

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read Application And Notes, if Any, Attached

Permit Number 040584

PERMIT ISSUED
MAY 18 2004
CITY OF PORTLAND

This is to certify that Freese Nora L /Wayne Hym
has permission to build 12' x 14' deck at rear, a sliding door
AT 12 Bancroft St L 185 F003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 given and when permission procured before this building or part thereof altered or closed-in.
HOURS 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

Jeanie Boule 5/17/04
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: 04-0584	Issue Date: PERMIT ISSUED MAY 18 2004	CBL: 185 F003001
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Location of Construction: 12 Bancroft St	Owner Name: Freese Nora L	Owner Address: 12 Bancroft St	Phone:
Business Name:	Contractor Name: Wayne Hymer	Contractor Address: 85 Falmouth St. Apt. #1 Portland	Phone: 2076530648
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

Past Use: Single Family	Proposed Use: Single Family w/12' x 14' deck at rear, add sliding door	Permit Fee: \$75.00	Cost of Work: \$6,000.00	CEO District: 3
Proposed Project Description: build 12' x 14' deck at rear, add sliding door		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB BOZA 1999 Signature: JMB 5/17/04	
		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: 05/11/2004	Zoning Approval		
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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 <i>Approved</i> <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: <i>JMB 5/17/04</i>	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 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>JMB</i>
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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

5/24/01 - The ... discussed 5" hole as they ...
the required requirement of partial ID of
Side setback " for 2 pin ...
...

5/27/01 - ~~...~~ to site had 9.00 Appx - no
one on site - checked setbacks OK - checked ...
depth - OK - OK to proceed.

7-20-04 checked Culvertas were over
4" opening - owner will contact
contractor then will call ...
Back for Re-inspection

11/19/08 - all work completed - OK to proceed

Jm

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland Maine
 Street Subdivision Lot #: 12 Bancroft St.

PROPERTY OWNERS NAME

Last: Mills First: TODD
 Applicant Name: Caron Huathz
 Mailing Address of Owner/Applicant (If Different): 321 London St. 50 Portland, 04106

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.

Caron Huathz 11-7-08
 Signature of Owner/Applicant Date

2008-0308

PORTLAND
 Date Permit Issued: 11 10 08
 Local Plumbing Inspector Signature: [Signature]

PERMIT # 10816 STATE COPY
 \$ 1124 Double Fee FEE Charged
 L.P.I. # 362

185-F-3

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>1526</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number 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 checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> 1 Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 1 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2
		Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		24 Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

$$\begin{array}{r} 24 \\ + 10 \\ \hline 34 \end{array}$$

ELECTRICAL PERMIT

City of Portland, Me.



UPG
OH

THURSDAY
(MIDDAY)

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 7/1/03
Permit # 2003-4592
CBL# 185 F 003

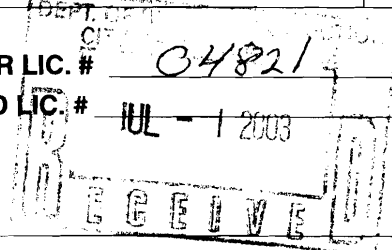
LOCATION: 12 Bancroft METER MAKE & # 11 938 357
CMP ACCOUNT # _____ OWNER Steven Freese
TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector					
							.20	
FIXTURES	Incandescent	Fluorescent	Strips				.20	
SERVICES	<input checked="" type="checkbox"/> Overhead	Underground	TTL AMPS	<800	1	15.00	15.00	
	Overhead	Underground		>800		25.00		
Temporary Service	Overhead	Underground	TTL AMPS			25.00		
						25.00		
METERS	1 (number of)				1	1.00	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		
	1 Dryers	Disposals	Dishwasher		1	2.00	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	1 Service	Remote	Main		1	4.00	4.00	
TRANSFORMER	0-25 Kva					5.00		
	25-200 Kva					8.00		
	Over 200 Kva					10.00		
				TOTAL AMOUNT DUE			22.00	
				MINIMUM FEE/COMMERCIAL 45.00			35.00	35.00

CONTRACTORS NAME Peter L. Dory's MASTER LIC. # 04821
ADDRESS 135 Bolton street LIMITED LIC. # IUL - 1 2003
TELEPHONE 207 775-0888

SIGNATURE OF CONTRACTOR [Signature]



White Copy - Office • Yellow Copy - Applicant

CK 2992