

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

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**  
**PERMIT**

Permit Number: 061516

This is to certify that WINSON ANDREA E & RONALD H. ITS / Joe Folsomhas permission to Remove wall and enlarge window in kitchen and bathroom renovationsAT 34 BERKELEY ST 131 H019001

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 when permission procured before this building or part thereof is laid or otherwise closed-in. 24 HOUR NOTICE 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

Director - Building &amp; 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:	Issue Date:	CBL:
06-1516		131 H019001

Location of Construction: 34 BERKELEY ST	Owner Name: WINSON ANDREA E & RONALD	Owner Address: 34 BERKELEY ST	Phone:
Business Name:	Contractor Name: Joe Folsom	Contractor Address: 12 Raymond Raymond	Phone: 2078311378
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: Single Family	Proposed Use: Single Family remove wall and enlarge window in kitchen and bathroom renovations	Permit Fee: \$590.00	Cost of Work: \$57,000.00	CEO District: 4
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Proposed Project Description:  
Remove wall and enlarge window in kitchen and bathroom renovations

FIRE DEPT:	INSPECTION:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>NA</i>	Use Group: <i>R-3</i> Type: <i>5B</i> <i>IRC 2003</i>
Signature:	Signature:

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

Signature: Date:

Permit Taken By:  
dmartin

Date Applied For:  
10/16/2006

**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**

- ☐ Shoreland  
☐ Wetland  
☐ Flood Zone  
☐ Subdivision  
☐ Site Plan

Maj ☐ Minor ☐ MM ☐

Date:

**Zoning Appeal**

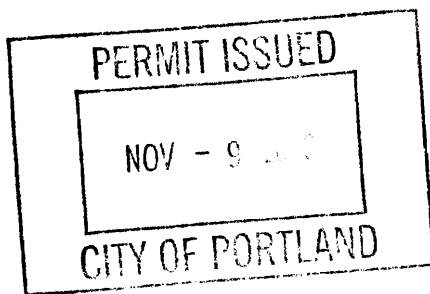
- ☐ Variance  
☐ Miscellaneous  
☐ Conditional Use  
☐ Interpretation  
☐ Approved  
☐ Denied

Date:

**Historic Preservation**

- ☒ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review  
☐ Approved  
☐ Approved w/Conditions  
☐ Denied

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

12/5/06 - Close in - Elec / Plumb / Framing - OK. en.

1/16/07 - Final - OK to close est.  
X

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	1
Street	57 S. 15th
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	John R. Smith
Mailing Address of Owner/Applicant (If Different)	

## 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

PORTLAND

PERMIT # 10097 TOWN COPY

Date Permit issued:

11/27/06

\$

42

☐ If Double Fee Charged

L.P.I. # 360

Local Plumbing Inspector Signature

## 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 #

### 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                        |
|        | Hosebib / Sillcock                     |
|        | Floor Drain                            |
|        | Urinal                                 |
|        | Drinking Fountain                      |
|        | Indirect Waste                         |
|        | Water Treatment Softener, Filter, etc. |
|        | Grease / Oil Separator                 |
|        | Roof Drain                             |
|        | Bidet                                  |
|        | Other:                                 |

Fixtures (Subtotal)  
Column 2

### Column 1 Type of Fixture

- |        |                       |
|--------|-----------------------|
| Number | Type of Fixture       |
|        | Bathtub (and Shower)  |
|        | Shower (Separate)     |
|        | Sink                  |
|        | Wash Basin            |
|        | Water Closet (Toilet) |
|        | Clothes Washer        |
|        | Dish Washer           |
|        | Garbage Disposal      |
|        | Laundry Tub           |
|        | Water Heater          |

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

Total Fixtures

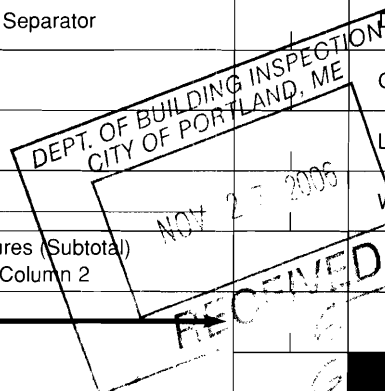
Fixture Fee

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:

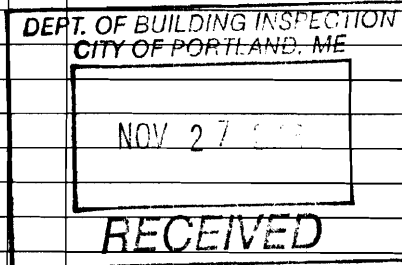
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 11-22-06Permit # 045050CBL# 131 H 019

LOCATION: 34 Berkeley St METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Ron + Andree Winston  
 TENANT Ron + Andree Winston PHONE # \_\_\_\_\_

## TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector	
	<u>15</u>	<u>8</u>		
FIXTURES	Incandescent	Fluorescent	Strips	
	<u>15</u>			
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	\$11.60
			MINIMUM FEE	45.00
			MINIMUM FEE/COMMERCIAL 55.00	\$45.00



CONTRACTORS NAME Cosmic Electric MASTER LIC. # MS60018677  
 ADDRESS 10 Washington St. Apt. 1A LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 8.202.2.1ME 423-5225

SIGNATURE OF CONTRACTOR

White Copy - Office

Yellow Copy - Applicant