

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040021

Please Read Application And Notes, If Any, Attached

This is to certify that Graf Peter & /Trademark, Inc

has permission to remodel kitchen and master bedroom area

AT 91 Highland St Portland, OR 97205 L 123 I006001

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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 procedure here this building or part thereof is altered or otherwise used-in-accordance with the requirements of the Building Code. YOUR 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. **PERMIT ISSUED**

Health Dept. _____

Appeal Board JAN 08 2004

Other _____

Department Name

CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

PERMIT ISSUED

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

Permit No: 04-0021	Issue Date: JAN 08 2004	CBL: 123 I006001
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Location of Construction: 91 Highland St	Owner Name: Graf Peter &	Owner Address: 91 Highland St CITY OF PORTLAND	Phone: 207-326-0882
Business Name:	Contractor Name: Trademark, Inc.	Contractor Address: 161 Fort Road South Portland	Phone: 2077673552
Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Past Use: single family	Proposed Use: single family remodel kitchen and master bedroom and bathroom	Permit Fee: \$624.00	Cost of Work: \$67,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>NA</i>		INSPECTION: Use Group: R-3 Type: SB BOCA 99 Signature: <i>[Signature]</i>

Proposed Project Description:
remodel kitchen and master bedroom and bathroom

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: tmm	Date Applied For: 01/08/2004	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: 01/08/04	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: 01/08/04
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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

12/06/04 - checked framing - no problems checked
electrical ok - checked plumbing - test on - ok -
no problems seen - ok to close - in - JRM

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0021	Date Applied For: 01/08/2004	CBL: 123 I006001
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Location of Construction: 91 Highland St	Owner Name: Graf Peter &	Owner Address: 91 Highland St	Phone: 207-326-0882
Business Name:	Contractor Name: Trademark, Inc.	Contractor Address: 161 Fort Road South Portland	Phone: (207) 767-3552
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: single family remodel kitchen and master bedroom and bathroom	Proposed Project Description: remodel kitchen and master bedroom and bathroom
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Dept: Zoning	Status: Approved	Reviewer: Tammy Munson	Approval Date: 01/08/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Tammy Munson	Approval Date: 01/08/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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>91 Highland Av.</u>		
Total Square Footage of Proposed Structure <u>2,200</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>123</u> Block# <u>I</u> Lot# <u>6</u>	Owner: <u>Peter +utta Gratt</u>	Telephone: <u>326-0982</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Trade mark inc.</u> <u>280 Cottage rd.</u> <u>South Portland me 04106</u>	Cost Of Work: \$ <u>67,000</u> Fee: \$ <u>624</u>
Current use: <u>residence</u>		
If the location is currently vacant, what was prior use: <u>residence</u>		
Approximately how long has it been vacant: <u>1 week</u>		
Proposed use: <u>residence</u>		
Project description: <u>remodel 1 bedroom, kitchen, dining area.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Ben trout 767-3552</u>		
Mailing address: <u>280 Cottage rd.</u> <u>South Portland me. 04106</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:		

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: <u>D. CPB</u>	Date: <u>1/07/04</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.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

