

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070146

PERMIT ISSUED

FEB - 9 2007

Please Read Application And Notes, If Any, Attached

This is to certify that FULLER DANIEL J & LISA ITS /Oak Tree Carpentry

has permission to Remove 1 non-bearing wall for kitchen remodel

AT 91 HERSEY ST

128 C007001

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. **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. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
2/9/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0146	Issue Date: FEB - 9 2007	CBL: 128 C007001
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Location of Construction: 91 HERSEY ST	Owner Name: FULLER DANIEL J & LISA A JTS	Owner Address: 91 HERSEY ST	Phone: 2077614394
Business Name:	Contractor Name: Oak Tree Carpentry	Contractor Address: 14 Stetson Court Portland	Phone: 2077614394
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

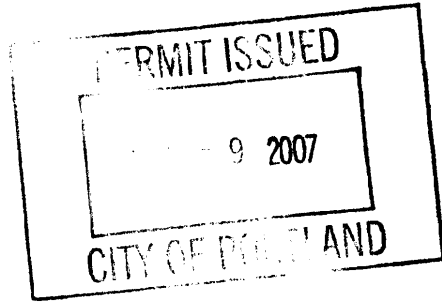
Past Use: Single Family Home	Proposed Use: Single Family Home - Remove 1 non-bearing wall for kitchen remodel	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 4
Proposed Project Description: Remove 1 non-bearing wall for kitchen remodel		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i>	

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: Idobson	Date Applied For: 02/09/2007	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>2/9/07</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>2/9/07</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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Rollins First: William

Applicant Name:

Mailing Address of Owner/Applicant (If Different)

PORTLAND PERMIT # 10267 TOWN COPY

Date Permit Issued: 15111071 \$ 1400.00 # Double Fee Charged

Jeanie Bourke L.P.I. # 017312
Local Plumbing Inspector Signature

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: 11/11/11

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 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 1. <input 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>1892</u>
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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
<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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
	<u>1</u>	Roof Drain	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.

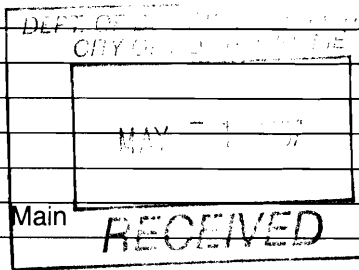


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 5-1-07
 Permit # 07-4304
 CBL# 128 C 007

LOCATION: 91 Hershey St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Daniel Fuller
 TENANT _____ PHONE # _____

							TOTAL EACH FEE	
OUTLETS	8	Receptacles	7	Switches	2	Smoke Detector		.20
FIXTURES	10	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	1X	Ranges		Cook Tops		Wall Ovens		2.00
		Insta-Hot		Water heaters		Fans		2.00
		Dryers	1	Disposals	1	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 55.00							MINIMUM FEE	45.00



CONTRACTORS NAME P D Electric MASTER LIC. # 145-60013850
 ADDRESS 205 Rockoster St. LIMITED LIC. # _____
 TELEPHONE 207-939-0336

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