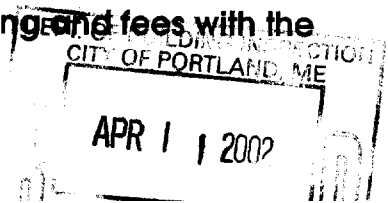
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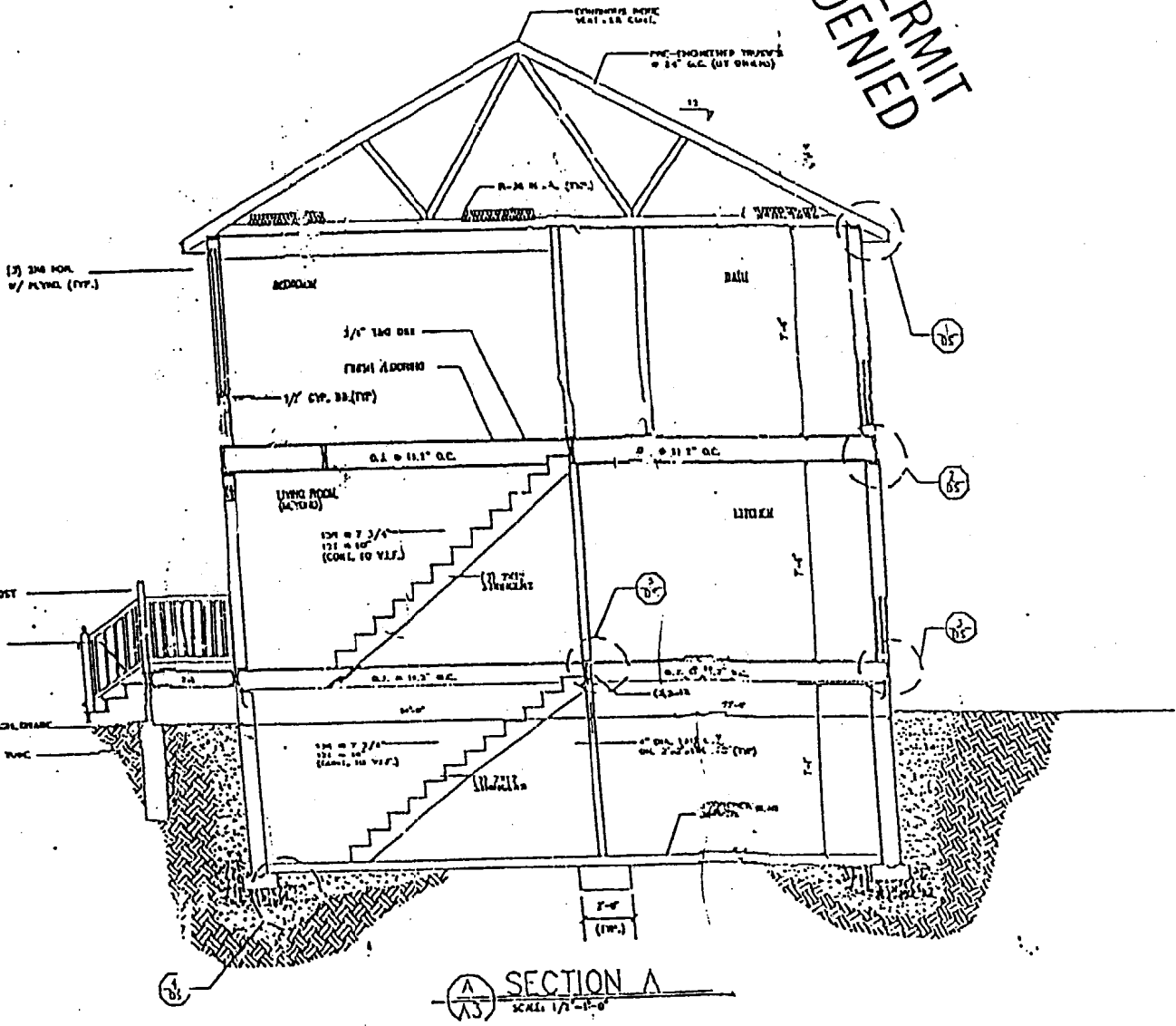
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Signature of applicant: <u>Thomas F. Blair</u>	Date: <u>3/27/02</u>
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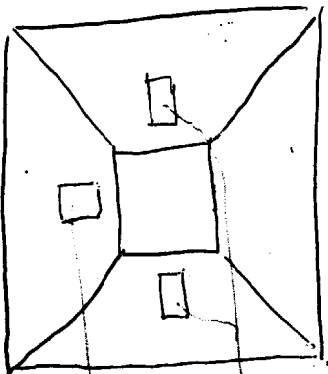


PERMIT DENIED



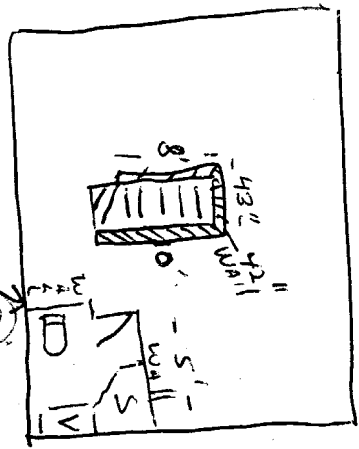
SECTION A
SCALE 1/4" = 1'-0"

Sky light
Diagram



Sky light
headers of
making an
construction -

all skylights
21" x 39"



3rd Floor

Adding 3 e-glass
skylights

(existing)

52" knee walls
3x3x3e work
adding one
bath and lve

PERMIT DENIED