

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

Permit Number: 050093
JAN 26 2005

CITY OF PORTLAND

This is to certify that Therhault Anne C & /Jim Wh
 has permission to Convert a 22' x 31' cape into colonial bedding rooms & a ro
 AT 4 Fernald Ter 163 L005001

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. **48 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

Jeanie Bonke 1/26/05
 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: 05-0093	Issue Date: JAN 26 2005	CD#: 103 L005001
Owner Address: 4 Fernald Ter	Phone: 232-6928	
Contractor Address: 2 Farwell Court Westbrook		2078413141
Permit Type: Alterations - Dwellings		Zone: R3

Location of Construction: 4 Fernald Ter	Owner Name: Theriault Anne C &
Business Name:	Contractor Name: Jim White
Lessee/Buyer's Name	Phone:

Past Use: Single Family	Proposed Use: Single Family w/conversion of a cape to a colonial, new walls & roof
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Permit Fee: \$561.00	Cost of Work: \$59,462.00	CEO District: 4	5.743 A
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: GB IRL-2003 Signature: JMB 1/26/05
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Proposed Project Description:
Convert a 22' x 31' cape into a colonial by adding walls & a roof

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved Approved w/Conditions Denied
Signature: _____ Date: _____

Permit Taken By: jmb	Date Applied For: 01/26/2005
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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

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan
Maj Minor MM

Date: JMB 1/26/05

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Date: _____

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review
 Approved
 Approved w/Conditions
 Denied

Date: JMB

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	Portland
Street Subdivision Lot #	163 L S

PROPERTY OWNERS NAME

Last:	First:
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Applicant Name:	John Cullen Plumbing
Mailing Address of Owner/Applicant (If Different)	

03 8044

PORTLAND PERMIT # 9262 TOWN COPY

Date Permit Issued: 2/10/05 \$ 1130.00 Double Fee Charged

L.P.I. # 01641

163 L S

Local Plumbing Inspector Signature

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 # 1-134
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Systems, etc.		Clothes Washer
		Grease or Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

RECEIVED
 FEB 10 2005
 DEPT. OF BLDG. & CONSTRUCTION
 CITY OF PORTLAND, ME

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

1/14/05 Plumbing inspection only. OK. to cover. Jim

1/20/05 Close in inspection. Insulators working. ^① Could not see seal
during ^② No clearance around chimney (need 2") ^③ No attic access
panel. Also inspected new service which failed due to improper
banding (meter not jumped). Called Jim White w/ all information
to close in given Jim

1/23/05 Still no clearance around chimney. Reinspected later this
day and it was correct. 2 inspections same day. Jim

01/23/07 - Checked work for final - seal done
all smokers OK - good work done - closed
out all permits.

Jim M

CBE 163-L-5
permit # 05-0093