City of Portland, Main	Ç				
389 Congress Street, 0410	1 Tel: (207) 874-8703	5, Fax: (207) 874-871	.6 04-1796	217 A012001	
Location of Construction:	Owner Name:		Owner Address: DEC	2 9 2004 Phone:	
1859 Congress St	Kelly-rosenbe	rg Robert L	1859 Congress St	2004	
Business Name:	Contractor Name		Contractor Address:	Phone	
	Dead River Co	ompany	PO Box 467 Scarborough	PORTI AN P078839515	
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:	
			HVAC		
Past Use:	Proposed Use:		Permit Fee: Cost of Wo	ork: CEO District:	
Single Family Home	Single Family	Home/ Install HB	\$66.007 .54,8	300.00 3	
		n basement / 275 gal	asement / 275 gal FIRE DEPT: Approved Use Group:		
Proposed Project Description:			1-121	IMC 2003	
Install HB Smith Boiler in b	asement / 275 gal oil tan)	¢.	Signature: Signature:		
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
			Action: Approved Approved	pproved w/Conditions 🗌 Denied	
			Signature:	Date:	
Perinit Taken By: Date Applied For:			Zoning Approv	/al	
Idobson	12/06/2004				
1. This permit application	does not preclude the	Special Zone or Revie	ews Zoning Appeal	Historic Preservation	
Applicant(s) from meeti Federal Rules.	ing applicable State and	Shoreland	Variance	Not in District or Landmark	
 Building permits do not include plumbing, septic or electrical work. 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 		Wetland	Miscellaneous	Does Not Require Review	
		Flood Zone	Conditional Use	Requires Review	
		Subdivision	Interpretation	Approved	
		Site Plan	Approved	Approved w/Conditions	
		Maj 🗌 Minor 📫 MM	1 Denied	Denied /	

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

City of Portland, Maine - Bui	lding or Use Permit	Permit No:	Date Applied For:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716	04-1796	12/06/2004	217 A012001
Location of Construction:	Owner Name:	0	Owner Address: Phone:		
1859 Congress St	Kelly-rosenberg Rober	rt 1	859 Congress St		
Business Name:	Contractor Name:	C	Contractor Address:		Phone
	Dead River Company	F	PO Box 467 Scarborough		(207) 883-9515
Lessee/Buyer's Name	Phone: Permit Type: HVAC				
Proposed Use: Single Family Home/ Install HB Smi oil tank	th Boiler in basement / 2	•	Project Description: HB Smith Boiler in	n basement / 275 gal	oil tank
Dept: Zoning Status: A Note:	pproved	Reviewer:	Tammy Munson	Approval D	ate: 12/28/2004 Ok to Issue: 🗹
Dept: Building Status: A Note: 1) Installation shall comply with 200	pproved with Condition		Tammy Munson te of Maine Oil an	Approval D d Solid Fuel Board	Ok to Issue: 🗹

BUILDING PERMIT INSPECTION PROCEDURES Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before **any** site work begins on any project other than single family additions or alterations.

Footing/Building Location Inspect	ion: Prior to pouring concrete
<u> </u>	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
MA Framing/Rough Plumbing/Electric	cal: Prior to any insulating or drywalling
MA Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES. CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED Signature of Applicant/Designee CBL: 2/7 - A - 33 Building Permit #: 04 - 0284

Р	LUMBING A	PPLICATIO	ON			Department of Human Sciences Division of Health Engineering		
	PROPERTY	ADDRESS						
Town Planta	or City	(D 11	nd					
	Subdivision Lot # Rivers Edge hot # 3				Coution: Pormit Required			
		WNERS NAME		PORTLAND	89	19 TOWN COPY		
Last:	ast coast	DEN LL First:	- C	Permit S Q I				
Applica		a. Coli	PLU TAY		ignature			
Mailing Add Owner/App (If Differ	dress of 28 Sti plicant 28 Sti	adwater rook Me.	Street 04092	21	217 H 33			
	Owner/Appli	cant Statement		Cau	tion: Inspect	tion Required		
knowled	that the information subm lge and understand that a g Inspectors to deny a Pe	ny falsification is reaso		compliance with the		rized above and found it to be in Rules.		
All	Signature of Owner/A	Applicant	Date	Local Plumbing In:	spector Signature	Date Approved		
	Orginature of Owner/A	approximent.	Dale		openior orginature	Date Approved		
			PERMI	T INFORMATION				
This Ap	plication is for	Тур	e of Structur	re To Be Served:	Plun	bing To Be Installed By:		
1. 🛒 NE	W PLUMBING	1. X SINGLE	FAMILY DWE	LLING	1. 💢 MAST	ER PLUMBER		
2 🗆 BE	LOCATED	2. 🗆 M(DULAR OR	MOBILE HOME		JRNERMAN		
PLU	JMBING	3. 🗆 MULTIPL			3. 🗆 MFG'[MFG'D. HOUSING DEALER/MECHANIC		
				LELING	4. 🗆 PUBLI	C UTILITY EMPLOYEE		
		4. 🗆 OTHER -	- SPECIFY		5. PROPERTY OWNER			
					LICENSE	# 6,27,271		
	ok IIn 8 Dining Delegat	laa	[Column 2	LIGENO			
HO	ok-Up & Piping Relocat Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture		
	HOOK-UP: to public sewer in those cases where the connection		121	Hosebibb / Sillcock	2	Bathtub (and Shower)		
	is not regulated and the local Sanitary Di		1	Floor Drain	1	Shower (Separate)		
	0	R		Urinal	, 1	Sink		
	HOOK-UP: to an exi wastewater disposal	sting subsurface	Drinking Fountain		15	Wash Basin		
(PIPING RELOCATIO			Indirect Waste	3	Water Closet (Toilet)		
	lines, drains, and pip new fixtures.		Water Treatment Softener, Filter, etc.		1	Clothes Washer		
			(Grease / Oil Separator	11	Dish Washer		
				Dental Cuspidor	1	Garbage Disposal		
	OI	R	E	Bidet	1	Laundry Tub		
			(Other:	T	Water Heater		
	TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1			
			Y			Fixtures (Subtotal)		
	SEE PERMIT FEE SCHEDULE				Column 2 Total Fixtures			
			ALCULATIN		16			
-						Fixture Fee		
						Transfer Fee		
						Hook-Up & Relocation Fee		
Pag	gelofi al	(0)		1021	100	Permit Fee		
HHE-21	ge 1 of 1 11 Rev. 6;94 CK	6502		102/10	102	(Total)		

