

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081021

Please Read Application And Notes, If Any, Attached

This is to certify that Leeman Cheryl/Kidder West LLC
has permission to Sheet rock 39 & 41 Renovation 3 & 45 Modernize kitchen and bath
AT 45 W KIDDER ST BL 164 B005001

PERMIT ISSUED
8/27/08

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the 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 proceeds before this building or part thereof is occupied or closed-in. 4 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

Jeannie Bonke 8/27/08
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

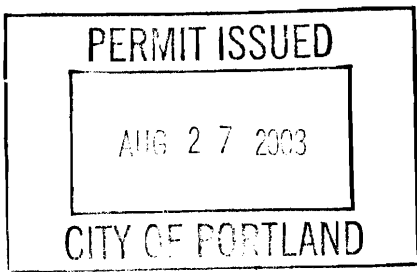
Permit No: 08-1021	Issue Date: 08/27/2008	CBL: 164 B005001
------------------------------	----------------------------------	----------------------------

Location of Construction: 45 W KIDDER ST	Owner Name: Leeman Cheryl	Owner Address: 37 Savoy Street	Phone: 207-650-9786
Business Name:	Contractor Name: Kidder West, LLC	Contractor Address: 45 West Kidder St Portland	Phone: 2076509786
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone:

Past Use: 4 Unit	Proposed Use: 4 Unit - Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath	Permit Fee: \$90.00	Cost of Work: \$6,000.00	CEO District: 4
Proposed Project Description: Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC-2003 Signature: JMB 8/27/08	
		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: 08/18/2008	Zoning Approval	
------------------------------------	--	------------------------	--

<ol style="list-style-type: none"> 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: _____	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 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: _____
---	---	---	---



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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

JK per Cheryl Lee man JMB _____
Signature of Applicant/Designee Date

Jeanne Banks _____
Signature of Inspections Official Date 8/27/08

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1021	Issue Date:	CBL: 164 B005001
-----------------------	-------------	---------------------

Location of Construction: 45 W KIDDER ST	Owner Name: BULL DAVID T	Owner Address: 45 W KIDDER ST	Phone:
Business Name:	Contractor Name: Kidder West, LLC	Contractor Address: 45 West Kidder St Portland	Phone 2076509786
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R-3

Past Use: 4 Unit	Proposed Use: 4 Unit - Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath	Permit Fee: \$90.00	Cost of Work: \$6,000.00	CEO District: 4
Proposed Project Description: Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath <i>LEGAL 4 residential condominium bldg</i>		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R3 Type: SB IRC-2003 Signature: <i>JMB 8/27/08</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: 08/18/2008	Zoning Approval		
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..		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"/> Mjnor <input type="checkbox"/> MM <input type="checkbox"/>	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	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>9/25/08</i>		Date: _____

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1021	Date Applied For: 08/18/2008	CBL: 164 B005001
------------------------------	--	----------------------------

Location of Construction: 45 W KIDDER ST	Owner Name: Leeman Cheryl	Owner Address: 37 Savoy Street	Phone: 207-650-9786
Business Name:	Contractor Name: Kidder West, LLC	Contractor Address: 45 West Kidder St Portland	Phone: (207) 650-9786
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: 4 Unit - Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath	Proposed Project Description: Sheet rock 39 & 41 Renovate 43 & 45 Modernize kitchen and bath
---	--

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/25/2008

Note: **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. without special approvals.
- 2) This property shall remain a four (4) family condominium building. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 08/27/2008

Note: **Ok to Issue:**

- 1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 2) There must be a 2" clearance maintained between the chimney and any new combustible material, with draft stopping per code at each level
- 3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) Separate permits are required for any electrical, plumbing, or HVAC systems.
Separate plans may need to be submitted for approval as a part of this process.

Dept: Fire **Status:** Not Applicable **Reviewer:** Capt Greg Cass **Approval Date:**

Note: N/A this is a two /2 family structure. **Ok to Issue:**

Brick wall separating the two sides needs to be verified as basement to roof. G.C.

Comments:

8/26/2008-jmb: Left a voicemail for Cheryl to call for more details. Question if any electrical or plumbing work, bathroom vent replacement, recessed fixtures on 1st floor, is there a door at the top of rear stairs, hour separation on entrance dividing wall.

8/27/2008-jmb: Cheryl L. Called and verified there will be some plumbing and electrical work, fire penetrations will be treated or sealed per code, and fire doors installed on 2nd floor.



