

COMMENTS

9/22/00 - Pre Con on Site - also did set backs from footing forms - ok to Contractor lines P

1/22/01 Close in insp w/AR, DC, MC. Stairs need correction - currently 9" Tread 7 3/4" Rise Egress windows 24' 1/4 x 33' 1/2 = 5.64 ~~sq ft~~. Need to reinspect for close in approval; did not inspect Basement. ~~Backfill, Drainage~~

10/3/00 Backfill, Drainage OK (SC)

1/26/01 Electric rough-in of Steve Wentworth OK. Framing and plumbing still not done properly yet! Allow

7/25/01 <sup>EX</sup> Front steps - Top step 1 3/8" variance from adjacent, Riser only 3 3/4", No Graspable, Int. Stairs - Guard 34" - no graspable, No smokes available to test, Separate permit for gas fired insert, Garage steps, Bottom step 1" difference to adjacent, ~~24.75 x 34~~ ~~Front windows still measure less than adequate, Year Deck needs permit, graspable insert, Deck nosing needs to be reduced to 1", Oil barrier scratch plate at basement stairs, basement stairs top nosing need 1 1/2" reduction, All other steps (nosing needs 1" reduction)~~

Close out

CBL # 128-A-8  
perm # 001023

775-3313 (Fax no for Bob Kimball)  
46 Cochran (need final)

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 46 Codman St

CBL 128 A00800101

Issued to /Kimball Properties

Date of Issue 07/27/2001

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 00-1023 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family Residence

Use Group R-3

Type 5B

Boca '99

**Limiting Conditions:**  
None

This certificate supersedes  
certificate issued

Approved:

(Date)

*Thomas M. Murphy*  
Inspector

*David J. Gaskill*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

TO: Inspections

FROM: Jay Reynolds, Development Review Coordinator

DATE: July 26, 2001

RE: C.O. inspection for 46 Codman Street  
(CBL 128A008) (2000-0170)

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Upon inspection of the #46 Codman Street residence, I have the following comments:

All work completed.

Pertaining to drainage/runoff between #42 and # 46, the runoff travels along the side property line, then along the rear property line of #46 (as proposed); and it is functioning well.

**At this time, I recommend issuing a Permanent Certificate of Occupancy.**

Please contact me if you have any questions or comments.  
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager  
Mike Nugent, Inspection Services Manager

File: O:\drc\46codman1.doc

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

<b>PERMIT ISSUED</b> Permit No: <i>010924</i> Issue Date: <i>27 2001</i>		CBL: 128 A008001
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Location of Construction: 46 Codman St	Owner Name: Kimball Robert B Iii	Owner Address: 1932 Broadway	Phone:
Business Name: n/a	Contractor Name: Kimball Construction	Contractor Address: 1932 Broadway South Portland	Phone: 2073296070
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single family / Install gas heating system	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
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Proposed Project Description: Install Heating System	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: 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:
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Permit Taken By: gg	Date Applied For: 07/26/2001	<b>Zoning Approval</b>
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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..	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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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## 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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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# 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 1/12/01  
 Permit # 1144  
 CBL# 128 A 008

LOCATION: 46 Codman METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE	
OUTLETS	27	Receptacles	19	Switches	6	Smoke Detector	.20	10.40
FIXTURES	21	Incandescent	18	Fluorescent		Strips	.20	4.20
SERVICES	✓	Overhead		Underground		TTL AMPS <800	15.00	15.00
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS	1	(number of)					1.00	1.00
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens	2.00	2.00
		Insta-Hot		Water heaters		Fans	2.00	
	1	Dryers		Disposals	1	Dishwasher	2.00	4.00
		Compactors		Spa	1	Washing Machine	2.00	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	1	Main	4.00	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							35.00	42.60

INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME BOWDLER ELECTRIC INC. MASTER LIC. # MS60017107  
 ADDRESS 86 Old Ocean House Rd. Cape Elizabeth LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 779-5828 / 838 5350 ME 04107

SIGNATURE OF CONTRACTOR

## ELECTRICAL INSTALLATIONS—

Permit Number \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Date of Permit \_\_\_\_\_

Final Inspection \_\_\_\_\_

By Inspector \_\_\_\_\_

INSPECTION:

Service

Passed 1-25-01

by

LKW: AR

Service called in \_\_\_\_\_

Closing-in

Passed 1-25-01

by

LKW: AR

PROGRESS INSPECTIONS:

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

DATE:

REMARKS:

01/22/01	- NOT READY, outlets not to code (12' rule (2'))
"	rule - (add 6-8 1st Floor)
"	- Stack - in wires on ceiling add
01/28/01	Draper
1-25-01	Passed Rough-In 1st, 2nd fl. LKW Note: Metal system not bonded to ground as yet.
7/23/01	Final insp - No smokes available to test, island Receptacle conductor needs to be protected. Need cord & plug at Garbage disposal, need another GFI in 2nd Floor BATH (2 lavs), need <del>Bond</del> to H2O pipe from panel, Ground PVC on exterior needs anchor to foundation

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation	Portland, Me
Street	46 Codman St
Subdivision Lot #	

Last:	Kimball	First:	Bald
Applicant Name:	Kimball, R. Bald		
Mailing Address of Owner/Applicant (If Different)	205 Allen Ave Portland, ME 04103		

## 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

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

### Type of Structure To Be Served:

- ☒ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # 15986

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

OR

TRANSFER FEE  
[\$6.00]

### Column 2 Type of Fixture

Number	Type of Fixture
2	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Dental Cuspidor
	Bidet
	Other: _____
	Fixtures (Subtotal) Column 2

### Column 1 Type of Fixture

Number	Type of Fixture
2	Bathtub (and Shower)
	Shower (Separate)
1	Sink
4	Wash Basin
3	Water Closet (Toilet)
1	Clothes Washer
1	Dish Washer
1	Garbage Disposal
	Laundry Tub
1	Water Heater
	Fixtures (Subtotal) Column 1
2	Fixtures (Subtotal) Column 2
16	Total Fixtures
	Fixture Fee
	Transfer Fee
	Hook-Up & Relocation Fee
	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE