

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

Permit No: 04-1001	Issue Date: JUL 19 2004	CBL: 192 F004001
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PERMIT ISSUED

Location of Construction: 4 Colonial Ct	Owner Name: Giard Nancy C Wid Wwii Vet &	Owner Address: 4 Colonial Ct	Phone: 772-1146
Business Name:	Contractor Name: Bill Royal	Contractor Address: 281 Broad Turn Rd Scarborough	Phone: 2078833653
Lessee/Buyer's Name:	Phone:	Permit Type: Garages - Detached	Zone: R3

Past Use: Single Family	Proposed Use: Single Family w/16' x 20' detached garage	Permit Fee: \$165.00	Cost of Work: \$16,000.00	CEO District: 3	6,685 #
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Proposed Project Description: One story 16' x 20' detached garage	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R3, Type: accessory detached Signature: JMB 7/19/04
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: jmb	Date Applied For: 07/19/2004	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 <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: JMB 7/19/04	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input checked="" 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: JMB
	approved w/conditions Sec. 14-433 allows rear setback reduction		

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.

9/16/04 - checked set-backs - RT side was clear at
8 FT 6 inches - no problem seen - check where
Footings will be - have 8"6 to property line - near
set-back OK - no problems OK to pour. JMM

9/20/04 - checked Foundation for backfill - no issues
seen - OK to Backfill. JMM

10/19/04 Check

(1) no Callout ties

(2) Utility ok — UG 16" below grade - No TAPS

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Permit No: 04-1001	Date Applied For: 07/19/2004	CBL: 192 F004001
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Location of Construction: 4 Colonial Ct	Owner Name: Giard Nancy C Wid Wwii Vet &	Owner Address: 4 Colonial Ct	Phone: () 772-1146
Business Name:	Contractor Name: Bill Royal	Contractor Address: 281 Broad Turn Rd Scarborough	Phone: (207) 883-3653
Lessee/Buyer's Name	Phone:	Permit Type: Garages - Detached	

Proposed Use: Single Family w/16' x 20' detached garage	Proposed Project Description: One story 16' x 20' detached garage
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 07/19/2004
Note: **Ok to Issue:**

- 1) It is understood that it is the responsibility of the property owner to locate & string the property lines for the setback inspection. The side setback is right at the 8' requirement.
- 2) Sec. 14-433 allows a REAR setback reduction to 16' due to the restrictions of the lot. The side setback requirement of 8' must be met.
- 3) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 07/19/2004
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or heating.



CITY OF PORTLAND, MAINE

Department of Building Inspections

June 19 2004

Received from

Nancy Giard

Location of Work

4 Colonial Ct.

Cost of Construction

\$ 16,000.

Permit Fee

\$ 165.00

Building (IL) ___ Plumbing (I5) ___ Electrical (I2) ___ Site Plan (U2) ___

Other _____

CBL:

192-F-4

Check #:

2508

Total Collected s

165.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

PERMIT ISSUED

JUL 19 2004

Permit Number: 04100

CITY OF PORTLAND

This is to certify that Giard Nancy C Wid Wwii Vase /Bill Royal
 has permission to One story 16' x 20' detached garage
 AT 4 Colonial Ct 192 F004001

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 be given and work on permit in progress before this building or part thereof is occupied or otherwise used-in. HOUR NOTIFICATION 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 _____

Jamie Bourke 7/19/04
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 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 initialzing 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.

- | | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | Footing/Building Location Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> | Re-Bar Schedule Inspection: | Prior to pouring concrete |
| <input checked="" type="checkbox"/> | Foundation Inspection: | Prior to placing ANY backfill |
| <input checked="" type="checkbox"/> | Framing/Rough Plumbing/Electrical: | Prior to any insulating or drywalling |
| <input checked="" type="checkbox"/> | Final Certificate of Occupancy: | Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point. |

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.

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

Susan Smith
Signature of Applicant/Designee

Date

Jeanne Bonita
Signature of Inspections Official

Date

CBL: 192-F-4

Building Permit #:

04-1001

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 10/12/04
 Permit # 045094
 CBL# 192 F004

LOCATION: 4 Colonial ct METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Nancy Giard
 TENANT _____ PHONE # 772-1146

						TOTAL	EACH FEE	
OUTLETS	Receptacles	<u>2</u>	Switches	<u>3</u>	Smoke Detector		.20	
FIXTURES	Incandescent	<u>3</u>	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	



CONTRACTORS NAME Thomas Mornil MASTER LIC. # MS20011801
 ADDRESS 128 Sawyer Rd Scarborough, Me LIMITED LIC. # _____
 TELEPHONE 853-5786

SIGNATURE OF CONTRACTOR Thomas Mornil ASH