

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 030098

Please Read Application And Notes, If Any, Attached

This is to certify that Glen Harmon & Jodi Moger
has permission to Amendment to Permit # 021 to show back
AT 35 Mabel St 133 C004001

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 otherwise used-in. HOUR NOTIFICATION 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

[Handwritten Signature]
2/2/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0098	Issue Date: FEB 21-2003	CBL: 45 133 C004001
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Location of Construction: 35 Mabel St	Owner Name: Glen Harmon & Jodi Moger	Owner Address: 35 Mabel St	Phone: 207-879-7267
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Amendment to Single Family	Zone: RS

Past Use: Single Family	Proposed Use: Single Family / Amendment to Permit # 021318 to show setbacks	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: R3 Type: JS 02/21/03

Proposed Project Description: Amendment to Permit # 021318 to show setbacks.	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: _____
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Permit Taken By: gg	Date Applied For: 02/10/2003	Zoning Approval
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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 <i>to remain 1 family</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <i>within R-S They are allowed to average setbacks on the far side</i> <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>02/14/03</i>	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: <i>[Signature]</i>
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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

2/21/03 Spoke w/ Mr. Harmon @ 9:45 today
Explained ① Must pay Stop Work fee of 100, —
Before Amendment issued
② Must I. D. front property line

2/21/03 - Mr. H. Spoke w/ MSN - ^(MRH) requires ~~some~~
lot lines —

2/21/03 site visit - curse stakes and front lot lines -
Measured 17+ feet from curse placed stakes to
Boysenline - 16' or more acceptable -
to remove stop order per A. J. W.

2/26/03 "SWO" Released
Letter Sent
D

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: HARMON First: Glenn

Applicant Name: DAVE GORAL P.H.N.C.
Mailing Address of Owner/Applicant (If Different): 149 Cleaves ST BIDDFORD, ME 04005

360

Date Permit Issued: 1/31/03 \$ 1210.00 If Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

133 C 004

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 _____

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 checked="" 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 # <u>26251</u>
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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
OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: <u>wh. at pool</u>		Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			11	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 1/14/03
 Permit # 2003-4044
 CBL# 1356604

LOCATION: 35 Mabel St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER DRUCE HARRISON
 TENANT _____ PHONE # _____

						TOTAL EACH FEE			
OUTLETS	Receptacles	<u>20</u>	Switches	<u>20</u>	Smoke Detector	<u>4</u>	<u>37</u>	.20	<u>10.80</u>
FIXTURES	Incandescent	<u>15</u>	Fluorescent		Strips		<u>15</u>	.20	<u>3.00</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			<u>13.80</u>
						MINIMUM FEE/COMMERCIAL 45.00	MINIMUM FEE	35.00	<u>48.80</u>

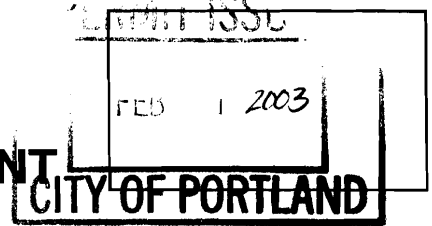
CONTRACTORS NAME Donald Gagnon MASTER LIC. # 1156600-2198
 ADDRESS 25 Thatcher Brook Lane LIMITED LIC. # _____
 TELEPHONE 735-6663

SIGNATURE OF CONTRACTOR Donald Gagnon
 White Copy - Office • Yellow Copy - Applicant



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



133 C004

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 35 MARY ST Use of Building Residential Date 1-31-03
 Name and address of owner of appliance Glenn HARMON
35 MARY ST Portland, ME
 Installer's name and address DAVE Gobeil P+H Co INC
199 Cleaves ST Biddeford, ME 04005 Telephone 207 282-0288

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Biasi / CAELIN BURNER

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # 2625
- Solid Fuel # _____
- Oil # MS 20007051
- Gas # _____
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____
- Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 5000.00

Permit Fee: \$ 30

Approved

Approved with Conditions

Fire: _____
 Ele.: _____
 Bldg.: _____

See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy