| Form # P 04               | DISPLAY                             | THIS (         | CARD (            | ON PI     | RINCIPAL    | . FRONT         | AGE      | OF      | WORK   |
|---------------------------|-------------------------------------|----------------|-------------------|-----------|-------------|-----------------|----------|---------|--|
|                           |                                     | С              | ITY (             | <b>DF</b> | PORT        | LAN             | D        |         |  |
| Please Read               |                                     | -              |                   |           |             |                 | _        |         |  |
| Notes, If Any<br>Attached |                                     |                |                   |           |             |                 | Permit   | Numbe   | er: 061786                                       |
| Anderica                  |                                     |                |                   |           |             |                 |          |         |  |
| This is to certif         | fy thatBIRD P                       | ATRICIA M      | /Aaron            |           |             |                 |          |         |  |
| has permission            | add 1/2                             | bath, remode   | l secon           | bath      | and ovation | IS              |          |         |  |
| AT 19 BEDEI               | LL ST                               |                |                   |           |             |                 | D004001  |         |  |
| provided                  | that the pers                       | on or per      | sons              | ı or      | tion        | epting          | this pe  | rmit s  | shall comply with all                            |
|                           | visions of th                       |                |                   | e and     | or the O    |                 | -        |         | Portland regulating                              |
|                           | ruction, mai                        | ntenance       | and <b>upe</b> of | of build  | lings and   | uctures,        | , and of | f the a | application on file in                           |
| this depa                 | rtment.                             |                |                   |           |             |                 |          |         |  |
|                           |                                     | stur at line a |                   |           | inspe on r  |                 |          |         |  |
|                           | ublic Works for<br>if nature of wor |                | N N N             |           |             | proced<br>neres |          |         | of occupancy must be<br>owner before this build- |
| such inforr               |                                     |                | lec               | lor       | orwine lose | d-in 4          |          |         | ereof is occupied.                               |
|                           |                                     |                |                   |           |             | =D.             |          |         |  |
|                           | ER REQUIRED APP                     |                |                   |           |             |                 |          |         |  |
| Fire Dept<br>Health Dept. |                                     |                |                   |           |             |                 |          |         |  |
| -                         |                                     |                |                   |           |             | M               | 14       | \ A     | na johal   |
| Other                     | Department Name                     |                |                   |           |             | Altor           | Mash     | Yha     | hissortion Services                              |
|                           | Department Name                     |                | ΡΕΝΔΙΤΥ           | FOR R     | EMOVING     | THIS CARI       |          | Dunung  |  |
|                           |                                     |                |                   |           |             |                 |          |         |  |
|                           |                                     |                |                   |           |             |                 |          |         |  |
|                           |                                     |                |                   |           |             |                 |          |         |  |
|                           |                                     |                |                   |           |             |                 |          |         |  |

Scannee

Closed

| City   | y of Portland, Maine   | - Building or Use l       | Permi                              | t Application          | n Per   | mit No:         | Issue Date:                      | :                       | CBL:                    |                |  |
|--|--|---------------------------|------------------------------------|------------------------|---|-----------------|----------------------------------|-------------------------|-------------------------|----------------|--|
|  | Congress Street, 04101   | 0                         |                                    |                        |   | 06-1786         |                                  |                         | 134 D0                  | 04001          |  |
| Loca   | tion of Construction:  | Owner Name:               |                                    |                        | Owner   | r Address:      |                                  |                         | Phone:                  |                |  |
| 191  | BEDELL ST  | BIRD PATRIC               | CIA M                              |                        | 19 B  | EDELL ST        |                                  |                         |                         |                |  |
| Busi   | ness Name:   | Contractor Name           | :                                  |                        | Contra  | actor Address:  |                                  |                         | Phone                   |                |  |
|  |  | Aaron Peters              |                                    |                        | 74 F  | laggy Meado     | w Road Buy                       | kton                    | 20783834                | 23             |  |
| Less   | ee/Buyer's Name  | Phone:                    |                                    |                        | Permi   | t Type:         |                                  |                         | •                       | Zone:          |  |
|  |  |                           |                                    |                        | Add   | litions - Dwel  | llings                           |                         |                         | 143            |  |
| Past   | Use:   | Proposed Use:             |                                    |                        | Perm  | it Fee:         | Cost of Wor                      | k:                      | CEO District:           | ]              |  |
| Sin  | gle Family Home  | Single Family             | Single Family Home - add 1/2 bath, |                        |   | \$70.00         | \$5,00                           | 00.00                   | 5                       |                |  |
|  |  | remodel secon             | d floor                            | bath, interior         | FIRE  | DEPT:           | Approved                         |                         | CTION:                  |                |  |
|  |  | renovations               | renovations                        |                        |   |                 | Use Gr                           | Ise Group: 123 Type: SB |                         |                |  |
|  |  |                           |                                    |                        |   |                 |                                  |                         |                         |                |  |
|  |  |                           |                                    |                        |   | -               | IRC 2003<br>ignature: L 12/19/06 |                         |                         |                |  |
| -  | osed Project Description:  |                           |                                    |                        |   |                 |                                  |                         | D                       | 1.1.1.         |  |
| add  | 1/2 bath, remodel second   | floor bath, interior reno | vations                            |                        | 8   |                 |                                  |                         |                         |                |  |
|  |  |                           |                                    |                        | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)       |                 |                                  |                         |                         |                |  |
|  |  |                           |                                    |                        | Action: Approved Approved w/Conditions Denied |                 |                                  |                         |                         |                |  |
|  |  |                           |                                    |                        | Signature:                                    |                 |                                  |                         | Date:                   |                |  |
| Permit Taken By: Date Applied For:               |  |                           |                                    |                        |   | Zoning          | Approva                          | .l                      |                         |                |  |
| ldo  | bson   | 12/14/2006                |                                    |                        |   | 0               |                                  |                         |                         |                |  |
| 1. This permit application does not preclude the |  | Special Zone or Reviews   |                                    | ews Zoning Appeal      |   |                 | Historic Preservation            |                         |                         |                |  |
|  | Applicant(s) from meeting<br>Federal Rules.  |                           |                                    | noreland               | - <u>-</u> _                                  |                 | e                                |                         | <b>V</b> Not in Distric | et or Landmark |  |
| 2.   |  |                           |                                    | Blews                  |   | Miscellaneous   |                                  |                         | Does Not Require Review |                |  |
| septic or electrical work.                       |  |                           | •                                  | Sunta 1                | •   | $\mathcal{V}$   |                                  |                         |                         |                |  |
| 3.   | 3. Building permits are void if work is not started<br>within six (6) months of the date of issuance.<br>False information may invalidate a building<br>permit and stop all work |                           |                                    | Flood Zone Subdivision |   | Conditional Use |                                  |                         | Requires Review         |                |  |
|  |  |                           |                                    |                        |   | Interpretation  |                                  |                         | Approved                |                |  |
|  |  |                           | 🗌 Si                               | te Plan                |   |                 | ed                               |                         | Approved w/             | Conditions     |  |
|  |  |                           | Maj                                | Minor MM               | $\overline{2}$                                | Denied          |                                  |                         |                         | $\mathbf{R}$   |  |
|  |  |                           | Date:                              | 12/15/0                | 6   | Date:           |                                  | D                       | ate:                    |                |  |

