

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 070379

This is to certify that MCINNIS ALLAN & SARAH MCINNIS ITS/Darrell Davis

has permission to add deck & additional living space

AT 28 VICTOR RD

159 D027001

PERMIT ISSUED
APR 10 2007
CITY OF PORTLAND

provided that the person or persons who apply for and accept this permit shall comply with all of the provisions of the Statutes of this State 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 when permission procured before this building or part thereof is lapped 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

Thomas M. Markley 4/10/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0379	Issue Date:	CBL: 159 D027001
-----------------------	-------------	---------------------

Location of Construction: 28 VICTOR RD	Owner Name: MCINNIS ALLAN & SARAH MCI	Owner Address: 28 VICTOR RD	Phone:
Business Name:	Contractor Name: Darrell Davis	Contractor Address: 6 Nonesuch Cove Road Scarborough	Phone 2078780278
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

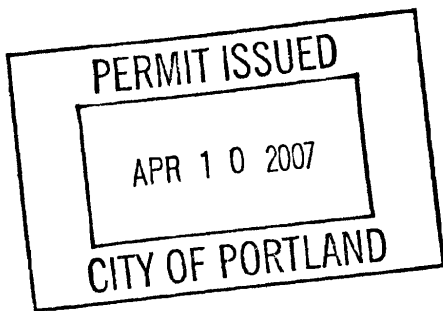
Past Use: Single Family Home	Proposed Use: Single Family Home - add deck & additional living space	Permit Fee: \$520.00	Cost of Work: \$50,000.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	

Proposed Project Description: add deck & additional living space	Signature:	Signature: <i>Jm 4/10/07</i>
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: Idobson	Date Applied For: 04/10/2007	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 <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: <i>Jm 4/10/07</i>	Zoning Appeal <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:	Historic Preservation <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>4/10/07 Jm</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

ELECTRICAL PERMIT

City of Portland, Me.



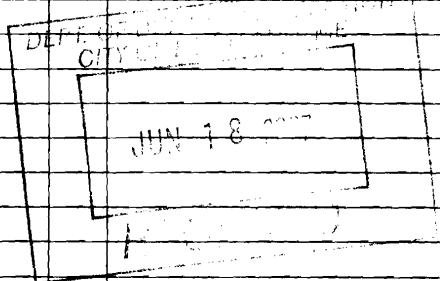
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 6-18-07
 Permit # 07-4438
 CBL# 159 D 027

LOCATION: 28 Victor Rd METER MAKE & # _____
 CMP ACCOUNT # 441-119-9521-014 OWNER Sarah McInnis
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	12	Receptacles	10	Switches	2	Smoke Detector	.20	
FIXTURES	5	Incandescent		Fluorescent	1	Strips	.20	
SERVICES	1	Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		TTL AMPS >800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS	1	(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				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	1	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 55.00						MINIMUM FEE	45.00	



CONTRACTORS NAME Mac Donald Bros Ele MASTER LIC. # 08498
 ADDRESS 71 Rocky Hill Rd LIMITED LIC. # _____
 TELEPHONE 450 0303

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

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: <u>Terrill</u>	First: <u>John</u>
----------------------	--------------------

Applicant Name:	<u>Terrill, John</u>
Mailing Address of Owner/Applicant (If Different)	

2004-8072

Date Permit Issued: 3/11/04 \$ 1112.00 If Double Fee Charged

John Terrill L.P.I. # 0603
Local Plumbing Inspector Signature

401A #1 159D27

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 # 11111

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR		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
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	<input type="checkbox"/> TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			
				Total Fixtures
				Fixture Fee
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	23 1/2

PROPERTY OWNERS NAME

Last: McIntyre First: _____

Applicant Name: Philip McIntyre

Mailing Address of Owner/Applicant (If Different):
67 Commercial St
Portland, ME 04101

17-8160

PORTLAND PERMIT # 10310 TOWN COPY

Date Permit Issued: 6/18/07 \$ 140.00 If Double Fee FEE Charged

Jeanie Bourke L.P.I. # 0732
Local Plumbing Inspector Signature

159 D 027

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>05442</u></p>
--	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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>		Hosebib / 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
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 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

0534