

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: 01-0889	Issue Date: JUL 20 2001	CBL: 135 D005001
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Location of Construction: 15 Crosby St	Owner Name: Morin Jeffrey E	Owner Address: 15 Crosby St CITY OF PORTLAND	Phone: 207-828-4032
Business Name:	Contractor Name: no contractor/self	Contractor Address: n/a n/a	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: 2 family home	Proposed Use: 2 family home with interior renovations to kitchen and bathroom	Permit Fee: \$72.00	Cost of Work: \$8,000.00	CEO District: 3
Proposed Project Description: remodel first floor kitchen and bathroom		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied N/A	INSPECTION: Use Group: R-3 Type: SB BOCA 1999	

Signature: _____ Signature: T. MURSON

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved N/A Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dgc	Date Applied For: 07/20/2001	Zoning Approval
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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>Special Zone or Reviews</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 N/A</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MIM <input type="checkbox"/></p> <p>Date: 7/20/01</p>	<p>Zoning Appeal</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 N/A</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: 7/20/01</p>	<p>Historic Preservation</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: 7/20/01</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

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

PORTLAND 7784 TOWN COPY

Date Permit Issued: 10/30/04

Local Plumbing Inspector Signature: _____

FEE: \$ 041014 If Double Fee Charged

L.P.I. # 011214

135 D 005

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 _____

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 # 6612

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>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		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
<p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT City of Portland, Me.



JF MC

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 8/22/01
Permit # 1810
CBL# 1350005

LOCATION: 15 CRISBY ST. METER MAKE & # _____
CMP ACCOUNT # _____ OWNER DENNIS NEWNUN
TENANT SAME PHONE # _____

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector			.20
FIXTURES	Incandescent	Fluorescent	Strips			.20
SERVICES	<input checked="" type="checkbox"/> Overhead	Underground	TTL AMPS	<800		15.00
	Overhead	Underground		>800		25.00
Temporary Service	Overhead	Underground	TTL AMPS			25.00
						25.00
METERS	2 (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				
<i>two 100 amp meters</i>	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	
						33.00

INSPECTION: Will be ready 8/29/01 or will call _____

CONTRACTORS NAME Lot Fy Elec. Inc MASTER LIC. # 8675
ADDRESS 26 Brooks Dr. Falmouth LIMITED LIC. # _____
TELEPHONE 7733400 - 650 8823

SIGNATURE OF CONTRACTOR *[Signature]*