

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 030057

Please Read Application And Notes, If Any, Attached

This is to certify that Ransom Susan L &/n/a

has permission to Remodel kitchen & add 1/2 bath

AT 30 Alba St Portland, OR 97201 133 C017001

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 opened 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 REQUIREMENTS TO:
Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

PERMIT ISSUED
JAN 30 2003
CITY OF PORTLAND

[Signature]
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: 03-0057	Issue Date: JAN 30 2003	CBL: 138 C017001
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Location of Construction: 30 Alba St	Owner Name: Ransom Susan L &	Owner Address: 30 Alba St	Phone: 874-7587
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Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
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Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Dwellings	Zone: R-5
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Past Use: Single Family	Proposed Use: Single Family / Remodel kitchen & add 1/2 bath to first floor.	Permit Fee: \$198.00	Cost of Work: \$25,000.00	CEO District: 3
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FIRE DEPT: N/A	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB BOLK 99 [Signature]
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Proposed Project Description:
Remodel kitchen & add 1/2 bath

Signature: _____ Date: _____

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 01/24/2003	Zoning Approval	
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<ol style="list-style-type: none"> 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.. 	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: 01/31/03	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: 01/30/03
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closed!
scanned

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 1/24/03
 Permit # 20034066
 CBL# 133-C-017

LOCATION: 30 Albe St. METER MAKE & # GE 71506347
 CMP ACCOUNT # 441-008-5860-05 OWNER Susan Ransom + Tim Wooten
 TENANT _____ PHONE # 974-7587

							TOTAL EACH FEE		
OUTLETS	8	Receptacles	6	Switches		Smoke Detector	14	.20	2.80
FIXTURES	8	Incandescent	6	Fluorescent		Strips	14	.20	2.80
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	1	2.00	2.00
		Insta-Hot		Water heaters	/	Fans	1	2.00	2.00
		Dryers		Disposals	/	Dishwasher	1	2.00	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 Susan Ransom MASTER LIC. # _____
 ADDRESS _____ LIMITED LIC. # _____
 TELEPHONE Applicant

SIGNATURE OF CONTRACTOR _____

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	W. 20th St.
Street Subdivision Lot #	50 Hillside St.

PROPERTY OWNERS NAME

Last: <u>Johnson</u>	First: <u>John</u>
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Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

20038021

Date Permit Issued: 01/24/03 \$ If Double Fee Charged

[Signature] L.P.I. # 06411

Local Plumbing Inspector Signature

133-C-017

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
			5	Fixtures (Subtotal) Column 2
			5	Total Fixtures
			20.00	Fixture Fee
			5.00	Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

3/2/03. Checked plumbing on electrical case.
Furnace OK - OK to Close in.

— J.M.

8/13/03 final inspection. all work complete. OK to
close permit J.R.