389	Congress Street, 04101	Tel: (207) 874-8703	Permit Application 6, Fax: (207) 874-871		390 JUL 2 0	2001 213 E012001		
Loc	ation of Construction:	Owner Name: 7	David Hamlin	Owner Address	OTV OF DOL	Phone:		
124	17 Westbrook St	Meeaimon Me	a y Jane A &	1247 Westbr	ook sti UF PUI	RILA 207-878-7611		
Busi	ness Name:	Contractor Name		Contractor Add		Phone		
			regg/G&G Home Imp	541 E Main	St Yarmouth	2078463866		
Lessee/Buyer's Name Phone:				Permit Type: Alterations	Dwellings	\mathcal{L} - \mathcal{L}		
ast	Use:	Proposed Use:		Permit Fee:	Cost of Work:	CEO District:		
sin	gle family	interior rehab-	associated with	\$30.00 \$30.00 3				
			rior #01-0821 that has	FIRE DEPT:	SPECTION:			
		not be approve	ed to date, due to H.P.		Approved Us	se Group: R-3 Type: 5B		
				A		Jse Group: R-3 Type: 5B BOCA 1999 Signature: TMUNSOR		
				L N	1/r	BOCA 1999		
	oosed Project Description:			ľ	1	-11.		
inte bat	erior rehab, to include remod	tel first and second flo	or, new kitchen and	Signature:	Sig	nature: / MUNSor		
Uai	113			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				Action:	ed w/Conditions Denied			
				Signature:	DIL	Date [.]		
		Date Applied For:		Zor	ning Approval			
d٥	c	07/20/2001						
ι.	This permit application do	-	Special Zone or Revie	ws Zoning Appeal		Historic Preservation Not in District or Landmar		
	Applicant(s) from meeting Federal Rules.	applicable State and	Shoreland					
•			_					
2.	Building permits do not in- septic or electrical work.	clude plumbing,	Wetland	M	iscellaneous	Does Not Require Review		
3.	Building permits are void i	if work is not started	Flood Zone		onditional Use	Requires Review		
	within six (6) months of th				1) 1			
	False information may inve permit and stop all work.	alidate a building	Subdivision	🔲 In	terpretation	Approved		
	permit and stop an work		Site Plan		proved	Approved w/Conditions		
			Maj Minor MM		enied	Denied		
			Date: 7/20/0	Date:	1/20/01	Date: 7/20/01		
				1/2	0/01-Spoke	to sett thrm.		
				1	OK for 1	Interior		
					1110/1/ 1	92/11 - 11		
					work	mly. TM		

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.

4	regg	(a
SIGNATU	RE OF AI	PPLICANT

ADDRESS

in

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the Clty, payment arrangements must be made before permits of any kind are accepted.

١

Location/Address of Construction: 124	17 Westbrook S	74								
Total Square Footage of Proposed Structu Existing	re Square Footage of Lot	15000								
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# Lot# Lot# Lot# Lot# Lot# Lot# Lot	Owner: Hamlin Pavid Hamlin Tom Happen	Telephone: 879 - 76/1								
Lessee/Buyer's Name (If Applicable)	ver's Name (If Applicable) Applicant name, address & telephone:									
	Same	Fee: \$ 30- P. OUM								
Current use: <u>Residential</u>										
If the location is currently vacant, what we	as prior use:									
Approximately how long has it been vacc										
Proposed use: Residentia										
Project description: Remodel top	floor thange and new	antitoro staters								
Project description: Remodel top	Spatter Inter	ONLY								
Contractor's name, address & telephone:	Contractor's name, address & telephone: Gregg Carmic hael 846-3866 347 E Main St Varmouth 846-3866									
Who should we contact when the permit	is ready: <u>Gregg</u>	_								
Mailing address: 541E Main St		cell 232 3219								
Parmouth Me	04094	Phone: 846-3866								

