

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: 01-0946	Issue Date: AUG - 6	CB#: 135 B006001
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Location of Construction: 139 Hartley St	Owner Name: Jackson Francis M	Owner Address: 137 Hartley St	Phone: 207-772-9000
Business Name:	Contractor Name: R.A. Lax Construction	Contractor Address: 34 Pond Villa Windham	Phone: 2078922932
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-5

Past Use: single family house	Proposed Use: single family house with 16'x24' addition on rear of property and 10'x24' deck	Permit Fee: \$210.00	Cost of Work: \$31,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 1999	

Proposed Project Description: 16'x24' addition on rear of property and 10'x 24' deck	Signature: N/A	Signature: T. Munson
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied N/A		
Signature: _____ Date: _____		

Permit Taken By: dgc	Date Applied For: 08/06/2001	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 OK <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 8/6/01	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use N/A <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: 8/6/01	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: 8/6/01
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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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

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

20048398

Date Permit Issued: 9/18/04 \$ 124.00 If Double Fee Charged

Murphy
Local Plumbing Inspector Signature

L.P.I. # 0608

1315004

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 # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain		Shower (Separate)	
OR		Urinal		Sink	
		Drinking Fountain		Wash Basin	
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer	
		Grease / Oil Separator		Dish Washer	
OR		Dental Cuspidor		Garbage Disposal	
		Bidet		Laundry Tub	
TRANSFER FEE [\$6.00]		Other: _____		Water Heater	
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE <i>CL# 24</i>				Fixtures (Subtotal) Column 2	
				3	Total Fixtures
					Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
				Permit Fee (Total)	

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 9/7/04
 Permit # 044955
 CBL# 131 J 004

LOCATION: 15 AMHERST ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER MIKE BOBINSKY
 TENANT _____ PHONE # _____

						TOTAL	EACH	FEE
OUTLETS	Receptacles	5	Switches	4	Smoke Detector		.20	
FIXTURES	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 Gordon Doyle MASTER LIC. # 3064
 ADDRESS _____ LIMITED LIC. # _____
 TELEPHONE _____

SIGNATURE OF CONTRACTOR _____ *Cash*