_____ **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.**

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

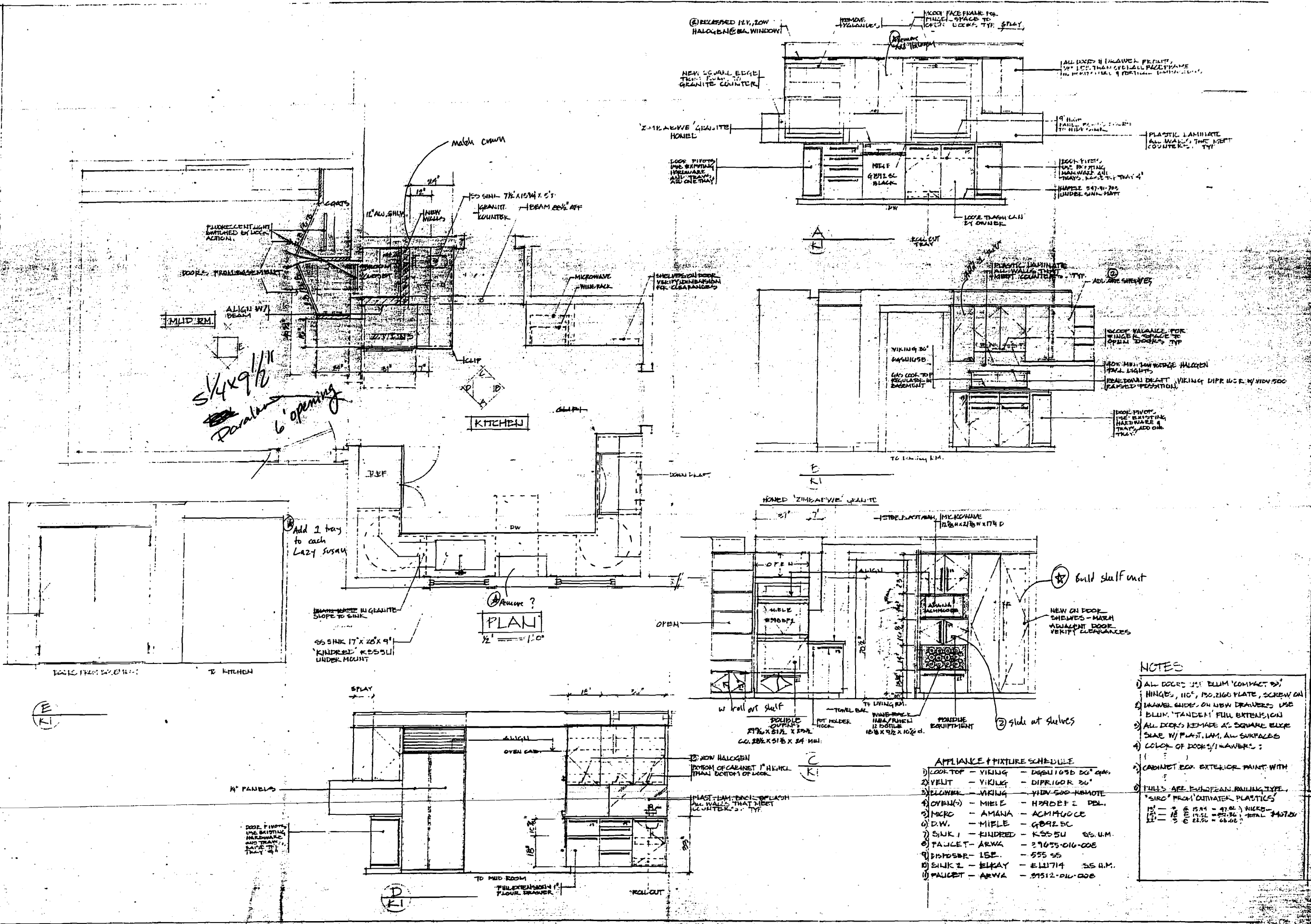
[Signature]
Signature of applicant/designee

1/8/09
Date

[Signature]
Signature of Inspections Official

1/8/04
Date

CBL: 123-1-6 Building Permit #: 04-0021



5/4 x 9 1/2"
 Parallel
 6' opening

PLAN
 1/2" = 1'-0"

NOTES

- 1) ALL DOORS 2 1/2" BLUM 'COMPACT 85' HINGES, 110° 150, 2160 PLATE, SCREW ON
- 2) DRAWER GUIDES ON LOWER DRAWERS USE BLUM 'TANDEM' FULL EXTENSION
- 3) ALL DOORS REMADE AS SQUARE EDGE SLAB W/ PLAST. LAM. ALL SURFACES
- 4) COLOR OF DOORS/HANDERS:
- 5) CABINET EXTERIOR PAINT WITH
- 6) HILLS ARE EUROPEAN RAILING TYPE 'SIRC' FROM 'OUTWATER PLASTICS'
 - 15" - 2 @ 15.44 = 30.88 NICKS
 - 15" - 18 @ 17.52 = 315.36 TOTAL FASTEN
 - 22" - 3 @ 22.50 = 66.00

