

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 040169

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Brannigan Claire N &/Wintergreen Solariums
has permission to Extension of 10" on side, install a 10'-8" solarium on existing deck
AT 168 Concord St Portland, OR 97214 132 G016001

provided that the person or persons who perform or supervise the construction 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.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or otherwise closed-in. 4 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

Jeannie Bonke 3/8/04
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) 874-8710

PERMIT ISSUED		PERMIT ISSUED	
Permit No: MAR 09 2004 04-0169	Issue Date: MAR 08 2004	C.L.: 32 G016001	
Owner Address: CITY OF PORTLAND 168 Concord St		Phone: 617-4972	
Contractor Name: Winter Green Solariums		Contractor Address: 536 Riverside Street Portland	
Contractor Phone: 2077973778		Permit Type: Additions - Dwellings	
Zone: R5		6.60 SF	
Permit Fee: \$264.00	Cost of Work: \$27,000.00	CEO District: 4	
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: SB BOCA 1999 Signature: JMB 3/8/04	
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:	

Location of Construction: 168 Concord St	Owner Name: Brannigan Claire N &
Business Name:	Contractor Name: Winter Green Solariums
Lessee/Buyer's Name	Phone:

Past Use: Single Family	Proposed Use: Single Family w/sunroom on existing deck
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Proposed Project Description: Extension of 10" on side, install a 10'-8" x 13'-6" solarium on existing deck

Permit Taken By: jmb	Date Applied For: 03/01/2004
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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 <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: JMB 3/1/04	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: JMB

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.



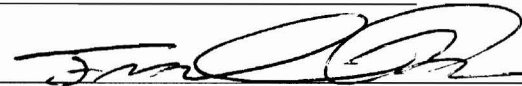
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 042704
 Permit # 2007-4578
 CBL# 132616

LOCATION: 168 Concord St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Brannigan PHONE # _____

							TOTAL	EACH FEE		
OUTLETS	5	Receptacles	2	Switches		Smoke Detector	7	.20	1.40	
FIXTURES		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		Walk Ovens		2.00		
		Insta-Hot		Water heaters		Pans		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 45.00	MINIMUM FEE	35.00	35-

CONTRACTORS NAME Superior Elect. MASTER LIC. # MC60018033
 ADDRESS PO Box 357 Limington ME 04249 LIMITED LIC. # _____
 TELEPHONE 637-3440

SIGNATURE OF CONTRACTOR 

White Copy - Office • Yellow Copy - Applicant

Handwritten initials and number: CK # 2834