

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

PERMIT

Permit Number: 061080

PERMIT ISSUED

SEP 29 2006

CITY OF PORTLAND

 This is to certify that OKRENT MARK B & CHARLOTTE F WITTS/Carey M. Sell

 has permission to Interior renovations to kitchen & bath remove old window and replace with standard window

 AT 17 GARRISON ST

213 B001001

provided that the person or persons in firm or corporation 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.

ification of inspection must be
when and when permit on proce
before this building or part thereof is
closed or otherwise closed-in 4
OUR NOTICE 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

Thomas W. McAuley 9/28/06
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 ISSUED

SEP 29 2006

CITY OF PORTLAND

Permit No: 06-1280	Issue Date:	CBL: 213 B001001
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Location of Construction: 17 GARRISON ST	Owner Name: OKRENT MARK B & CHARLOT	Owner Address: 17 GARRISON ST	Phone:
Business Name:	Contractor Name: Carey Monsell & Co.	Contractor Address: 23 Glenwood Ave. Portland	Phone: 2077753984
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-2

Past Use: Single Family	Proposed Use: Single Family interior renovations to kitchen & bath remove bay window and replace with standard window	Permit Fee: \$320.00	Cost of Work: \$30,000.00	CEO District: 3
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003 Signature: Jm 9/28/06
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Proposed Project Description:
Interior renovations to kitchen & bath remove bay window and replace with standard window

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 08/30/2006	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: 8/31/06	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 type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 10/2/06 STK
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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
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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10/27/06 - checked new frames / plumbing / electric for
Close-in, no issues seen - OK to Close-in.

Jon M

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1280	Date Applied For: 08/30/2006	CBL: 213 8001001
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Location of Construction: 17 GARRISON ST	Owner Name: OKRENT MARK B & CHARLOTT	Owner Address: 17 GARRISON ST	Phone:
Business Name:	Contractor Name: Carey Monsell & Co.	Contractor Address: 23 Glenwood Ave. Portland	Phone (207) 775-3984
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family interior renovations to kitchen & bath remove bay window and replace with standard window	Proposed Project Description: Interior renovations to kitchen & bath remove bay window and replace with standard window
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Dept: Historical **Status:** Approved with Conditions **Reviewer:** Scott Hanson **Approval Date:** 10/02/2006
Note: **Ok to Issue:**
 1) New windows to have permanently attached exterior muntins ("simulated divided lites").

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/31/2006
Note: **Ok to Issue:**
 1) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within a Historic District.
 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
 3) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
 4) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
 5) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. It is understood that all alterations will be performed within the existing footprint.

Dept: Building **Status:** Approved **Reviewer:** Tom Markley **Approval Date:** 09/28/2006
Note: **Ok to Issue:**
 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Comments:

9/26/2006-gad: Permit approved by Scott on 9-25-06, returned to Inspections on 9-26-06.





General 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>17 GARRISON ST.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>213 B 001</u>	Owner: <u>MARK O'KRENT</u>	Telephone: <u>871-5969</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Carey Monsell</u> <u>SEE BELOW</u>	Cost Of Work: \$ <u>30,000</u> Fee: \$ <u>320</u> C of O Fee: \$ <u>N/A</u>
Current Specific use: <u>SF</u> If vacant, what was the previous use? _____ Proposed Specific use: _____		
Project description: <u>REMODEL KITCHEN & BATH, NEW DOOR & WINDOW</u> <u>IN SAME FOOTPRINT</u>		
Contractor's name, address & telephone: <u>CAREY MONSELL - 23 GLENWOOD AVE PORTLAND</u> <u>775-3984</u>		
Who should we contact when the permit is ready: <u>CAREY</u>		
Mailing address: <u>23 GLENWOOD AVE</u> <u>PORTLAND, ME. 04103</u>		Phone: <u>775-3984</u>

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, 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:

Carey Monsell

Date: 8/29/06

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

AUG 30 2006

RECEIVED

This is not a permit; you may not commence ANY work until the permit is issued.

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street Subdivision Lot #: 17 GARDEN

PROPERTY OWNERS NAME

Last: DERENT First: MARK

Applicant Name: PAUL DEEM

Mailing Address of Owner/Applicant (If Different):
PO BOX 120
301 FREEPORT RD
04002

06-8387

PORTLAND PERMIT # 10064 TOWN COPY

Date Permit Issued: 10/25/06 FEE \$ 146.00 If Double Fee Charged

Thomas Markley L.P.I. # 0744
Local Plumbing Inspector Signature

213 B 001

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: [Signature] Date: 11/16/06

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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 # <u>12146</u>

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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / 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 type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
OR TRANSFER FEE [\$6.00]	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
OR TRANSFER FEE [\$6.00]	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	5
		5
		30
		50

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

(Transfer Fee 20.)

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 9-20-06
 Permit # 06-4839
 CBL# 213 B 001

LOCATION: 17 Garrison St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Charlotte Whitt
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	10	Receptacles	15	Switches		Smoke Detector		.20	
FIXTURES	9	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		(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	
	1	Dryers		Disposals		Dishwasher		2.00	2.00
		Compactors		Spa	1	Washing Machine		2.00	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		45.00	
						MINIMUM FEE/COMMERCIAL		55.00	



CONTRACTORS NAME Hannan's Electric MASTER LIC. # 16842
 ADDRESS 897 Broadway St LIMITED LIC. # _____
 TELEPHONE 767 2471
 SIGNATURE OF CONTRACTOR Larry Hannan ✓ # 10373