## 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 |

Form # P 01

## **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 10/24/06 Permit # 06 - 4934 CBL# 134 5 004

-----

| LOCATION: 19 BED 111 ST. | METER MAKE & #   |
|--------------------------|------------------|
| CMP ACCOUNT # 3-201113   | OWNER PATTY BIND |
| TENANT                   | PHONE #          |

|                                    |          |                  |               |                  | TAL EACH FEE |
|------------------------------------|----------|------------------|---------------|------------------|--------------|
| OUTLETS                            |          | Receptacles      | Switches      | Smoke Detector   | .20          |
|                                    |          |                  |               |                  |              |
| FIXTURES                           |          | Incandescent     | Fluorescent   | Strips           | .20          |
|                                    |          |                  |               |                  |              |
| SERVICES                           | 4        | Overhead         | Underground   | TTL AMPS <800    | 15.00        |
|                                    |          | Overhead         | Underground   | >800             | 25.00        |
| Temporary Service                  |          | Overhead         | Underground   | TTL AMPS         | 25.00        |
|                                    |          |                  |               |                  | 25.00        |
| METERS                             | 1        | (number of)      |               |                  | 1.00         |
| MOTORS                             | <b>^</b> | (number of)      |               |                  | 2.00         |
| RESID/COM                          | 1        | Electric units   |               |                  | 1.00         |
| HEATING                            |          | oil/gas units    | Interior      | Exterior         | 5.00         |
| APPLIANCES                         | 1        | Ranges           | Cook Tops     | Wall Ovens       | 2.00         |
|                                    | 1        | Insta-Hot        | Water heaters | Fans             | 2.00         |
|                                    | 1        | Dryers           | Disposals     | Dishwasher       | 2.00         |
|                                    |          | Compactors       | Spa           | Washing Machine  | 2.00         |
|                                    |          | Others (denote)  |               |                  | 2.00         |
| MISC. (number of)                  | 1        | Air Cond/win     |               |                  | 3.00         |
|                                    | 1        | 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        |
| DEPLOSE                            |          | Alterations      |               |                  | 5.00         |
| CITY OF POPT                       | INSP     | E Honepairs      |               |                  | 15.00        |
| DEPT. OF BUILDING<br>CITY OF PORTL | aND,     | MELights         |               |                  | 1.00         |
|                                    |          | EGenerators      |               |                  | 20.00        |
| CCT 2 4 2                          | 203      |                  |               |                  |              |
| PANELS                             | 7        | \$ervice         | Remote        | Main             | 4.00         |
| TRANSFORMER                        |          | 0-25 kva         |               |                  | 5.00         |
|                                    | ED       | 25-200 Kva       |               |                  | 8.00         |
|                                    |          | Over 200 Kva     |               |                  | 10.00        |
|                                    |          |                  |               | TOTAL AMOUNT DUE |              |
|                                    |          | MINIMUM FEE/COMN | AERCIAL 55.00 | MINIMUM FEE 45   | .00          |

CONTRACTORS NAME Lot fry Electric Env MASTER LIC. # 5675 ADDRESS 59 Romin marker or. Ano, me LIMITED LIC. #\_\_\_\_ TELEPHONE \_ 7733400 - 6153400

SIGNATURE OF CONTRACTOR

White Copy - Office

Yellow Copy - Applicant

2/12/07 - Checked plumbing to close in flon-fest in + die - Looked at Frominy + llectrial - die to clas-in wallo. 8/ 14/07 Fral IND. Final Insp. O.K.