

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

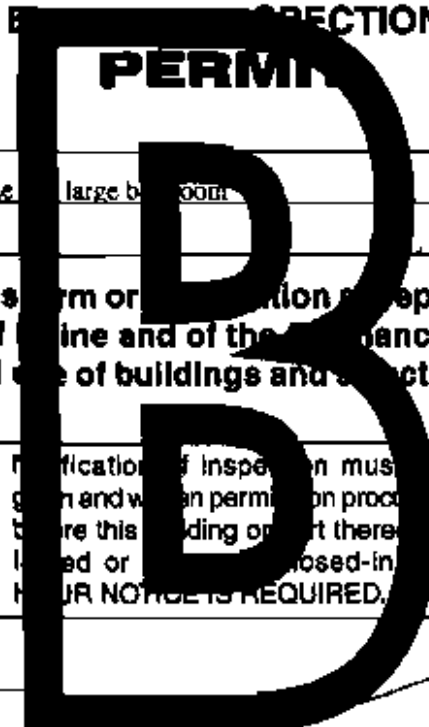
PERMIT

PERMIT ISSUED

Permit Number: 060447
APR 6 2006

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached



This is to certify that Ford, Reginald
has permission to remove bedroom and create large bedroom
AT 53 REVERE ST 124 J011001

provided that the person or persons in firm or possession accepting this permit shall comply with all of the provisions of the Statutes of this State 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 proceeds before this building or part thereof is altered or proposed-in-4 HOUR NOTICES 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 _____

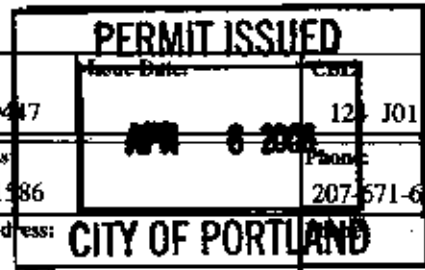
[Signature]
4/6/06
Director - Building & Inspection Services

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: 06-0447
 Issue Date: APR 6 2006
 City: 12 J01 001
 Phone: 207-571-6763



Location of Construction: 53 REVERE ST	Owner Name: Ford, Reginald	Owner Address: P.O. Box 11586
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND
Lessee/Buyer's Name:	Phone:	Permit Type: Alterations - Dwellings
		Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home/ remove bedroom and create one large bathroom	Permit Fee: \$57.00	Cost of Work: \$4,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: R-3 Type: SB IRC 2003 Signature: <i>[Signature]</i>	

Proposed Project Description:
remove bedroom and create one large bathroom

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

Permit Taken By: Idobson	Date Applied For: 04/05/2006	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: <i>4/6/06</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>4/6/06</i>
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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 _____

4/10/06 Close in - Frame, plumbing, elec. w/Arthur
from Brian's Plumb/Ht. Pressure test on - ok
Smokes installed per code. Master Bath not
wired - will need to see B4 close in.

Told Arthur about draft stopping pipe penetrations.

- Balloon Framing - 1st FL walls are not exposed.

Can access stud cavities at 2nd FL.

- Spoke to Reginald F. about insulating exterior walls
w/ Blown in - start unfaced Batt insulation 12"
below 2nd FL & continue into exposed 2nd FL walls.

OK to close all but master Bath JMB

5/01/06 - Checked electric in master Bath OK -
OK to close in walls. JMB

PLUMBING APPLICATION

Town or Plantation	Portland
Street Subdivision Lot #	53 Revere St
Last	Ford
First	Reginald
Applicant Name:	Brian Gagne
Needing Address of Owner/Applicant (if different)	10 Forest Lane Cumberland, Maine

PORTLAND PERMIT # 9777 TOWN COPY

Date Issued: 13/14/06 Fee: 178.00

Inspector: Thomas Markley License # 0744

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that my fabrication is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: *[Signature]* Date: 3-14-06

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: _____

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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 _____	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>1628</u>

Hook-Up & Piping Relocation Medium 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.	1	Hosebib / Sillcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE \$60.00		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	11	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				

TOWN COPY 10/18 88

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 March 14
 Permit # 06-4214
 CBL# 124 J011

LOCATION: 53 Revere St METERS MAKE & # _____
 CMP ACCOUNT # _____ OWNER Reginald Ford
 TENANT _____ PHONE # 773-8525

						TOTAL	EACH FEE
OUTLETS	20	Receptacles	20	Switches	10	Smoke Detector	.20
FIXTURES	20	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
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					10.00
		HVAC		EMS			5.00
		Signs					10.00
		Alarms/res					3.00
		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	1	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	35.00
						MINIMUM FEE/COMMERCIAL	45.00



CONTRACTORS NAME Brian Gagne
 ADDRESS 10 Forest Lane Cumberland
 TELEPHONE 829-4179 232-2609

MASTER LIC. # M560013648
 LIMITED LIC. # _____

SIGNATURE OF CONTRACTOR _____