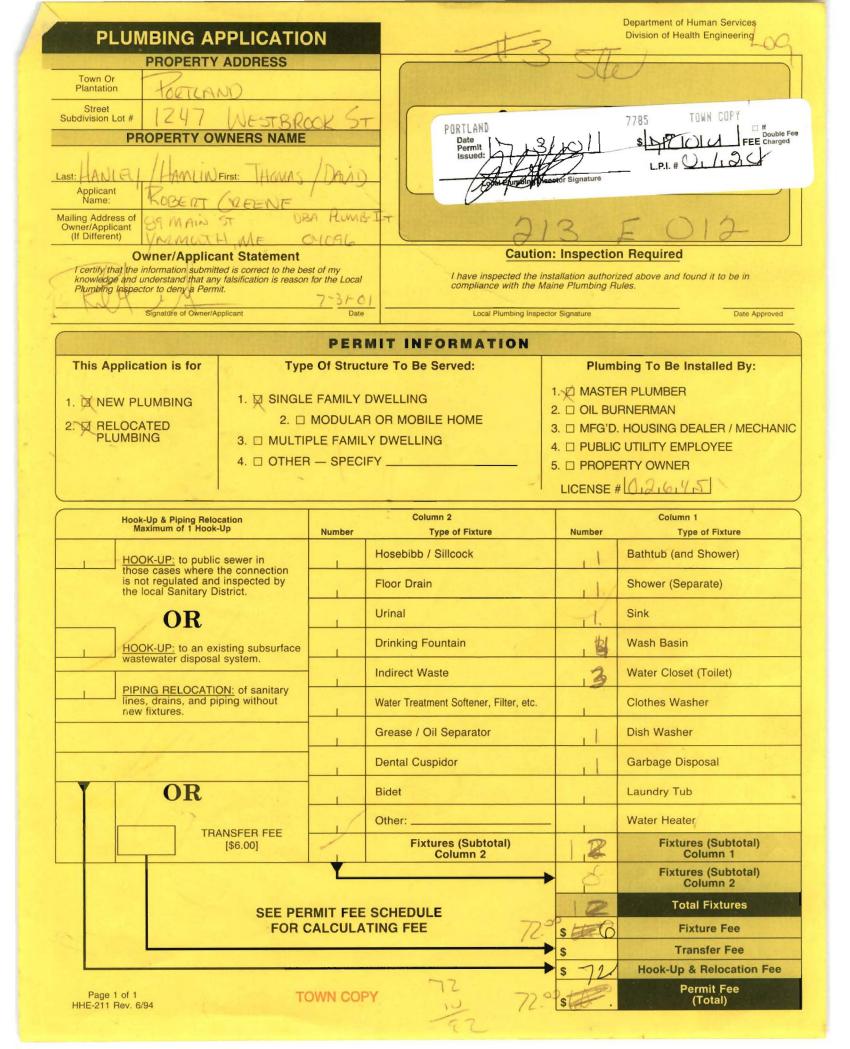
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

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 ogent. 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 outhority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

