

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 030873

This is to certify that Warren Diana M/Chad Cram

has permission to add bathroom on 3rd floor

AT 178 Pleasant Ave

132 H005001

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. **PERMIT ISSUED**

Health Dept.

Appeal Board **JUL 23 2003**

Other _____
Department Name

Director - Building & Inspection Services

CITY OF PORTLAND

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: 03-0873	Issue Date: JUL 23 2003	CBL: 132 H005001
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Location of Construction: 178 Pleasant Ave	Owner Name: Warren Diana M	Owner Address: 178 Pleasant Ave CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Chad Cram	Contractor Address: 26 Dell Lane Buxton	Phone: 2072292103
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: single family	Proposed Use: single family - add bath on 3rd floor	Permit Fee: \$84.00	Cost of Work: \$7,000.00	CEO District: 3	11,700 SF
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Proposed Project Description: add bathroom on 3rd floor 229-2103	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied N/A Signature:	INSPECTION: Use Group: R3 Type: SB BOLA 99 Signature:
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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: tmm	Date Applied For: 07/23/2003	Zoning Approval	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	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: 7/23/03	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: 7/23/03
	<p><i>OK</i></p> <p><i>No expansion w/in structure</i></p>		

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 July 30 2003
 Permit # 2003 4682
 CBL# 132 H005

LOCATION: 178 Pleasant Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER David Digne Warren
 TENANT _____ PHONE # 73-0374

							TOTAL EACH FEE		
OUTLETS	1	Receptacles	2	Switches		Smoke Detector		.20	
FIXTURES	2	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 45.00							MINIMUM FEE	35.00	35.00

CONTRACTORS NAME David DesRuisseaux MASTER LIC. # MS60016785
 ADDRESS PO Box 419 Burton, ME 04013 LIMITED LIC. # _____
 TELEPHONE 707-5707 / cell 468-3426

SIGNATURE OF CONTRACTOR

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	P. Hoped
Street	173 Phoenix Ave, Me.
Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	Wagner	First:	David H. Ding
Applicant Name:		Craig D. Wagner	
Mailing Address of Owner/Applicant (If Different)			
531 P. B. & P. Dr.			

PORTLAND
Date Permit Issued: 10/06/03
8481
TOWN COPY
\$ 24.00
L.P.I. # 0640
Local Plumbing Inspector Signature: [Signature]
132 H 005

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: 6/6/03

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 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 # 81671
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Fixtures (Subtotal) Column 2		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 1	15	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 2
		Total Fixtures		Total Fixtures
		Fixture Fee		Fixture Fee
		Transfer Fee		Transfer Fee
		Hook-Up & Relocation Fee		Hook-Up & Relocation Fee
		Permit Fee (Total)		Permit Fee (Total)

~~8/10~~

7/31/03 Close in inspection. test on. OK to Daywall ga

8/7/03 Elect rough in OK AR

11/8/07 Never called for final FISP