

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED
Permit Number: 080654
JUL 15 2008
CITY OF PORTLAND

This is to certify that SMITH ANDREW D & PAMELA A JTS/MIM Build, Inc.

has permission to 18'x22' Addition with Laundry Room and Half Bath

AT 16 KENILWORTH ST PORTLAND, OR 97205 PL 177 E006001

provided that the person or persons, firm or corporation accepting 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 procured before this building or part thereof is started or closed-in. **24 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

Thomas W. Markley 7/14/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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City of Portland, Maine - Building or Use Permit Application

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

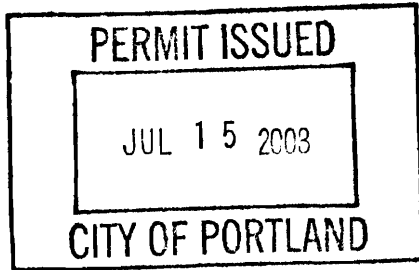
Permit No: 08-0654	Issue Date:	CBL: 177 E006001
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Location of Construction: 16 KENILWORTH ST	Owner Name: SMITH ANDREW D & PAMELA	Owner Address: 16 KENILWORTH ST	Phone: 207-577-7767
Business Name:	Contractor Name: MJM Build, Inc.	Contractor Address: 73 Main Street Lisbon Falls	Phone: 2075777767
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-5

Past Use: Single Family Home	Proposed Use: Single Family Home - 18'x22' Addition with Laundry Room and Half Bath - <i>one story</i>	Permit Fee: \$510.00	Cost of Work: \$49,000.00	CEO District: 3
Proposed Project Description: 18'x22' Addition with Laundry Room and Half Bath - <i>one story</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>IRC 2003</i>	
		Signature:	Signature: <i>Jm 7/14/08</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: lmd	Date Applied For: 06/10/2008	Zoning Approval		
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <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"/> <i>OK w/ cond. flow</i> Date: <i>6/20/08 ABM</i>	<p>Zoning Appeal</p> <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: _____	<p>Historic Preservation</p> <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 <i>ABM</i> Date: _____
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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

8/1/08 - Footing + Setback - O.K.

8' to fence - Side. ✓

9' to side of existing garage. ✓

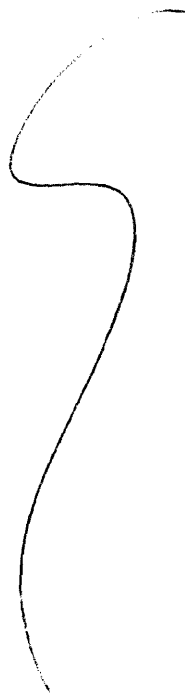
Tight by O.K.

Qu

9/15/08 - Close in - Plumbing, framing, elec. O.K.
to proceed. - mm

11/12/08 - checked for final - all work
Completed and can close out all permits.

mm



PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	16 Kennelworth St

PROPERTY OWNERS NAME

Last:	Smith	First:	Pam
Applicant Name:	P&P Plumbing Heating & A/S		
Mailing Address of Owner/Applicant (if Different)	1035 Riverside St #14 Portland, ME 04103		

2008-5238

PORTLAND PERMIT # 10740 TOWN COPY

Date Permit Issued: 9/08/08 \$ 34 Double Fee Charged

[Signature] L.P.I. # 1069

Local Plumbing Inspector Signature

177.E.006

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]
Signature of Owner/Applicant

9/8/08
Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature]
Local Plumbing Inspector Signature

9/8/08
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 # <u>009001303</u>
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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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]			
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			3	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 8-6-08
 Permit # 2008-4554
 CBL# ME-006

LOCATION: 116 Kelinworth METER MAKE & # _____
 CMP ACCOUNT # WO 3467331 OWNER PAM SMITH
 TENANT _____ PHONE # 874-8763 2230

						TOTAL EACH FEE		
OUTLETS	<u>8</u> Receptacles	<u>6</u> Switches	<u>1</u> Smoke Detector			.20	<u>3.00</u>	
FIXTURES	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	<input checked="" type="checkbox"/> Main			4.00	<u>4.00</u>	
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	<u>45.00</u>

CONTRACTORS NAME MARK Bowdler *Bowdler Electric, Inc.* MASTER LIC. # MS60017107
 ADDRESS 86 Ocean House Rd, Cape Elizabeth LIMITED LIC. # _____
 TELEPHONE 799-6699 04107

SIGNATURE OF CONTRACTOR *Mark Bowdler*