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:

Date ____ 5-4-04 Permit #_ 2004-4400 CBL# 217 A 33

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LOCATION: 22 - Herifage	
LUCATION: Jo Herifage	
CMP ACCOUNT #	OWNER Joe Robasion East Coast Devoilment
TENANT	PHONE # 415-7586

							AL EACH	FEE 60
OUTLETS	70	Receptacles	60	Switches	8	Smoke Detector	.20	27/00
			•	_				60
FIXTURES	20	Incandescent	3	Fluorescent		Strips	.20	4 00
SERVICES		Overhead	1	Underground		TTL AMPS <800	15.00	15000
		Overhead	/	Underground		>800	25.00	10 /-
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	0
METERS		(number of)	1				1.00	100
MOTORS		(number of)	-/				2.00	/
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	3
APPLIANCES	1	Ranges		Cook Tops	-	Wall Ovens	2.00	2000
	(Insta-Hot		Water heaters	3	Fans	2.00	1.200
	1	Dryers	1	Disposals	1	Dishwasher	2.00	1.00/07)
		Compactors	-(-	Spa	,	Washing Machine	2.00	100/00
		Others (denote)			-1		2.00	0 100
MISC. (number of)	1	Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
	1	Alarms/com					15.00	
	1	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	1	Main	4.00	UP IT
TRANSFORMER	-	0-25 Kva					5.00	1100
		25-200 Kva					8.00	
	1	Over 200 Kva	-				10.00	
						TOTAL AMOUNT DUE	_	20
		MINIMUM FEE/CC	MMI	ERCIAL 45.00		MINIMUM FEE 35.	00	108 /50

30 hem

CONTRACTORS NAME ADDRESS 34 TELEPHONE

MASTER LIC. # LIMITED LIC. #

SIGNATURE OF CONTRACTOR

Yellow Copy - Applicant White Copy - Office

TO:	Inspections Department
FROM:	Jay Reynolds, Development Review Coordinator
DATE:	September 17, 2004
RE:	C. of O. for #22 Heritage Court, River's Edge Subdivision, lot 3 (CBL 217A033) (ID 2004-0055)

After visiting #22 Heritage Court, I have the following comments:

Site work complete:

At this time, I recommend issuing a permanent Certificate of Occupancy.

Please contact me if you have any questions or comments.

- Cc: Sarah Hopkins, Development Review Services Manager Mike Nugent, Inspection Services Manager File: Urban Insight
- File: O:\plan\drc\heritage22a.doc



Signature of Installer,

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

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		I
		I
		I
		1

217 A12

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL/JT#12 RiversBuge Name and address of owner of appliance STroutwater	Use of Building Res Date 12/6/04
Installer's name and address Jimino'r PAM PORHUND DE 04103	1407 Riversive ST Telephone 797-3174
Location of appliance: Basement I Floor Attic I Roof	Type of Chimney: Masonry Lined Factory built
Type of Fuel:	Metal Factory Built U.L. Listing #
Appliance Name: HB Smith U.L. Approved D Yes D No	Direct Vent Type UL#
Will appliance be installed in accordance with the manufacture's installation instructions? Yes	Type of Fuel Tank A Oil U Gas Size of Tank <u>275</u> 94/
The Type of License of Installer: Master Plumber # 45688 Solid Fuel # 3516 Oil #	Number of Tanks Distance from Tank to Center of Flamefeet. Cost of Work: \$
Gas # Other	Permit Fee: 5 46
Approved Fire:	Approved with Conditions See attached letter or requirement Inspector's Signature Date Approved
	Inspector's Signature Date Approved