General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>39-45 West Kidder Street</u>		
Total Square Footage of Proposed Structure/Area	Square Footage of Lot	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>164</u> Block# <u>B</u> Lot# <u>5</u>	Applicant * must be owner, Lessee or Buyer * Name <u>Cheryl Heeman</u> Address <u>37 Savoy St</u> City, State & Zip <u>Portland, ME 04103</u>	Telephone: <u>650-9786</u> <u>cell</u> <u>\$16-\$1,000</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>[scribble]</u> C of O Fee: \$ Total Fee: \$ <u>90</u>
Current legal use (i.e. single family) <u>residential</u> Number of Residential Units <u>4</u> If vacant, what was the previous use? <u>vacant - residential</u> Proposed Specific use: <u>4 unit rental</u> Is property part of a subdivision? <u>No</u> If yes, please name Project description: <u>sheet rock 393 41 Renovate 43 and 45 <u>modernize kitchen and bath</u></u>		
Contractor's name: <u>Kidder West LLC</u>		
Address: <u>37 Savoy St 45 West Kidder St</u>		
City, State & Zip <u>Portland, ME 04103</u>		Telephone: _____
Who should we contact when the permit is ready: <u>Cheryl Heeman</u>		Telephone: <u>650-9786</u>
Mailing address: <u>37 Savoy St 37 Savoy St 04103</u>		<u>773-4161</u>

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

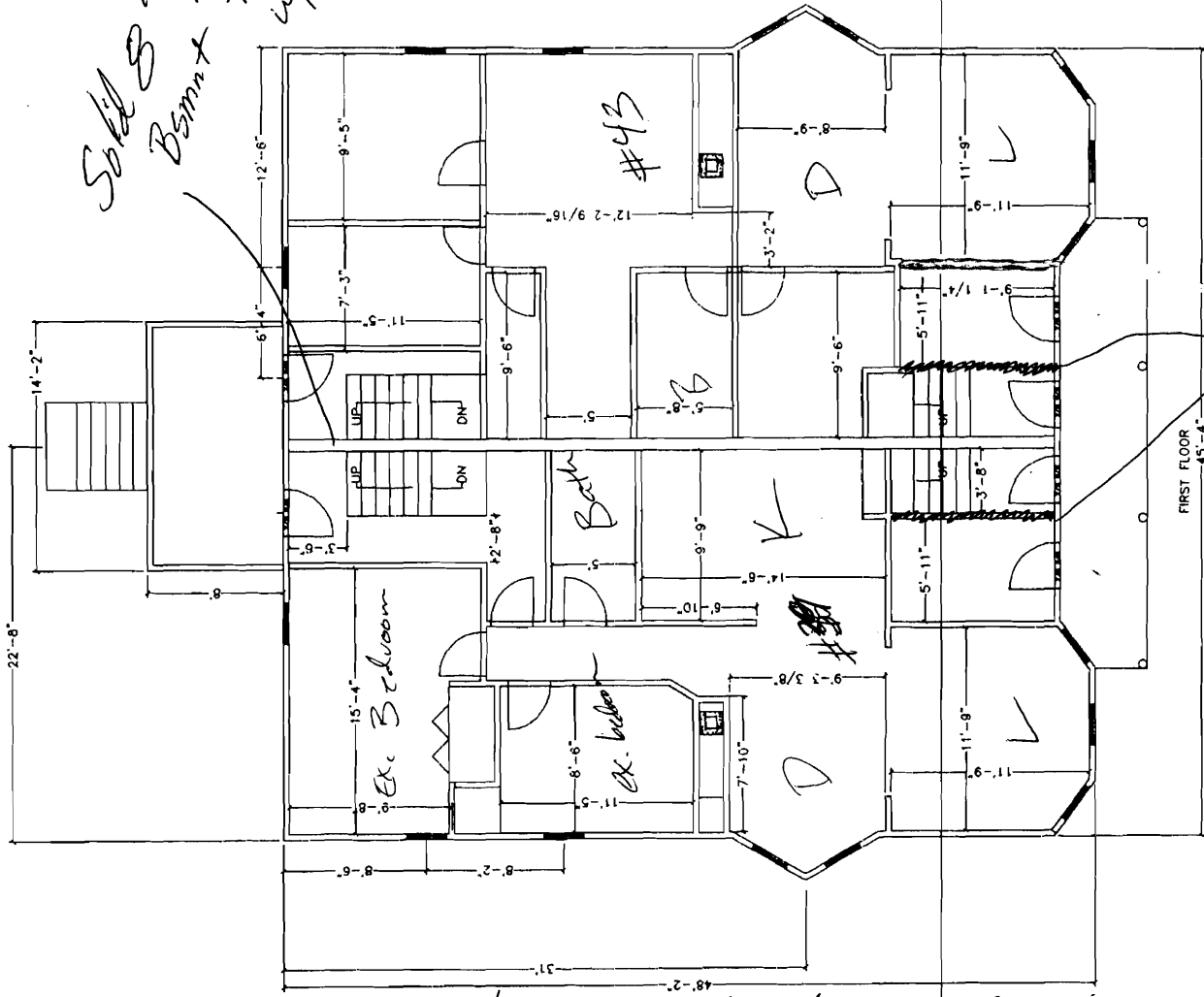
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: Cheryl Heeman Date: 8-18-08

