DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that Mitchen & Interior renovations has permission to AT 1152 WASHINGTON AVE

Permit Number: 081348

CI 153 B011001

provided that the person or persons, fix or company of this permit shall comply with all provided that the person or persons, fix or company of this permit shall comply with all provided that the person or persons or persons or persons.

e and of the

f buildings and stru

provided that the person or persons, fi of the provisions of the Statutes of Ma the construction, maintenance and use this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Not ation o spectio must b give nd writt permissi brocure ig or p befo this bul hereof i sed-in. 2 lath or oth NOTICE IS REQUIRED. HO

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

Mayin sh Way (Car 10/24/08)
Director - Building & Inspection Services

eces of the City of Portland regulating

res, and of the application on file in

PENALTY FOR REMOVING THIS CARD



Cit	y of Portland, Main	e - Buil	ding or Use	Permi	t Applicatio	n Pe	rmit No:	Issue Date	:	CBL:		
	Congress Street, 0410						08-1348			153 B	011001	
Location of Construction: Owner Name:					Own	Owner Address:			Phone:			
1152 WASHINGTON AVE NI			NEVERS KA	NEVERS KAREN			1152 WASHINGTON AVE					
Business Name: Contractor Nam				::		Contractor Address:			Phone			
Lessee/Buyer's Name Phone:						Permit Type:				<u> </u>	Zone:	
					<u> </u>	Alt	erations - Dw	ellings			1K-2	
					Home - Kitchen &		Permit Fee: Cost of We					
							\$280.00	\$26,000.00		4		
			interior renova	ovations		FIRE DEPT:		Approved		CTION:	T (0	
								Denied		roup: $R3$		
								-	TRC 2003 Signature: 20/24/08			
I -	posed Project Description: tchen & interior renovatio	ne				Siame	•		Signat		1/2/1/2	
KI	ichen & michol renovatio	115				Signature: Si PEDESTRIAN ACTIVITIES DISTRIC						
											Denied	
						Sign	ature:		•	Date:		
Perr	mit Takén By:	Date A	oplied For:	<u> </u>		1 5		Approva	 al			
lde	obson		2/2008									
1.	This permit application				cial Zone or Rev	iews	ews Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland			Variance			Not in District or Landman			
Building permits do not include plumbing, septic or electrical work.			☐ Wetland			☐ Miscellaneous			Does Not Require Review			
3. Building permits are void if work is not started within six (6) months of the date of issuance.					ood Zone		Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work PERMIT ISSUED				☐ Su	ıbdivision		☐ Interpretation			☐ Approved ☐ Approved w/Conditions ☐ Denied		
				☐ Si	te Plan	☐ Approved 1 ☐ Denied						
				Maj [☐ Milor ☐ Mi							
				of with con		detent						
			Date:			Date:			Date:			
	OCT 2	4	,	·) D 191	23/	68					
						- (
	CITY OF P	ORTL	AND									
						ION						
T La	mahar andifirehad I amedha	c			CERTIFICAT				1 41			
	reby certify that I am the over been authorized by the											
	sdiction. In addition, if a											
	I have the authority to ent	er all are	as covered by su	ich pern	nit at any reaso	nable	hour to enfor	ce the provi	ision of	the code(s) ap	oplicable to	
such	n permit.											
SIG	NATURE OF APPLICANT				ADDRE			 DATE		рна	ONE	
2.0	3 2				· DONE			DATE		1110		
RES	SPONSIBLE PERSON IN CHA	RGE OF W	ORK, TITLE	<u> </u>				DATE	-	PHO	ONE	

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,

Date	
Permit #	2008.4796
CBL#	153- R-11

				OWNER		Karen Nevers	
NANT				PHONE #		878-8204	
							TAL EACH FEE
OUTLETS	177	Receptacles	8	Switches		Smoke Detector	.20
	10	riodopiadiod	ی	- Willows		Ciricke Detector	.20
FIXTURES	10	Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead	†	Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
						TTI ANADO	05.00
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	ī	Disposals	1	Dishwasher	2.00
		Compactors		Spa	-	Washing Machine	2.00
		Others (denote)					2.00
MISC. (number of)		Air Cond/win		*			3.00
<u></u>		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
	1	Signs					10.00
_	ļ	Alarms/res					5.00
	_	Alarms/com				-	15.00
		Heavy Duty(CRKT)					2.00
		Circus/Carny					25.00
		Alterations					5.00
	1	Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
		L 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
		07012001114			_	TOTAL AMOUNT DUE	10.00
		MINIMUM FEE/COM	ARAE	BCIAL 55 00			.00
	i .	IAULALIAIOIAL EELOOL				_ MASTER LIC. #	

Yellow Copy - Applicant

PLUMBIN	IG APPLICAT	ON .			Department of Health and Human Service Division of Environmental Health		
Town or Plantation Street Subdivision Lot # PROPER Last: Applicant Name Mailing Address of Owner/Applicant (If Different) Owner I gertily that the information in the information	FIRST HARE FIRST HARE FIRST HARE FIRST HARE FIRST HARE FOR THE PARTY FOR TH	E LLC V, ME nt e best of my	PORTLAND PERMIT # 10815 TOWN COPY Date Permit 10815 TOWN COPY S 2				
Oignature of			INFORMATIO		rre Date Approved		
This Application is to the second sec	G 1. ■ SINGLE 2. □ M	pe of Structure To FAMILY DWELLIN ODULAR OR MOE LE FAMILY DWELL - SPECIFY	IG BILE HOME	1. MAS 2. OIL 3. MFG 4. PUB 5. PRO	Umbing To Be Installed By: STER PLUMBER BURNERMAN G'D. HOUSING DEALER/MECHANIC BLIC UTILITY EMPLOYEE OPERTY OWNER BE # MS 8268		
Hook-Up & Pipi Maximum of 1	•	Number	Column 2 Type of Fixture	Number	Column1 Type of Fixture		
HOOK-UP: to those cases w	HOOK-UP: to public sewer in those cases where the connection		pib / Sillcock		Bathtub (and Shower)		
the local Sanita	d and inspected by ary District.	Floor	Drain		Shower (Separate)		
O	R	Urinal		2	3 Sink		
HOOK-UP: to a wastewater dis	an existing subsurface posal system.	Drinki	ng Fountain		Wash Basin		
		tndirec	ct Waste		Water Closet (Toilet)		
PIPING RELOC lines, drains, ar new fixtures.	CATION: of sanitary nd piping without	N \	Treatment Sottemer, Filter, e	tc.\	Clothes Washer		
		Greats	e Oil Separator		Dish Washer		
			Prem.		Garbage Disposal		
	$\overline{\mathrm{OR}}$	Bidet			Laundry Tub		
	TRANSFER FEE	Other:	Pot filler	_	Water Heater		
	[\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1		
	SEE PERMI	T FEE SCHEDUI		>	Fixtures (Subtotal) Column 2 Total Fixtures		

Fixture Fee

Transfer Fee

FOR CALCULATING FEE