

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

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 081531

Please Read Application And Notes, If Any, Attached

This is to certify that DEERING KIMBERLY & MATTHEW D ITS/Budget

has permission to Conversion of Garage to a Bedroom

AT 219 CONCORD ST W CP 132 B003001

provided that the person or persons, firm or corporation accounting 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 otherwise re-erected-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

12/16/08 Cheryl M  
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: 08-1531	Issue Date: 12/16/08	CBL: 132 B003001
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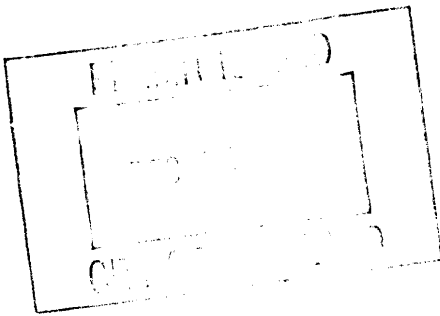
Location of Construction: 219 CONCORD ST W	Owner Name: DEERING KIMBERLY & MATTH	Owner Address: 219 W CONCORD ST	Phone: 207-774-7602
Business Name:	Contractor Name: Budget Builders/Richard Pedualt	Contractor Address: 129 Ossipee Trail Gorham	Phone: 2077763425
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: Single Family	Proposed Use: Single Family - Conversion of <sup>attached</sup> Garage to a Bedroom	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 5
Proposed Project Description: <sup>attached</sup> Conversion of Garage to a Bedroom		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B IRC-2003	
		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: lmd	Date Applied For: 12/16/2008	<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..



<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"/> <i>OK w/conditions</i> Date: 12/10/08 <i>ASB</i>	<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 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 <i>ASB</i> 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

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

# 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 1/7/09  
 Permit # 2001 4 012  
 CBL# 132 B 003

LOCATION: Bin & Matt Deering METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER 219 Concord West, Portland  
 TENANT \_\_\_\_\_ PHONE # 774-7602

							TOTAL EACH FEE	
OUTLETS	8	Receptacles	2	Switches	1	Smoke Detector	.20	2.80
FIXTURES	1	Phone & Cable		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	
	JAN 8 2009	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	45.00

CONTRACTORS NAME M. P. Anderson Inc. MASTER LIC. # MS 2002 9 335  
 ADDRESS P.O. Box 301 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207-772-1062

SIGNATURE OF CONTRACTOR 

01/2/09 Close in 11/11/11

2-13-09 OK - Final for conversion garage to bedroom, need to return handrail and  
bedroom is AFCI protected, ~~high~~