

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 070550
MAY 15 2007
CITY OF PORTLAND

This is to certify that RITTER ELLEN M / Peter D

has permission to Repair damaged Porch -- Tre

AT 461 WOODFORD ST

176 B003001

provided that the person or persons, firm or corporation accepting 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 work in progress must be reported before this building or part thereof is occupied or 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

5/14/07 *Chadwick*
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: 07-0550	Issue Date: 05/15/2007	CBL: 176 B003001
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Location of Construction: 461 WOODFORD ST	Owner Name: RUTTER ELLEN M	Owner Address: 461 WOODFORD ST	Phone: 774-4204
Business Name:	Contractor Name: Peter Noone	Contractor Address: 246 Main Street Westbrook	Phone: 2077490519
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Two Family	Proposed Use: Two Family w/ Covered porch	Permit Fee: \$140.00	Cost of Work: \$12,000.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB IRC-2003	

Proposed Project Description: Repair damaged Porch ---Tree fell	Signature:	Signature: 5/14/2007 CLKH
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: csh	Date Applied For: 05/15/2007	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
<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 _____



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>459 + 461 Woodford</u>		
Total Square Footage of Proposed Structure <u>23' x 8'</u>		Square Footage of Lot <u>2700</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>176 B 3</u>	Owner: <u>ELLEN RUTTER</u> <u>MARIE SPILSBURY</u>	Telephone: <u>774-4204</u>
Lessee/Buyer's Name (If Applicable) <u>ELLEN RUTTER</u>	Applicant name, address & telephone: <u>461 Woodford ST</u> <u>04103</u> <u>459 Woodford ST</u>	Cost Of Work: \$ <u>12,000</u> Fee: \$ <u>140.00</u> C of O Fee: \$ <u>—</u>
Current legal use (i.e. single family) <u>TWO FAMILY</u> If vacant, what was the previous use? <u>X</u> Proposed Specific use: <u>SAME AS EXISTING</u> Is property part of a subdivision? <u>yes</u> If yes, please name <u>MARIE SPILSBURY & DAVID</u> Project description: <u>REBUILD OF EXISTING PORCH ROOF</u>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>Peter Noone</u> Mailing address: _____ Phone: <u>207 749-0519</u>		

Please submit all of the information outlined in the Commercial Application 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.

<u>Peter Noone</u> Signature of applicant:	<u>5/11/07</u> Date:
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

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

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Business Name:	Contractor Name: Peter Noone	Contractor Address: 246 Main Street Westbrook	Phone: (207) 749-0519
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Two Family w/ Covered porch	Proposed Project Description: Repair damaged Porch ---Tree fell
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Dept: Zoning **Status:** Approved **Reviewer:** Chris Hanson **Approval Date:** 05/14/2007

Note: **Ok to Issue:**

- 1) Repair existing porch damaged by fallen tree inlike kind on same footprint

Dept: Building **Status:** Approved with Conditions **Reviewer:** Chris Hanson **Approval Date:** 05/14/2007

Note: **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Fastener sched

ELECTRICAL PERMIT

City of Portland, Me.



WO# 3-260137

4/3/07

11:30 Insp

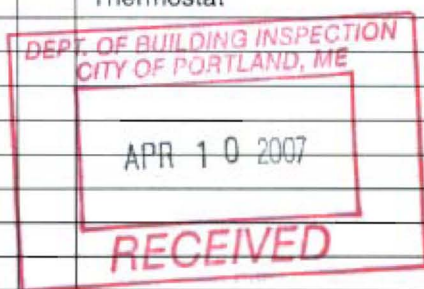
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date April 10, 07
 Permit # 07-4247
 CBL# 185 L007

LOCATION: 55 Kenilworth St. METER MAKE & # 15-851-791
 CMP ACCOUNT # W.O.# 3-260137 OWNER Sharon Kumiszczak
 TENANT _____ PHONE # 829-6435

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector	.20
FIXTURES	Incandescent	Fluorescent	Strips	.20
SERVICES	Overhead	Underground	TTL AMPS ¹⁰⁰ 800	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	(1) 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 T.A. Napolitano MASTER LIC. # 7765
 ADDRESS P.O. Box 2301 So Portland Me LIMITED LIC. # _____
 TELEPHONE 799-0538

SIGNATURE OF CONTRACTOR T.A. Napolitano