	DUIA		
Signature of applicant: Lucit	auchae.	Date:	
	Coor		

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

PLUMBING APPLICAT	ION		- 7	Division of Health Engineering			
PROPERTY ADDRESS	中部受到		> Sta				
Town Or Plantation TORTLAND		和你们的任何 不是					
Subdivision Lot # 1247 WESTB PROPERTY OWNERS NAM		PORTLAND Date Permit Issued:	Permit Disting STIDIA = Double F				
ast: HANLEY / HAMLINFirst: THOMA	ts/Daid	1≩ Local Plumbing	Insector Signature	L.P.L.#			
Applicant Name: ROBERT (LEENE ailing Address of Dwner/Applicant 89 MAIN ST	DRA HUMB	PEr 2	13	E OIZ			
(If Different) VALMUTH, ME Owner/Applicant Statemer	04.096	Caut	ion: Inspectio	on Required			
T certify that the information submitted is correct to the knowledge and understand that any falsification is rea Physiology inspector to deny a Permit.	e best of my	I have inspected the compliance with the		ized above and lought to be in 0/4/			
Signature of Arner/Applicant	Date	Local Plumbing Ins	spector Signature	Date Approved			
	PER	MIT INFORMATION	"神影经过				
1. X NEW PLUMBING 1. X SING 2. X RELOCATED PLUMBING 3 □ MUL	GLE FAMILY I	R OR MOBILE HOME Y DWELLING	1. 2 MASTE 2. 0 OIL BU 3. MFG'D 4. 0 PUBLIC 5. 0 PROPE	Ibing To Be Installed By: ER PLUMBER JRNERMAN D. HOUSING DEALER / MECHAN C UTILITY EMPLOYEE ERTY OWNER # 0.2.6.4.5			
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type at Fixture	Number	Column 1 Type of Fixture			
	NUILDAL	Hosebibb / Sillcock	Kumber	Bathtub (and Shower)			
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Floor Drain		Shower (Separate)			
OR		Urinal	1	Sink			
, HOOK-UP: to an existing subsurfac	ce I	Drinking Fountain	1	Wash Basin			
wastewater disposal system.	_	Indirect Waste	3	Water Closet (Toilet)			
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer			
		Grease / Oil Separator		Dish Washer			
		Dental Cuspidor		Garbage Disposal			
OR		Bidet	1	Laundry Tub			
		Other:		Water Heater			
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1			
			+ 0	Fixtures (Subtotal) Column 2			
SFEP		SCHEDULE	12	Total Fixtures.			
	R CALCULA			Fixture Fee			
L			→ s	Transfer Fee			
L			→ s .	Hook-Up & Relocation Fee			
	STATE CO			Permit Fee			





CITY OF PORTLAND, MAINE Department of Building Inspection

20 ael Received from a fee /100 Dollars \$ insta erect lor rehab alter for permit to move demolish Kor S Est. Cost \$ at 213-6012 3160 Inspector of buildings BP. 61-0890 P

THIS IS NOT A

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 \$5.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy **PINK - Auditors Copy**

Form # P 01

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:

7-27.01 Date Permit # ___ CBL# 213 F OI

LOCATION: 1247	Congi LESTA	eo "METER MAKE & #	N.A CDL#-	-1) -
CMP ACCOUNT #	~ A	OWNER PALE	HAMLIN	
TENANT		PHONE #		
		1 100		

					a an A i		TOTAL	EACHF	EE
OUTLETS	50	Receptacles	20	Switches	Smoke Detector			.20	
FIXTURES	20	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	
					-		1.1.1.1.	25.00	
METERS		(number of)		-			0	1.00	
MOTORS		(number of)	a la	a saabil ayo nagara	a contrar a da da est	1	- John I	2.00	
RESID/COM		Electric units			N	2		1.00	
HEATING	1	oil/gas units		Interior	Exterior			5.00	
APPLIANCES	1	Ranges		Cook Tops	Wall Ovens			2.00	
	1.	Insta-Hot		Water heaters	Fans			2.00	
	1	Dryers		Disposals	Dishwasher			2.00	
	-	Compactors		Spa	Washing Machin	e		2.00	
		Others (acrosse)						2.00	
MISC. (number of)	-	Air Cond/win	-					3.00	
	-	Air Condicent			Pools			10.00	
	-	HV.C		EMS	Thermostat			5.00	
	-	Stins					-	10.00	
		A arms/ es						5.00	
		Alarms/com			-		-	15.00	
		Heavy Duty(CRKT)					1	2.00	
		Circus/Carny			7.4 .			25.00	
	\mathbf{V}	Alterations			01			5.00	
	-	Fire Repairs						15.00	
		E Lights						1.00	
	-	E Generators		-	C			20.00	
								1.00	
PANELS		Service		Remote	Main			4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva			TOTAL AMOUN			10.00	
	+	MINIMUM FEE/CO	DMM	ERCIAL 45.00	MINIMUM FEE	(35.00		35.0
INSPECTION:		Will be ready			or will call				
ONTRA GTORS NA		LIGHTVING	Ľ	lectru	MASTER LIC. #	33	< 0 >		
DDDESS POD	87	5	-		MASTER LIC. #				
ELEPHONE 774	1-	116							
		A.	1	,					
IGNATURE OF CO		ACTOR M2	4	ine					

