

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 040329

This is to certify that Blaisdell Owen V &/no contractor / selfhas permission to build 10' x 15' additionAT 71 Bancroft St

Call 193 A029001

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 when permission procured before this building or part thereof is altered or closed-in.
FOUR 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

CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services



CITY OF PORTLAND, MAINE

Department of Building Inspections

3/30/04

Received from

Owen Blaisdell Jr.

Location of Work

174 Christy Rd.

Cost of Construction

\$ 12,000

Permit Fee

\$ 129

Building (IL) ☒

Plumbing (IS) ☐

Electrical (I2) ☐

Site Plan (U2) ☐

Other ☐

CBL:

173-A-29

Check #:

2445

Total Collected \$

129

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

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0329	Issue Date: MAR 30 2004	CBL: 193 A029001
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Location of Construction: 71 Bancroft St	Owner Name: Blaisdell Owen V &	Owner Address: 174 Christy Rd	Phone:
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-3

Past Use: single family	Proposed Use: single family - build 10' x 15' addition	Permit Fee: \$129.00	Cost of Work: \$12,000.00	CEO District: 3
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Proposed Project Description: build 10' x 15' addition	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Signature: <i>[Signature]</i>	INSPECTION: Use Group: R-3 Type: SB BOCA 1999 Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: tmm	Date Applied For: 03/30/2004	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

- ☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan
 Maj ☐ Minor ☐ MM ☐

Date: 3/30/04

Zoning Appeal

- ☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Date:

Historic Preservation

- ☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review
☐ Approved
☐ Approved w/Conditions
☐ Denied

Date: 3/30/04



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

12/4/04 - Checked Formox Al Hacks - no
problems seen - Rear 26⁺(25mg) sides 12⁺(8/14)
OK to pour.
JMK

05/07/04 - Check in inspection - framing OK -
electrical OK - no problems seen. OK to close in.



Residential 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>71 BANCROFT STREET, CITY</u>		
Total Square Footage of Proposed Structure <u>1320' (CURRENTLY 1170')</u>		Square Footage of Lot <u>7500'</u>
Tax Assessor's Chart, Block & Lot Chart# <u>193</u> Block# <u>A</u> Lot# <u>29+33</u>	Owner: <u>OWEN V. + MARSHA E. BLAISDELL</u>	Telephone: <u>207-797-8206</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>OWEN BLAISDELL</u> <u>174 CHRISTY ROAD</u> <u>PORTLAND, 797-8206</u>	Cost Of Work: \$ <u>12,000.00</u> Fee: \$
Current Specific use: <u>SINGLE FAMILY RESIDENCE</u>		
Proposed Specific use: <u>SAME</u>		
Project description: <u>150 SF ADDITION (10x15) TO KITCHEN</u> <u>ADD 1/2 BATH IN EXISTING KITCHEN AREA</u>		
Contractor's name, address & telephone: <u>WINSLOW + COMPANY 807-2855 (cell)</u>		
Who should we contact when the permit is ready: <u>OWEN BLAISDELL</u>		
Mailing address: <u>174 CHRISTY ROAD</u> <u>PORTLAND 04103</u> Phone: <u>207-797-8206</u>		

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

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections 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 of applicant:

Date:

3/22/04

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.

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 5-6-04
 Permit # 2004-4411
 CBL# 193 A 29

LOCATION: 71 BANCROFT ST.

METER MAKE & # _____

CMP ACCOUNT # _____

OWNER OWEN & MARSHA BLAISDELLTENANT OWEN BLAISDELLPHONE # 797-8206

TOTAL EACH FEE

OUTLETS	Receptacles	6	Switches	6	Smoke Detector	.20	2.40
FIXTURES	Incandescent	6	Fluorescent		Strips	.20	1.20
SERVICES	Overhead		Underground		TTL AMPS <800	15.00	
	Overhead		Underground		>800	25.00	
Temporary Service	Overhead		Underground		TTL AMPS	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	2	Cook Tops		Wall Ovens	2.00	4.00
	Insta-Hot		Water heaters		Fans	2.00	
	Dryers	1	Disposals	1	Dishwasher	2.00	4.00
	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	35.00	\$35.00
					MINIMUM FEE/COMMERCIAL 45.00		

CONTRACTORS NAME BRUCE MORRISMASTER LIC. # 4885ADDRESS 53 HARDING RD, GURHAM

LIMITED LIC. # _____

TELEPHONE 749-8223

04038

SIGNATURE OF CONTRACTOR

White Copy - Office

• Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or
Plantation

PORTLAND

Street
Subdivision Lot #

71 BANCROFT ST

PROPERTY OWNERS NAME

Last:

BRISSELL

First:

OWEN

Applicant
Name:

Craig Aube

Mailing Address of
Owner/Applicant
(If Different)

19 Aube Woods Way
Falmouth ME

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

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

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 88,781

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]

Number

Column 2

Type of Fixture

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

Other: _____

Fixtures (Subtotal)
Column 2

Number

Column 1

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

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

DEPT. OF BUILDING INSPECTION
PORTLAND, ME

MAY 10 2004

RECEIVED

TOWN COPY

CK # 2535

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