

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

Location of Construction: 63 Alba Street		Owner: Strout / Matt Purington		Phone: 761-2139	Permit No: 010083
Owner Address: 58 Gray Street		Lessee/Buyer's Name: Matt Purington/Buyer		Phone: 767-3552	
Contractor Name: Trademark Inc. ** call before mailing		Address: **161 Fort Road So. Portland 04106		Business Name:	
Past Use: Single Family		Proposed Use: Same		PERMIT FEE: \$ 414.00	
Proposed Project Description: Additions of a family room, mudroom full bath, enlarge kitchen and renovate upstairs bath.		COST OF WORK: \$ 65,500.00		INSPECTION: Use Group B3 Type: 5B BOCA 99	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: <i>Huffner</i>	
Permit Taken By: Gayle		Date Applied For: January 24, 2001		Zone: R-5 CBL: 133-D-001-2	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.		Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: Special Zone or Reviews:	
2. Building permits do not include plumbing, septic or electrical work.		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		<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"/>	
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..		Signature: _____ Date: _____		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	
Taxes owed, OK'd by Kevin Markee in Treasury		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	

CERTIFICATION

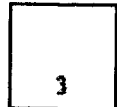
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE: January 24, 2001	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS
CEC DISTRICT



COMMENTS

2-26-01 - Setbacks - OK - Went over all req. - spans, stairs, etc. - pre-con on site - TM.

Blister Firewall OK for back fill adobe vents (2)

4/18 Frauda - Fasteners required above traps at hip band joints required at header adjoining original - call back (2)
Above corrections made OK to close in (2)

8/16/01 OK for CGO above

133-D-1
010083

BP 010083

CAL 133-D-001

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 63 Alba Street CBL 133 D00100101

Issued to Strout / Matt Purington/Trademark, Inc. Date of Issue 08/20/2001

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 01-0083, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Rear Addition

APPROVED OCCUPANCY

Single Family
Use Group R3
Type 5B Boca 1999

Limiting Conditions:
None

This certificate supersedes
certificate issued

Approved:
8/20/01
(Date)

Jeannie Bourke
Inspector for A-R.

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: **PORTLAND**
 Street Subdivision Lot #: **63 ALBA ST.**
 Last: **PURINGTON** First: _____
 Applicant Name: **JESSE MANTSCH**
 Mailing Address of Owner/Applicant (If Different): **52 GRANDVIEW AVE. S.P.**

#3 D.C.

133 D 001

PORTLAND 7672 TOWN COPY
 Date Permit Issued: **4/12/01** \$ **316.00** If Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # **01124**

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: _____ Date: **4-19**

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: **Jeanie Bourke for A.R.D.** Date Approved: **8/20/01**

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	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 # 109344

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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)
OR 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
	_____ Grease / Oil Separator	_____ Dish Washer
	_____ Dental Cuspidor	_____ Garbage Disposal
	_____ Bidet	_____ Laundry Tub
	_____ Other: _____	_____ Water Heater
	_____ Fixtures (Subtotal) Column 2	_____ Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		_____ Fixtures (Subtotal) Column 2
		6
		Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)
		36

TOWN COPY

36
10/0
44

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 4-18-01
 Permit # ~~1133~~ 1433
 CBL# 183 D 001

LOCATION: 63 Alba METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Purington - Mat.
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	Receptacles	<u>20</u>	Switches	<u>8</u>	Smoke Detector	<u>4</u>	.20	<u>6.40</u>	
FIXTURES	Incandescent	<u>10</u>	Fluorescent	<u>4</u>	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	<u>1</u>	Cook Tops		Wall Ovens		2.00		
	Insta-Hot		Water heaters		Fans		2.00		
	Dryers	<u>1</u>	Disposals		Dishwasher	<u>1</u>	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	<u>3500</u>

INSPECTION: Will be ready 4/23/01 or will call _____
 CONTRACTORS NAME Grullini Electric MASTER LIC. # 0650
 ADDRESS 27 Downeast Lane LIMITED LIC. # _____
 TELEPHONE 415 5017
 SIGNATURE OF CONTRACTOR Henry Grullini