		RICAL PER Portland, M		r Aless	RGA	周12	S	-14	-/5	ĩw,
To the Chief Electrical I	asna	tor Portland Maino:		A SOL	TLAN	15		1.		
The undersigned hereb				electrical installa	tione	Dat	e _/	7-21	2.01	
in accordance with the									123	2
						1 61	mit #			2-1-
National Electrical Code LOCATION: /247 CMP ACCOUNT #	- und	CHEL 5	oution	5'		CB	L#	13	E O	12
LOCATION: 124	7	Con LES	"B	METER M	AKE	& #	1			
CMP ACCOUNT #	N	· A		OWNER	DAL	-E HAMLIN	6			
						1 E	-	TOTAL	EACH	CEE
OUTLETS	-	Receptacles		Switches		Smoke Detector		IUIAL	.20	FEE
UUILLIS	50	neceptacies	20	Switches		SHOKE Delector			.20	
FIXTURES	20	Incandescent		Fluorescent		Strips			.20	
	20	incandescent		ridorescent		Ourps			.20	
SERVICES		Overhead		Underground		TTL AMPS	<800		15.00	
JEITHOED		Overhead		Underground			>800		25.00	
		Overnead		Underground			2000		23.00	
Temporary Service		Overhead		Underground		TTL AMPS			25.00	
		Overnead		Underground	-			ARM	25.00	- Trug
METERS		(number of)	-					,	1.00	
MOTORS		(number of)	-	Contraction of	~	N	1.5	91	2.00	the states
RESID/COM		Electric units			-			0	1.00	- 21:21
HEATING	1	oil/gas units		Interior	-	Exterior	1	1 1	5.00	
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens			2.00	
	1	Insta-Hot		Water heaters		Fans			2.00	
	1	Dryers		Disposals		Dishwasher			2.00	
	1	Compactors		Spa	-	We shing Machin	0		2.00	
<u> </u>		Others (denote)		opa	V	We ming watering	~		2.00	
MISC. (number of)		Air Cond/win	-						3.00	
		Air Cond' ant			-	Prais			10.00	
		HVAC		EMB	1	Thermostat			5.00	
		Signs							10.00	
		Alarms/res			-			1	5.00	
		Alarms			-			- 7	15-00	
		Heavy Du y(CRKT)					12		07.00	
	1	Circus Cally	-				02		25.00	
		Alterations					-		5.00	
		Fire Repairs	1		1			10	-5.00 -100	the state
		E Linhts	-		_	6		1	100	
		E Cenerators			- ALI				20.00	
				11	-					
PANELS		Service	-	Reserve		Main			4.00	-
TRANSFORMER		0-25 Kva		-					5.00	
		25-200 Kva		1					8.00	
		Over 200 Kva	-						10.00	
						TOTAL AMOUN	TDUE	2)	
		MINIMUM FEE/CO	OMM	ERCIAL 45.00		MINIMUM FEE	(35.00	,	35.00
INSPECTION:	-	Will be ready			or	will call				2
							75	02		
CONTRACTORS NA	ME	LIGHTLING	E	Leciple		MASTER LIC. #	23			

_ LIMITED LIC. # _____

CONTRACTORS NAME LIGHTAINS ELECTRIC ADDRESS POB 875 TELEPHONE 774-3116

SIGNATURE OF CONTRACTOR M2 Leve