

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

## PERMIT

Permit Number: 041194

Please Read Application And Notes, If Any, Attached

RECEIVED  
AUG 25 2004  
BUILDING INSPECTION

This is to certify that Stokes Thornton L & /Caroline Davies  
has permission to Repair & Replace water damaged Rafters and small renovation  
AT 16 New St 135 D004001

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 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 REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
8/25/04  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1194	Issue Date:	CBL: 135 D004001
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Location of Construction: 16 New St	Owner Name: Stokes Thornton L &	Owner Address: 8 Carll Rd	Phone:
Business Name:	Contractor Name: Caroline Davies	Contractor Address: 51 Montrose Ave. #1 Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: R-5

Past Use: 2 Family Home	Proposed Use: 2 Family Home / <del>Repair &amp; Replace</del> <del>water damaged Rafters</del> and small renovations <i>Add 2 skylights</i>	Permit Fee: \$48.00	Cost of Work: \$3,000.00	CEO District: 5
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Proposed Project Description: <del>Repair &amp; Replace water damaged Rafters</del> and small renovations <i>Add 2 skylights</i>	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> Signature: <i>[Signature]</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>BOLA 1999</i> Signature: <i>[Signature]</i>
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Permit Taken By: Idobson	Date Applied For: 08/17/2004	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>8/25/04</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>8/25/04</i></p>
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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	Southwest
Street	W. 10th St
Subdivision Lot #	100-10-1

## PROPERTY OWNERS NAME

Last:	David	First:	Caroline
Applicant Name:		David Maxwell	
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

## 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

2001

PERMIT NO. 9095

Date Permit Issued: 9/13/04

Fee: \$ 178.00

L.P.I. # 0736

Local Plumbing Inspector Signature: Jon Reed

135 D 004

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 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 # 1114
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> 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
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

# 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 Sept 8, 2004  
 Permit # 2004-5001  
 CBL# 135 D 004

LOCATION: 16 New Street METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Caroline Coldbee Davis  
 TENANT \_\_\_\_\_ PHONE # 409-9295

							TOTAL EACH FEE		
OUTLETS	<u>40</u>	Receptacles	<u>10</u>	Switches	<u>8</u>	Smoke Detector	<u>58</u>	.20	<u>11.60</u>
FIXTURES	<u>10</u>	Incandescent		Fluorescent		Strips	<u>10</u>	.20	<u>2.00</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	<u>1</u>	oil/gas units		Interior		Exterior	<u>1</u>	5.00	<u>5.00</u>
		Ranges		Cook Tops		Wall Ovens		2.00	
APPLIANCES		Insta-Hot	<u>2</u>	Water heaters		Fans	<u>2</u>	2.00	<u>4.00</u>
	<u>2</u>	Dryers		Disposals		Dishwasher	<u>2</u>	2.00	<u>4.00</u>
		Compactors		Spa	<u>2</u>	Washing Machine		2.00	<u>4.00</u>
		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>35.00</u>

CONTRACTORS NAME Paul R. Strout MASTER LIC. # MS60002741  
 ADDRESS 28 Straits Way Gorham LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207 839-4578

SIGNATURE OF CONTRACTOR Paul R. Strout ck# 1922