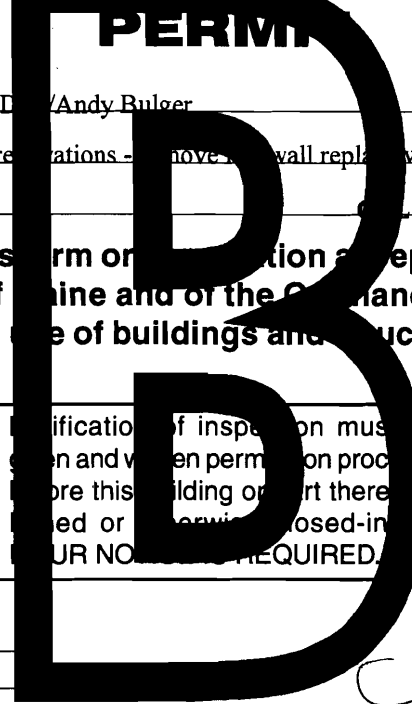


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION



Permit Number 080308  
**PERMIT ISSUED**  
APR 11 2008  
CITY OF PORTLAND

This is to certify that MCALLISTER RAYMOND / Andy Bulger

has permission to 2 unit residential - kitchen renovations - move wall repl with 1 & 1/2 wall

AT 70 PLEASANT AVE 130 C002004

provided that the person or persons who perform or supervise the work accepting this permit shall comply with all of the provisions of the Statutes of the 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.

Classification of inspection must be given and when permission procedure before this building or part thereof is started or service closed-in. 4 OUR NOTES ARE 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]* 4/10/08  
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: 08-0308	Issue Date:	CBL: 130 C002001
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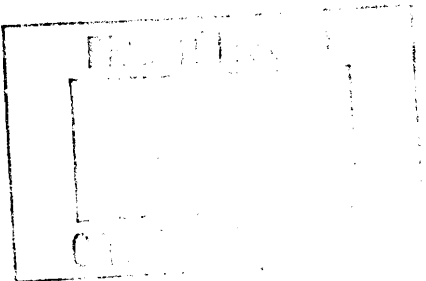
Location of Construction: 70 PLEASANT AVE	Owner Name: MCALLISTER RAYMOND E	Owner Address: 70 PLEASANT AVE	Phone:
Business Name:	Contractor Name: Andy Bulger	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R-5

Past Use: 2 unit residential	Proposed Use: 2 unit residential - kitchen renovations - remove full wall replace with 1 & 1/2 wall	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 4
		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>	

Proposed Project Description: 2 unit residential - kitchen renovations - remove full wall replace with 1 & 1/2 wall	Signature:	Signature:
	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: 04/04/2008	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minr <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>4/7/08</i>	Date:	Date:

**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

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street	70 Pleasant St.
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last: McAllister First: Ray
Applicant Name: Couzies Plumbing
Mailing Address of Owner/Applicant (If Different): 30 Rousseau Rd, Windham, ME 04062

130 C 2

PORTLAND

Date Permit Issued: 9/11/08

Permit # 10590 TOWN COPY

Local Plumbing Inspector Signature: *Janice Bonke*

L.P.I. # 01732

Double Fee Charged:

## 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.

*Richard [Signature]* 7/10/08  
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 type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input 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 # 62227

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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.  <b>OR</b> <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	2	Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

# 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 4/18/2008  
 Permit # 2008-4254  
 CBL# 130-C-002

LOCATION: 70 PLEASANT AVE METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER RAY McALLISTER  
 TENANT \_\_\_\_\_ PHONE # 774-1111

**TOTAL EACH FEE**

OUTLETS	10	Receptacles	5	Switches	5	Smoke Detector	.20
FIXTURES	8	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		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	55.00
						MINIMUM FEE	45.00

APR 18 2008

CONTRACTORS NAME CRC ELECTRIC INC MASTER LIC. # 60017716  
 ADDRESS 10 LILY LN GORHAM ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 838-9698

SIGNATURE OF CONTRACTOR [Signature] 2399