

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

See Read  
cation And  
es, If Any,  
ttached

BUILDING INSPECTION

Permit Number: 061243

PERMIT ISSUED  
OCT - 4 2006  
CITY OF PORTLAND

is to certify that O'Sullivan, Donald & Patricia Martins Country Homes

permission to new 26' x 32' Modular Cape

155 CAPISIC ST(149-151)

195 A006001

Provided that the person or persons who accept 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.

ification of inspection must be  
en and when permission proceed  
ore this building or part thereof is  
ed or service closed-in 4  
UR NO. REQUIRED

Apply to Public Works for street line and grade if nature of work requires such information.

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

*Jeannie Bonke* 10/3/08  
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: 06-1243  
 Issue Date: **ISSUED**  
 CBL: 195-A-005  
 195 A006001

<b>Location of Construction:</b> 155 CAPISIC ST(149-151)	<b>Owner Name:</b> O'Sullivan, Donald & Patricia	<b>Owner Address:</b> 283 Stevens Avenue	<b>Phone:</b> 207-272-0411
<b>Business Name:</b>	<b>Contractor Name:</b> Martins Country Homes	<b>Contractor Address:</b> P.O. Box 345 Mechanic Falls	<b>Phone:</b>
<b>Leasee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Single Family	<b>Zone:</b> R3

<b>Past Use:</b> Vacant Land / Split Lot	<b>Proposed Use:</b> Single Family Home/ new 26' x 32' Modular Cape	<b>Permit Fee:</b> \$2,155.00	<b>Cost of Work:</b> \$205,853.00	<b>CEO District:</b>
<b>Proposed Project Description:</b> new 26' x 32' Modular Cape		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R3 Type: SB ME MAN Housing Rules IRC-2003 Signature: AMB 10/3/06	
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: Date:		

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 08/24/2006	<b>Zoning Approval</b>	
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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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland N/A <input type="checkbox"/> Wetland N/A <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> Date: 10/17/06 MSK	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
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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.

<b>SIGNATURE OF APPLICANT</b>	<b>ADDRESS</b>	<b>DATE</b>	<b>PHONE</b>
		<b>DATE</b>	<b>PHONE</b>
<b>RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE</b>			

10/10/06 - footing forms C.K.

Setbacks O.K.

Left side is 19" to paved drive (shared left side)  
C.K.

Ch. N.

10/13/06 - foundation walls + footer c.k. to Buck Concrete 11/4/06  
C.K.

10/20/06. Backfill Insp. - Waterproofing ✓  
Drainage ✓  
Fabric ✓

\* will install pre-fab Bulkhead.

Ch. N. O.K. to Backfill

12/20/06 - Cyo inspection - need 3rd party  
resp into-w. l. for - all other items ok  
OK to issue Cyo. for M



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 155 CAPISIC ST(149-151) CBL 195 A006001

Issued to O'Sullivan, Donald & Patricia/Martins Country Homes Date of Issue 12/20/2006

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-1243, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Single Family Residency, Type 5b, Use Group R-3,  
Maine Manufactured Housing Rules, IRC 2003

**Limiting Conditions:**

DRC requirements for Loaming, Seeding and Landscaping to be completed by June 1, 2007.

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

# ELECTRICAL PERMIT

## City of Portland, Me.



*Send  
PASS to CMP*

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 Nov 21, 06

Permit # \_\_\_\_\_

CBL# 195 A 006

LOCATION: 149 Capisic METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # 441-179-0667-001 OWNER Donald O'Sullivan  
 TENANT \_\_\_\_\_ PHONE # 272-0411

*modular home*

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector			
				.20		
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	1 (number of)	1		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 55.00		MINIMUM FEE	<u>45.00</u>		

DEPT. OF BUILDING INSPECTION  
 CITY OF PORTLAND, ME  
 NOV 21 2006  
**RECEIVED**

CONTRACTORS NAME Taplin Electric Inc MASTER LIC. # MS60013654  
 ADDRESS 153 Dutton Hill Rd. LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 653-6107 657-5245

SIGNATURE OF CONTRACTOR Tim Taplin *#1533*

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: \_\_\_\_\_  
Street Subdivision Lot #: 175 Maple St

## PROPERTY OWNERS NAME

Last: Williams First: Michael

Applicant Name: Michael Williams

Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

PORTLAND PERMIT # 10119 TOWN COPY  
Date Permit Issued: 12/11/09 \$ 1124  Double Fee Charged  
Local Plumbing Inspector Signature: A. Rowe L.P.I. # 0641  
195 Ave

## 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.

## Caution: Inspection Required

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

Signature of Owner/Applicant

Date

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 # 1234

### 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

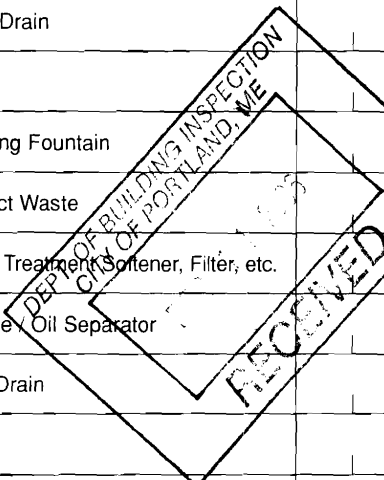
HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebib / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal		Sink
	Drinking Fountain		Wash Basin
	Indirect Waste		Water Closet (Toilet)
	Water Treatment (Softener, Filter, etc.)		Clothes Washer
	Grease / Oil Separator		Dish Washer
	Roof Drain		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2
			<b>Total Fixtures</b>
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			<b>Permit Fee (Total)</b>



FEE SCHEDULE  
PLATING FEE