

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached



Permit Number: 100039
PERMIT ISSUED
APR 13 2006
CITY OF PORTLAND

This is to certify that COHEN REALTY COMPA

has permission to Change lay out of home /add bathroom

AT 8 ELMWOOD ST

L 143 A001001

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.

ification of inspection must be
en and when permission proceed
ore this building or part thereof is
ned or being closed-in 4
OUR NOTICE 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]
4/12/06
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: 06-0390 | Issue Date: PERMIT ISSUED APR 13 2006 | CBL: A001001 |
|-----------------------|--|-----------------|

| | | | |
|---|-------------------------------------|---|--------|
| Location of Construction: 8 ELMWOOD ST | Owner Name: COHEN REALTY COMPANY | Owner Address: 194 CRAIGIE ST | Phone: |
| Business Name: | Contractor Name: | Contractor Address: | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Dwellings | Zone: |

| | | | | |
|---|---|---|---------------------------|--------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home/ Change lay out of home /add 2 bathroom | Permit Fee: \$30.00 | Cost of Work: \$800.00 | CEO District: 4 |
| FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> | | INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i> | | |

| | | |
|---|------------|------------|
| Proposed Project Description: Change lay out of home /add 2 bathroom | Signature: | Signature: |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ | | |

| | | |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By: ldobson | Date Applied For: 03/24/2006 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

- 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 | Zoning Appeal | Historic Preservation |
|---|---|---|
| <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input checked="" type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>4/12/06</i> | <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 Date: _____ | <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: <i>4/12/06</i> |

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 Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

| | |
|--------------------------|--------------------|
| Town or Plantation | 8 Elmwood Portland |
| Street Subdivision Lot # | 5 Elmwood |

PROPERTY OWNERS NAME

| | |
|---|--|
| Last: Cohen | First: Bernice |
| Applicant Name: | A+M Mechanical |
| Mailing Address of Owner/Applicant (If Different) | 90 Platon ST Sabbathville, ME 04250 |

| | | | | |
|------------------------------------|---------|----------|--------|--|
| Date Permit Issued: | 4/25/06 | \$ | 470.00 | <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature | | L.P.I. # | 01544 | |
| 143 A001 | | | | |

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.

Bert S. Cohen 4/25/06
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.

Tom Moulton
Local Plumbing Inspector Signature

Date Approved

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 # <u>7605</u> |

| 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 |
| 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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| | | Urinal | | Sink |
| | | Drinking Fountain | 2 | Wash Basin |
| | | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| OR TRANSFER FEE [\$6.00] | | Fixtures (Subtotal) Column 2 | 6 | Fixtures (Subtotal) Column 1 |
| | | | 0 | Fixtures (Subtotal) Column 2 |
| | | | 6 | 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.

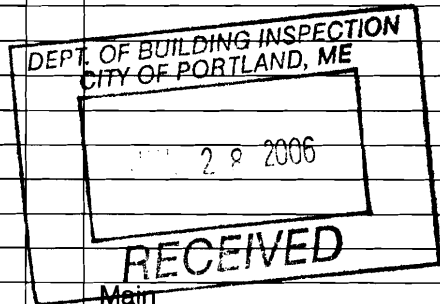


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 7/31/06
 Permit # 06-4683
 CBL# 143 A 001

LOCATION: 8-Elmwood Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Bernie Cohen
 TENANT Bernie Cohen PHONE # 730-0404

| | | | | | | | TOTAL | EACH FEE |
|------------------------------|----|-----------------------|---|---------------|---|-----------------|-------------|---------------------|
| OUTLETS | 12 | Receptacles | 8 | Switches | 4 | Smoke Detector | .20 | |
| FIXTURES | 1 | 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 | 1 | Ranges | | Cook Tops | | Wall Ovens | 2.00 | |
| | | Insta-Hot | | Water heaters | | Fans | 2.00 | |
| | | Dryers | 1 | Disposals | 1 | Dishwasher | 2.00 | |
| | | Compactors | | Spa | 1 | 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 | 45.00 45 |



CONTRACTORS NAME GODFREY LAKE MASTER LIC. # _____
 ADDRESS 12 NORTHEAST LN LIMITED LIC. # LM60018669
 TELEPHONE 450-8752

SIGNATURE OF CONTRACTOR [Signature]
 White Copy - Office • Yellow Copy - Applicant