

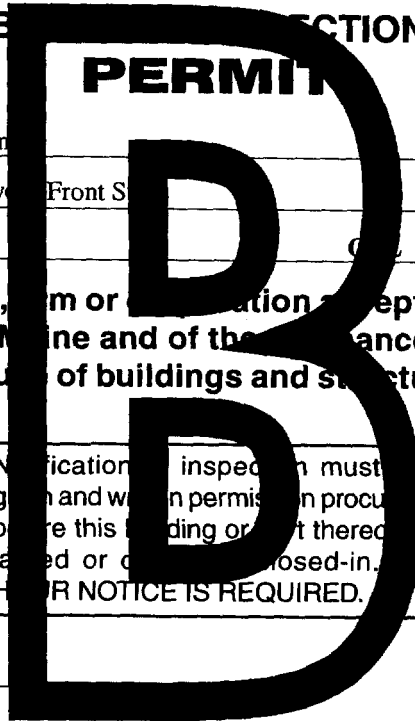
DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 021150



This is to certify that Duncan Laura L & /Applicant

has permission to Renovate 3rd Floor and Rewire Front S

AT 207 Coyle St Call 124 H016001

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 must be completed before this building or part thereof is closed or enclosed-in. 24 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. W.H.M.S.

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Ally Puyet 12/9/02
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: 02-1150	Issue Date:	CBL: 124 H016001
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207 Coyle St	Duncan Laura L &	
Business Name:	Contractor Name: Applicant	
Lessee/Buyer's Name	Phone:	Permit Type: Zone: R-5

Past Use: Multi Family/Four Units	Proposed Use: Multi Family/Four Units	Permit Fee: \$408.00	Cost of Work: \$55,000.00	CEO District: 3
Proposed Project Description: Renovate 3rd Floor and Rework Front Steps <i>LEGAL USE: 4 D.U. OK per microfiche</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: 56 12/9/02 Signature: <i>[Signature]</i>	
		Signature: <i>[Signature]</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: gad	Date Applied For: 10/07/2002	Zoning Approval		
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: <i>10/17/02</i>	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: _____
		<i>Stamps: 1A-425</i> <i>ok with conditions</i>		

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

3/18/03 On site w/ M. Collins. Checked all FRAMING, Plumbing
mc. checked electrical. OK. to PROCEED Jk

12/5/03 - Framing + plumbing - Framing need to
Test failed. extend new ridge
on rear of 3rd flr.

Went over w/owner. MM.

12/17/03 - Test OK - still need to ridge.

12/30/03 - new ridge is 2X10 and looks
OK - no other problems OK to close-in.

Tomy

10/18/04 - all work completed - OK to
close out permit.

CBL # 124-H-16'
permit # 02-1150

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2003 8401

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot#	207 (1.7) St

PROPERTY OWNERS NAME

Last: C. Graham	First: Duncanson
Applicant Name:	Duncanson
Mailing Address of Owner/Applicant (If Different)	1060x1300

Date Permit Issued: 12/1/03

Local Plumbing Inspector Signature: *Jeanne Banke*

L.P.I. # 01732

\$ 24.00 FEE Charged

Double Fee

124-4-016

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

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	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

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		Shower (Separate)
OR		Urinal	1	
		Drinking Fountain	1	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.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	15	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			5	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			36	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

NOV 21 2003

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 3/05/03
 Permit # 20034173
 CBL# 124 H016

LOCATION: 267 C METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER CONTRACTOR
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>12</u>	Receptacles	<u>5</u>	Switches	<u>2</u>	Smoke Detector		.20	<u>572</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	
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens		2.00	<u>200</u>
		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	<u>1</u>	Remote		Main		4.00	<u>400</u>
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	

CONTRACTORS NAME Mrs. [Signature] MASTER LIC. # MS 6661745
 ADDRESS 210 ME LIMITED LIC. # _____
 TELEPHONE 201-555-1212

SIGNATURE OF CONTRACTOR [Signature]