

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 44 East Kidder Street		Owner: Kevin Shaw		Phone: 786-6156	
Owner Address: 44 East Kidder Street		Lessee/Buyer's Name: Kevin Shaw		Business Name: 	
Contractor Name: Kevin Shaw		Address: 44 East Kidder Street		Phone: 	
Past Use: Single Family Three Family		Proposed Use: Same		COST OF WORK: \$ 4,000.00	
				PERMIT FEE: \$ 48.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group A.3 Type: 25	
				Signature: <i>[Signature]</i>	
Proposed Project Description: Interior Renovations Done				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Signature: _____ Date: _____	
Permit Taken By: Gayle		Date Applied For: October 2, 2000		CD	

Permit No:
001124

Permit Issued:
OCT - 5 2000

Zone: **A-5** GBL: **163A-B-005**

Zoning Approval: *[Signature]*

Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

PERMIT ISSUED WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE: October 2, 2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

COMMENTS

3/30/01 Close in insp - only doing 2 dormers now - will re-apply in the future for 3rd. Framing ok + Plumbing. Will need electrical insp prior to complete closure. Will call for final although some finish work will be on going. JB

7/12/01 Final inspection ok - Will re-Apply for future dormer + possible decks. Skylights were not installed as plans show. Egress window in BR ok JB

CBL: 163-A-E-5

permit: 001124

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

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 5/10/01
 Permit # 1494
 CBL# 163 AEO05

LOCATION: 24 East Kidder St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Kevin Shaw
 TENANT _____ PHONE # 780-6156

						TOTAL EACH FEE	
OUTLETS	<input checked="" type="checkbox"/> Receptacles		<input checked="" type="checkbox"/> Switches	<input checked="" type="checkbox"/> Smoke Detector			.20
FIXTURES	<input checked="" type="checkbox"/> Incandescent		Fluorescent	Strips			.20
SERVICES	Overhead		Underground	TTL AMPS	<800		15.00
	Overhead		Underground		>800		25.00
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		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	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 45.00	
						MINIMUM FEE	35.00
							<u>35.00</u>

INSPECTION: Will be ready 5/25 3:00 pm or will call _____

CONTRACTORS NAME Burleigh Electric MASTER LIC. # MC 60017266
 ADDRESS 27 Townlanding Rd Falmouth LIMITED LIC. # _____
 TELEPHONE 781-2495

SIGNATURE OF CONTRACTOR Roger Burleigh

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

163 AE 003

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	27 FORTLAND ST PORTLAND

PROPERTY OWNERS NAME

Last: SHAW First: KEVIN

Applicant Name: _____
Mailing Address of Owner/Applicant (If Different): 27 FORTLAND ST
PORTLAND

PORTLAND 7610 TOWN COPY
Date Permit Issued: 2/12/01 \$ 214.10 L.P.I. # 011214
Local Plumbing Inspector Signature: [Signature] If Double Fee Charged

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: [Signature] Date: 2/12/01

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: [Signature] Date Approved: 2/12/01

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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # <u>MS1575</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		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 TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			24	Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24
10
34