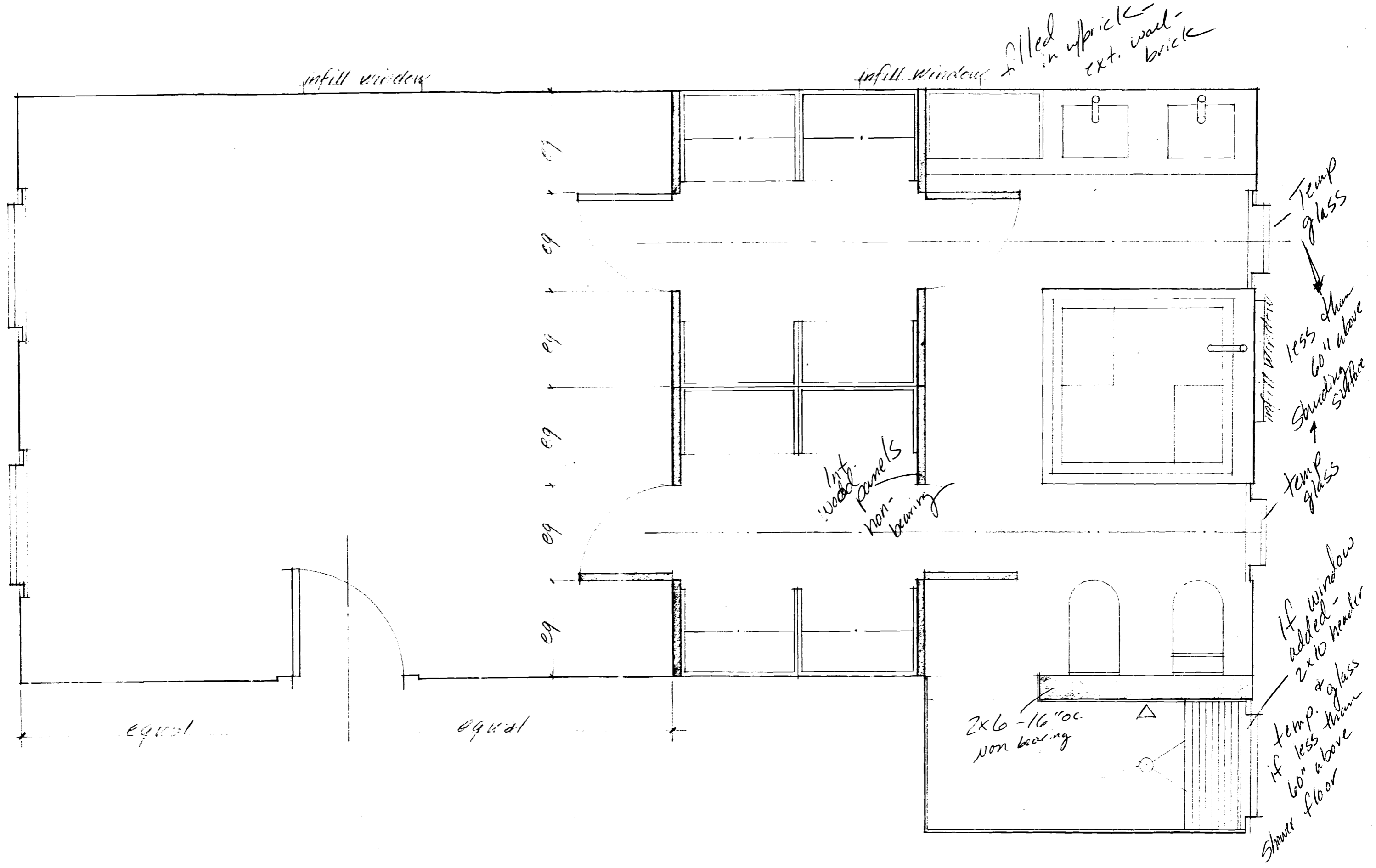
APPLIANCE & FIXTURE SCHEDULE

- 1) COOK TOP - VIKING - D65L109B 36" 400
- 2) VENT - VIKING - D1PR160R 36"
- 3) CUPBOARD - VIKING - V10V 500-KOMOTE
- 4) OVEN(S) - MIELE - H990BT 2 DEL.
- 5) MICRO - AMANA - ACM1400CE
- 6) D.W. - MIELE - G092 EC
- 7) SINK 1 - KINDRED - K055U 66 U.M.
- 8) FAUCET - ARMA - 29055-016-008
- 9) DISPOSER - ISE - 555 55
- 10) SINK 2 - ELKAY - ELU714 55 U.M.
- 11) FAUCET - ARMA - 29512-016-008

