

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 060605
JUN 30 2006
CITY OF PORTLAND

This is to certify that BARNARD CHARLES K & DONNA H JTS/Bay Cove Buildings/R
has permission to 2 unit- Add second dwelling unit - 32' x 32'
AT 93 HOBART ST L 197 H001001

provided that the person or persons in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of the 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.

Classification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4
YOUR 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

[Signature] 6/29/06
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: 06-0603	Issue Date:	TBL: 197 H001001
-----------------------	-------------	---------------------

Location of Construction: 93 HOBART ST	Owner Name: BARNARD CHARLES K & DONN	Owner Address: 93 HOBART ST	Phone:
Business Name:	Contractor Name: Bay Cove Builders/Robert Lefurgy	Contractor Address: 4 Kings Road York	Phone: 2073635550
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Dwellings	Zone: R5

Past Use: Single Family Home	Proposed Use: 2 unit- Add second dwelling unit. - 32' x 18'	Permit Fee: \$996.00	Cost of Work: \$100,000.00	CEO District: 3
Proposed Project Description: 2 unit- Add second dwelling unit - 32' x 18'		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B 6/29/06 Signature: [Signature]	

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: ldobson	Date Applied For: 04/28/2006	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

<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> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland <i>OK Section 14-435 excluding 6x12x16 yard</i></p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK w/ cond. has</i> Date: 4/27/06 <i>ARM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>ARM</i></p> <p>Date: _____</p>
---	---	---	--

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

* owner may need amended permit to do front porch on y
existing house. Contr is going to quote #

8/1/06 Demog. ✓
Ex. work.
Ex. work. (not on plan) ✓
No 1st floor (not on plan) ✓

10/2/06 Inspected Front Porch foundation - ok to backfill from B

11/15/06 - Ceiling of Basement - Fire Rated
All penetrations - Plumbing
Elect.

Kitchen Floor - Needs
Foaming.

11/22/06 - O.K. to Close-in
CEILING

01/24/07 - Final for CofO for 2nd Dwelling
unit - all work complete - OK For new

CofO. Jan M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 93 HOBART ST

CBL 197 H001001

Issued to BARNARD CHARLES K & DONNA H JTS/Bay Cove Build Date of Issue 01/24/2007

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. 06-0605, 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

APPROVED OCCUPANCY

Entire

Two Family, Use Group R-3, Type 5b, IRC 2003

Limiting Conditions:

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.

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	<i>Portland ME</i>
Street Subdivision Lot #	<i>23 1st St</i>

PROPERTY OWNERS NAME

Last:	<i>Conrad</i>	First:	<i>Charles</i>
Applicant Name:	<i>Charles Conrad</i>		
Mailing Address of Owner/Applicant (If Different)	<i>200 Pleasant St Portland ME 04104</i>		

PORTLAND PERMIT # 10065 TOWN COPY

Date Permit Issued: *10/26/06* \$ *166* If Double Fee Charged

L.P.I. # *0744*

Local Plumbing Inspector Signature: _____

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.

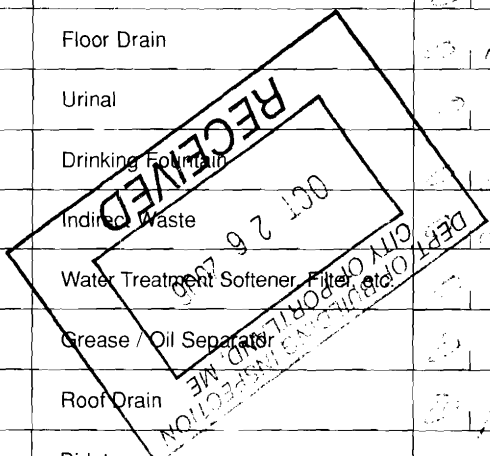
Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for 1. <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 checked="" 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 # <i>51114</i>
---	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		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
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		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



ELECTRICAL PERMIT

City of Portland, Me.

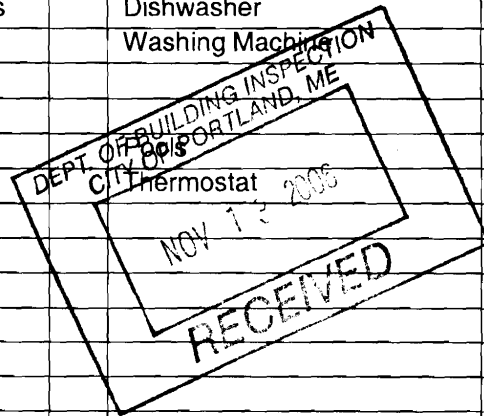


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 11/13/06
 Permit # 2006-5012
 CBL# 187-H-1

LOCATION: 93 Hobart METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Charles Bernard
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>50</u>	Receptacles	<u>30</u>	Switches	<u>6</u>	Smoke Detector	.20	<u>17.20</u>	
FIXTURES	<u>20</u>	Incandescent	<u>10</u>	Fluorescent		Strips	.20	<u>6</u>	
SERVICES	<u>X</u>	Overhead		Underground		TTL AMPS <u>200 A</u> <800	15.00	<u>15</u>	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
METERS	<u>(2)</u>	(number of)					1.00	<u>2</u>	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior		Exterior	5.00		
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens	2.00	<u>2</u>	
		Insta-Hot		Water heaters	<u>2</u>	Fans	2.00		
	<u>1</u>	Dryers		Disposals		Dishwasher	2.00	<u>2</u>	
		Compactors		Spa		Washing Machine	2.00		
MISC. (number of)		Others (denote)					2.00		
		Air Cond/win					3.00		
		Air Cond/cent					10.00		
		HVAC		EMS			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	<u>(2)</u>	Main	4.00	<u>8</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>56.20</u>



CONTRACTORS NAME T.A. NAPOLITANO MASTER LIC. # 7765
 ADDRESS P.O. BOX 230 S.P. LIMITED LIC. # _____
 TELEPHONE 799-0538
 SIGNATURE OF CONTRACTOR T.A. Napolitano