

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 050686

JUN 27 2005

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Juneau Pauline T &/Jeff Bou... has permission to reonovating Kitchen/Dinning room and a 6'10" x 18' deck AT 42 Elmwood St ... 143 A004001

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 occupied. CLOSED-IN. 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

Handwritten signature and date 6/23/05. Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	42 Elmwood Street
<b>PROPERTY OWNERS NAME</b>	
Last: Bouleau	First: Jeff
Applicant Name:	Jeff Bouleau
Mailing Address of Owner/Applicant (If Different)	22 Baythum Ave. Portland

PORTLAND	PERMIT # 9474	TOWN COPY
Date Permit Issued: 7/22/05	\$ 1130.00	<input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature: [Signature]	L.P.I. # 0040	
143 A 1		

## 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 Inspector to deny a Permit.

[Signature] 7/105  
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.

[Signature] Local Plumbing Inspector Signature

[Signature] Date Approved

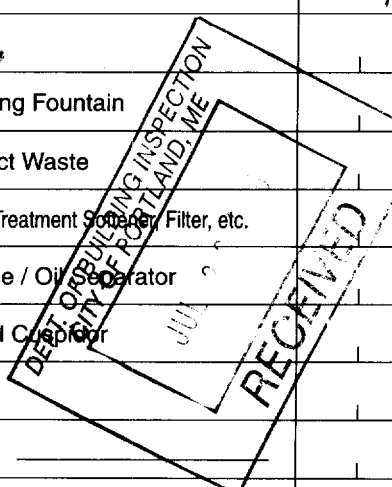
## PERMIT INFORMATION

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE 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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> <b>HOOK-UP:</b> 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"/> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> <b>TRANSFER FEE</b> [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cupboard		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

30  
10  
40



103 2005  
103 2005

7/14/05 Met on site w/ contractor regarding Stairs + Handrails  
at contractor's request of

9/16/05 Did final inspection  
- on work ok to issue  
cert of occupancy  
Close out form



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 42 Elmwood St

CBL 143 A004001

Issued to Juneau Pauline T &/Jeff Boudreau

Date of Issue 09/20/2005

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 05-0686, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family renovation of kitchen and dining rooms and 6' 10" X 18" deck  
R-3 Type 5B

**Limiting Conditions:**

This Certificate of Occupancy is for Permit #05-0686

This certificate supersedes certificate issued

Approved:

9/20/05 *Michael W. [Signature]*

(Date)

Inspector

Inspector of Buildings

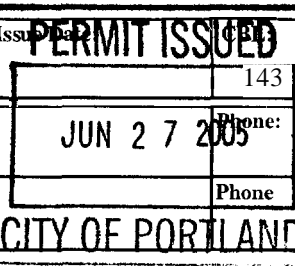
Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

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

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

Permit No: 05-0686	Issue Date: <b>PERMIT ISSUED</b>	143 A004001
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<b>Location of Construction:</b> 42 Elmwood St	<b>Owner Name:</b> Juneau Pauline T &	<b>Owner Address:</b> 42 Elmwood St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Jeff Boudreau	<b>Contractor Address:</b> 22 Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	<b>Zone:</b> R-5



<b>Past Use:</b> Single Family	<b>Proposed Use:</b> Single Family reonovating Kitchen/Dinning Room and add a 6'10" x 18'deck	<b>Permit Fee:</b> \$471.00	<b>Cost of Work:</b> \$50,000.00	<b>CEO District:</b> 4
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<b>Proposed Project Description:</b> reonovating Kitchen/Dinning Room and add a 6'10" x 18'deck	<b>FIREDEPT:</b> 3 N/A Signature: [Signature]	<b>INSPECTION:</b> Use Group: R-3 Type SB IRC 2003 Signature: [Signature]
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<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>		
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Signature:	Date:	

<b>Permit Taken By:</b> cmartin	<b>Date Applied For:</b> 06/02/2005	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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 <b>all</b> work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 6/23/05	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: 6/23/05
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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