JUTTA AND PETER GRAF
 2003
 101 HIGHLAND AVE., PORTLAND, ME

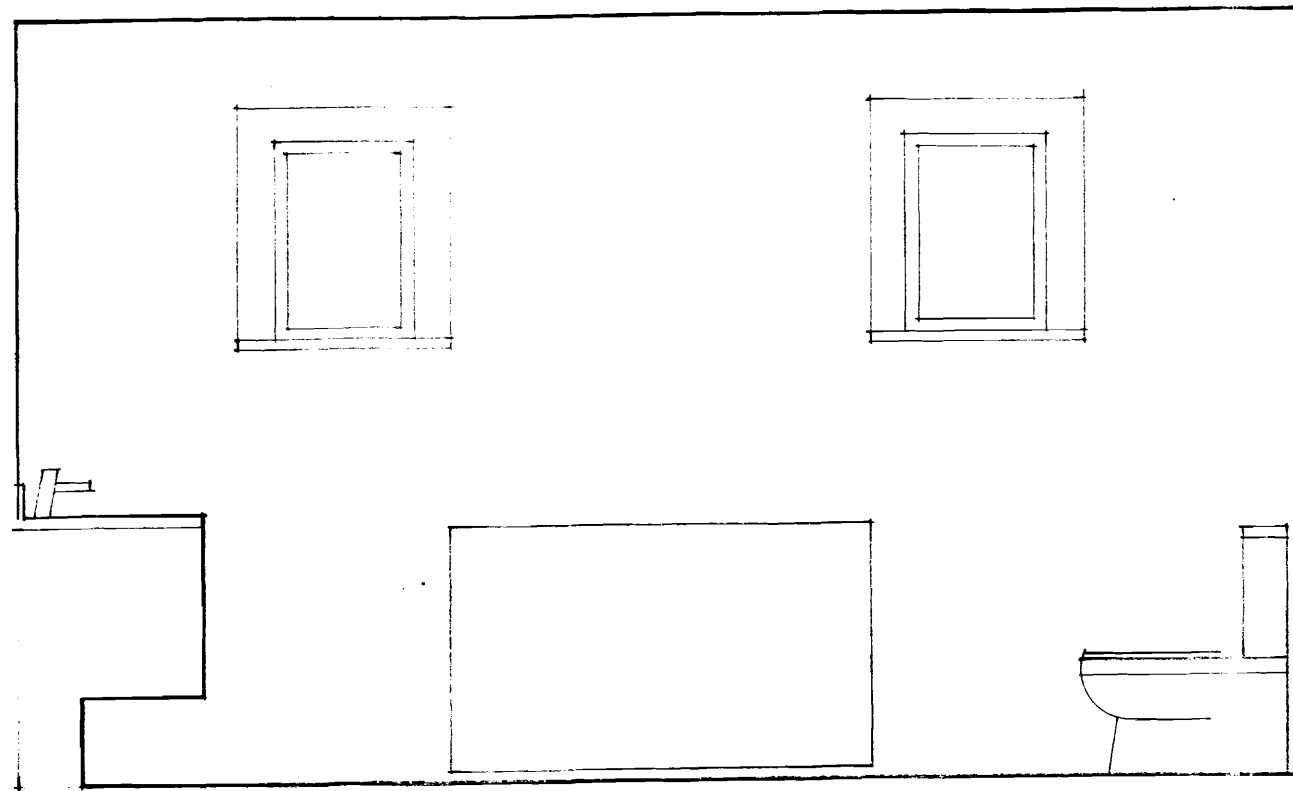


260 3263

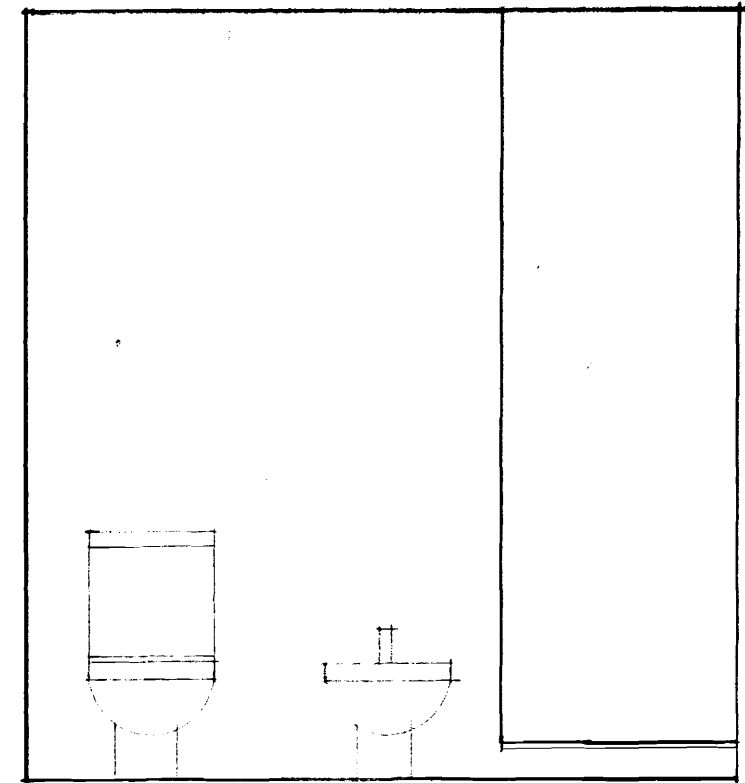


graf dressing room/bathroom
 1/2" = 1'-0"
 11.05.03

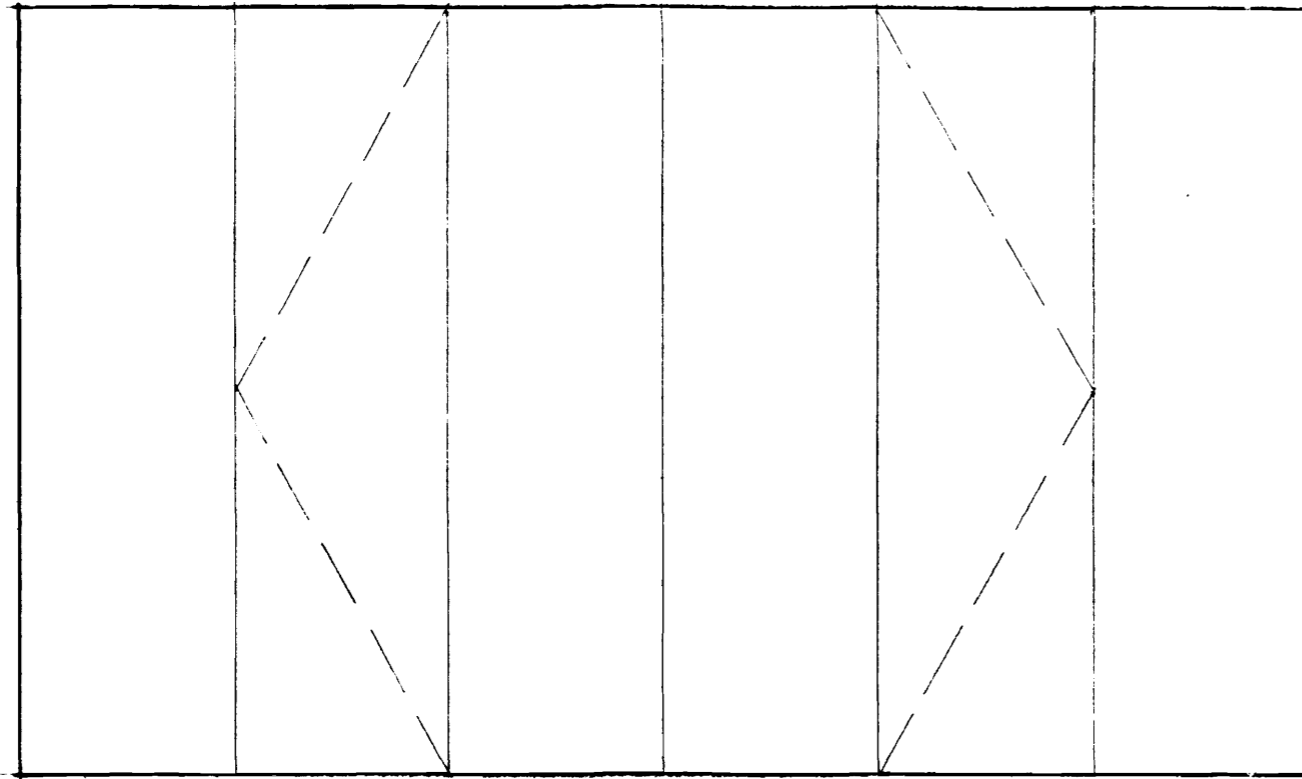
elliott elliott merclius architecture



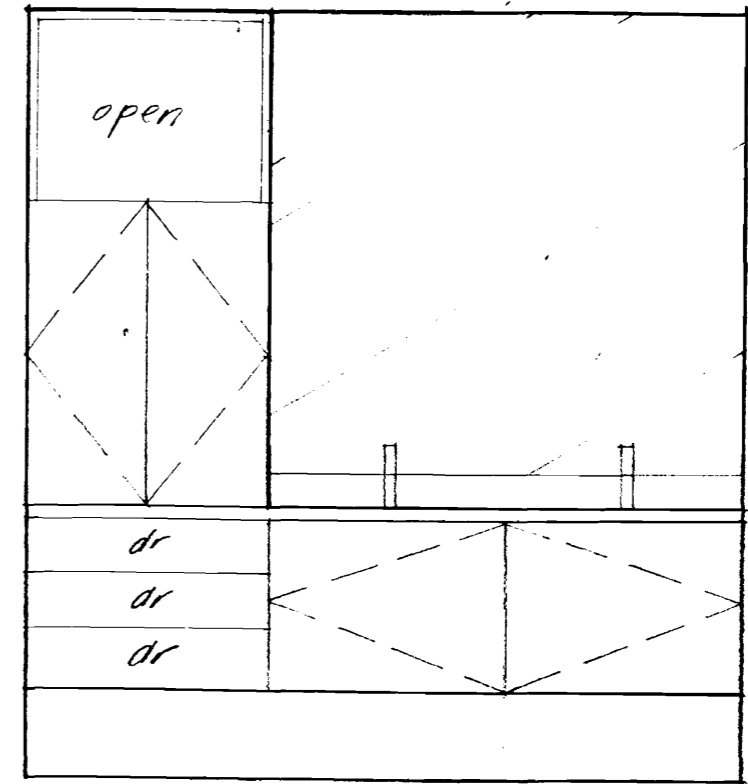
graf dressing room/bathroom
1/2" = 1'-0"
11.04.07



elliott elliott kerslake architecture



graf dressing room / bathroom
 1/2" = 1'-0"
 11.05.03



elliott elliott norclius architecture

ELECTRICAL PERMIT

City of Portland, Me.



BP #3

17F

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 2/04/04
 Permit # 20044099
 CBL# 183 I006

LOCATION: 91 Highland AVE METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Jutta + peter Graf
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	10	Receptacles	6	Switches	6	Smoke Detector	.20		