This is not a permit; you may not commence ANY work until the permit is issue

Unit #43 - 1st Floor
 Plaster is still intact
 Unit #45 - Already gutted

Solid 8" Brick wall
 Bsmnt to ridge
 w/ 5/8" Drywall



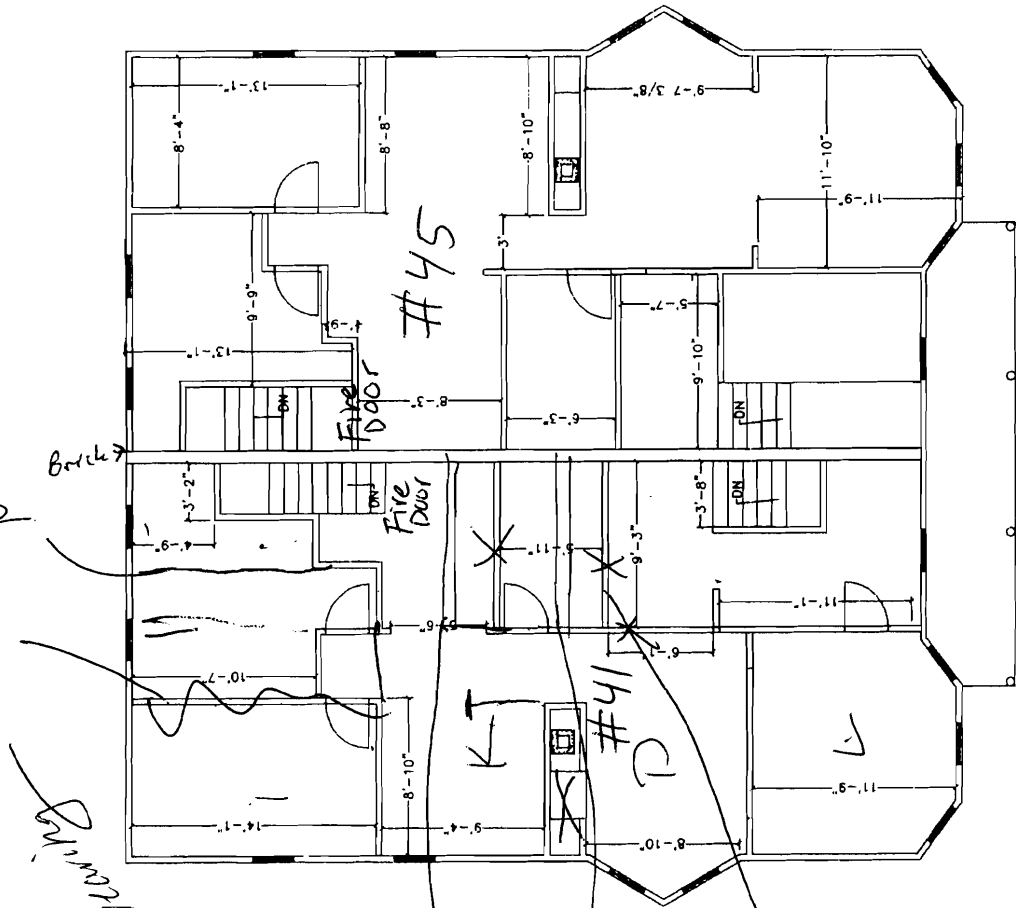
1 in
 Fire
 partitions
 per
 C.L.
 8/27/08

5/8 ceiling w/ resilient channel w/ insulations
 green board for bathroom

Note →
 fire wall

2nd floor

Flammarol
New Dry non-bearing wall



New Walls - New bearing
New Dry - non bearing

Remove
new wood studs
bricks

39-45
w/kitchen

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 # 10739 TOWN COPY

Date Permit Issued:

9.5.08

\$ 42

Double Fee
FEE Charged

Local Plumbing Inspector Signature

L.P.I. # 1069

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 # 44754

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

OR

TRANSFER FEE
[\$6.00]

Column 2 Type of Fixture

Number	Type of Fixture
	Hosebib / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Roof Drain
	Bidet
	Other: _____
	Fixtures (Subtotal) Column 2

Column 1 Type of Fixture

Number	Type of Fixture
	Bathtub (and Shower)
	Shower (Separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater
	Fixtures (Subtotal) Column 1
	Fixtures (Subtotal) Column 2

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

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 # 2008-4602
 CBL# 164-B-5

LOCATION: 45 W. KIDDEN METER MAKE & # _____
 CMP ACCOUNT # N/A OWNER Leamon
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>100</u>	Receptacles	<u>25</u>	Switches	<u>13</u>	Smoke Detector	.20	<u>27.60</u>	
FIXTURES	<u>15</u>	Incandescent	<u>4</u>	Fluorescent		Strips	.20	<u>3.80</u>	
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	<u>15</u>	
		Heavy Duty(CRKT)					2.00		
		Circus/Carnv					25.00		
		Alterations					5.00	<u>5.00</u>	
		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 55.00	<input checked="" type="checkbox"/>	MINIMUM FEE 45.00

CONTRACTORS NAME M&R Electric, Inc MASTER LIC. # MC 60018650
 ADDRESS 49 Haverly's Way, Portland, Me LIMITED LIC. # _____
 TELEPHONE 878-5864

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