

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 061471

PERMIT

This is to certify that Robert Nelson/property owner
has permission to add a 3' 11" x 4' rear porch rear dormer rear side entrance
AT 38 MORSE ST City of Portland 163A A016001

PERMIT ISSUED

NOV - 3 2006

provided that the person or persons who apply for or 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 procedure is complete before this building or part thereof is occupied or service is provided. 4 HOUR 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

Thomas M. Markey
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

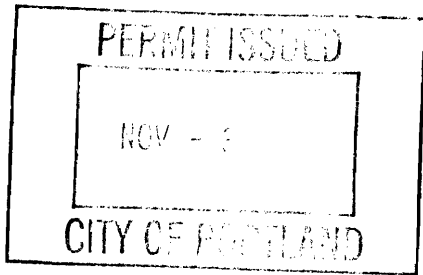
Permit No: 06-1471	Issue Date:	CBL: 163A A016001
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Location of Construction: 38 MORSE ST	Owner Name: Robert Nelson	Owner Address: 47 Alice Court	Phone:
Business Name:	Contractor Name: property owner	Contractor Address: Portland	Phone:
Lease/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Single Family	Proposed Use: Single Family - add a 3' 11" x 4' rear porch & rear dormer & remove side entry	Permit Fee: <i>2M</i> \$ 260.00	Cost of Work: 24,000.00	CEO District: 4
Proposed Project Description: add a 3' 11" x 4' rear porch & rear dormer & remove side entry		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>123</i> Type: <i>58</i> <i>IRC 2003</i>	
		Signature:	Signature: <i>2m 11/2/06</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: dmartin	Date Applied For: 10/05/2006	Zoning Approval		
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- 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"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>10/24/06</i>	Date:	Date: <i>ASM</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	
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

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

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

PORTLAND PERMIT # 10108 TOWN COPY

Date Permit Issued

12/4/06

\$ 178

Double Fee FEE Charged

Local Plumbing Inspector Signature

L.P.I. # 0744

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

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		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
		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
			12	Fixtures (Subtotal) Column 2
				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.

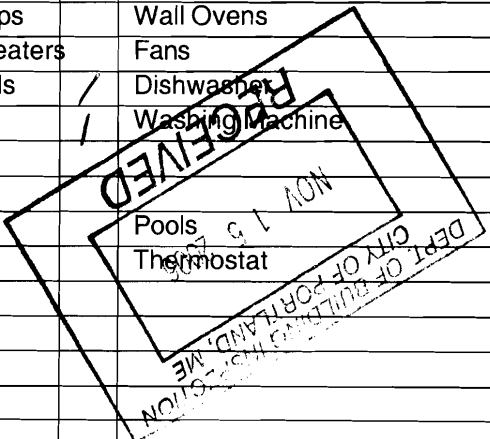


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date _____
 Permit # 2006-5019
 CBL# 163AA16

LOCATION: 38 Morse St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Robert Nelson
 TENANT _____ PHONE # 838-8256

							TOTAL EACH FEE		
OUTLETS	<u>60</u>	Receptacles	<u>30</u>	Switches	<u>5</u>	Smoke Detector	.20	<u>19</u>	
FIXTURES	<u>25</u>	Incandescent	<u>1</u>	Fluorescent		Strips	.20	<u>5²⁰</u>	
SERVICES	<u>1</u>	Overhead		Underground		TTL AMPS <800	15.00	<u>15</u>	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	<u>1</u>	(number of)					1.00	<u>1</u>	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING	<u>1</u>	oil/gas units		Interior		Exterior	5.00	<u>5</u>	
				APPLIANCES	<u>1</u>	Ranges		Cook Tops	2.00
		Insta-Hot		Water heaters		Fans	2.00		
	<u>1</u>	Dryers	<u>1</u>	Disposals	<u>1</u>	Dishwasher	2.00	<u>6</u>	
		Compactors		Spa	<u>1</u>	Washing Machine	2.00	<u>2</u>	
		Others (denote)					2.00		
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent					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		
	<u>1</u>	Alterations	<u>upgrade all wiring</u>				5.00	<u>5</u>	
		Fire Repairs					15.00		
		E Lights					1.00		
		E Generators					20.00		
PANELS	<u>1</u>	Service		Remote		Main	4.00	<u>4</u>	
TRANSFORMER		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
							TOTAL AMOUNT DUE		
							MINIMUM FEE	45.00	<u>162²⁰/10</u>



CONTRACTORS NAME Anthony J DiIietro MASTER LIC. # _____
 ADDRESS 11 Continental Dr. LIMITED LIC. # LMS0016802
 TELEPHONE 653-2637

SIGNATURE OF CONTRACTOR Anthony J DiIietro
 White Copy - Office • Yellow Copy - Applicant