FIXTURES	12	Incandescent	2	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	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	307.00

CONTRACTORS NAME Griffin Electric MASTER LIC. # 0650
 ADDRESS 22 Downeast Scarb- LIMITED LIC. # _____
 TELEPHONE 415 5017

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	ROSELAND
Street Subdivision Lot #	91 HIGHLAND ST.

PROPERTY OWNERS NAME

Last: GRACE	First: PETER
Applicant Name:	JANE MANTSON
Mailing Address of Owner/Applicant (If Different)	

2004-8031

Date Permit Issued: 2/9/04

Local Plumbing Inspector Signature: *[Signature]*

L.P. # 1680

\$ 1,400.00 Double Fee Charged

123 I 006

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

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: *[Signature]*

Date Approved: 2/6/04

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" 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>Plumbing To Be Installed By:</p> <p>1. <input checked="" 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 # <u>C1124A</u></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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____		Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			6	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			92	Permit Fee (Total)



CITY OF PORTLAND, MAINE
Department of Building Inspections

1/21/01
20

Received from Trade Plink Inc

Location of Work 11 Commercial St

Cost of Construction \$ 2000

Permit Fee \$ 624

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

Other _____

CBL: 1-15-6

Check #: 175

Total Collected \$ 624

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



2004-8031

CITY OF PORTLAND, MAINE

Department of Building Inspections

20

Received from _____

Location of Work _____

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: _____

Total Collected \$ _____

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