Form # P 04

#### DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Any, Attached

### PUIL DING\_INSPECTION

CITY OF PORTLAND	
BUILDING INSPECTION	PERMIT ISSUED
PERIVIN	Permit Number: 051309 <b>OCT</b> 3 2005
T.M. & MA ALISE'S GAY CLOSE JTS. Ilica	
ed to new sr : 12 x 2	CITY OF PORTI AND

This is to certify that CLOSE ROBERT M & M/ ALISE S GAY CLOSE ITS

has permission to Move storage shed to new st 12 x 20

AT 29 CAPTAINS LANDING

217 B054001

provided that the person or persons ion a epting this permit shall comply with all rm orl of the provisions of the Statutes of ine and or the Or ances of the City of Portland regulating the construction, maintenance and e of buildings aim uctures, 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.

fication Inspe on mus n and w en permi on proc re this lding or rt there ed or erwise osed-in JR NO JUIRED.

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

Directo - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

874-8703, Fax: (2 or Name: DSE ROBERT M & ractor Name: licant/ owner e: osed Use: gle Family Home/ M it to new space 12 x	MARIALI  Move storage 20	Owner Address: 29 CAPTAINS Contractor Address Portland Permit Type: Sheds Permit Fee: \$39.00 FIRE DEPT:  Signature: PEDESTRIAN AC Action Appr	COST OF WORK: \$1,200.00  Approved INSP Usc  Sign TIVITIES DISTRICT	Phone RTLAND  Zoue: C-8  CEO District: 3 R-3-2  ECCTION: Group: Type: 573  ature:
OSE ROBERT M & ractor Name: licant/ owner e: osed Use: gle Family Home/ M i to new space 12 x	MARIALI  Move storage 20	29 CAPTAINS Contractor Address Portland Permit Type: Sheds Permit Fee: \$39.00 FIRE DEPT:  Signature: PEDESTRIAN AC Action Appr	Cost of Work: \$1,200.00  Approved INSP Usc  Sign TIVITIES DISTRICT	Phone RTLAND  Zoue:  C=8  CEO District: 3
ractor Name: licant/ owner e: cosed Use: gle Family Home/ M i to new space 12 x	Aove storage 20	Contractor Address Portland  Permit Type: Sheds  Permit Fee: \$39.00  FIRE DEPT:  Signature: PEDESTRIAN ACTION Approximation Appr	Cost of Work: \$1,200.00  Approved INSP Usc  Sign TIVITIES DISTRICT	Phone RTLAND  Zone: C-8  CEO District: 3
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gle Family Home/ Nd to new space 12 x	Aove storage 20	\$39.00  FIRE DEPT:  Signature:  PEDESTRIAN AC  Action Appr	\$1,200.00 Approved INSF Usc Usc Sign	3 R-3 Z PECTION: Group: Type: 573  TRC 2303  ature: Y(P.A.D.) w/Conditions Denied
for:	20	Signature:  Signature:  Signature:	Approved INSP Usc Sign	Type: 573  Type: 573  Type: 573  ature: (P.A.D.)  w/Conditions   Denied
For:		Signature:  PEDESTRIAN AC  Action Appr  Signature:	Deviced Usc  Sign  TIVITIES DISTRICT	Group: Type: 573  ature: (P.A.D.)  w/Conditions Denied
		PEDESTRIAN AC  Action Appr  Signature:	Deviced Use Sign	ature:  (P.A.D.)  w/Conditions  Denied
		PEDESTRIAN AC  Action Appr  Signature:	Sign TIVITIES DISTRICT	ature: (P.A.D.) w/Conditions Denied
		PEDESTRIAN AC  Action Appr  Signature:	TIVITIES DISTRICT	ature: (P.A.D.) w/Conditions Denied
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		Action Appr		w/Conditions Denled
		Signature:	roved Approved	
				Date:
		Zonin		
5		Zonin	ng Approval	
ude the Speci	ial Zone or Review	ws Zo	ning Appeal	Historic Preservation
	oreland	☐ Varia	nce	Not in District or Landmark
oing, Wet	tland	☐ Misco	ellaneous	Does Not Require Review
	-17.	Cond	stianal Ilaa	Requires Review
or starrou	od Zone	Condi	itional Use	Requires Review
1.1	odivision	Interp	pretation	Approved
☐ Site	; Plan	Д Аррго		Approved w/Conditions
Maj O L Date:	Minor MM	Denic Denic	cd	Denied Consultal D. A Alrendy Consultal D. Shedis Not seen Date:
),	t started annue. ding Sub	Flood Zone  Jance.  Ja	t started	t started

#### 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.

such permit.			
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# 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 City, payment arrangements must be made before permits of any kind are accepted.

LO	cation/Address of Construction: 207	24 RI	VERS EDGE SUBDI	VIS100V
То	tal Square Footage of Proposed Structu	ırə	Square Footage of Lot 35,909	
	x Assessor's Chart, Block & Lot nart# Block# Lot#	Owner: ROB MAR	ERT M. CLOSE PIALISE S. GAY CLOS	Telephone: 879-0085
Les	ssee/Buyer's Name (If Applicable)	1	E AS ABOUT	Cost Of F Work: \$ 1200
Cu	irrent use: <u>STORAGE</u> GARDEN	700C5-		TOTTE AND, ME
If th	he location is currently vacant, what wo	as prior use:	SEF	<del>2 -</del> 6 2005
Ар	Approximately how long has it been vacant:			
Proposed use: STORAGE BARDEN TOOLS  Project description: MOVE 12'X 20' FOOT SHED FROM BUFFER ZONE  TO AREA OUT OF BUFFER COMPLYING WITH SET BACK  Contractor's name, address & telephone:  Contractor's name, address & telephone:				
Col	ntractor's name, address & telephone:	CED DN	cavenere iscans	negul ke hoero
Wh Ma We revi	will contact when the permit will be a supplied to the suppli	is ready:	That we too	the permit and ar will be issued
and	tasionar Thic is A legA	2 Act	has he	333
MARG Per om I have move	ntractor's name, address & telephone: so should we contact when the permit filling address:  will contact the may team less the record of the sound to be  this or  this or  this or  pending your  thanks	person ned with tea I distr	hat wasn't whed - I'm a whed - I'm a	TOMATICALLY ITIONAL  sposed work and that I applicable laws at this notized representative the codes applicable
PENNY	Took pending your	Structu	Date: 9-5	-05
	206 CLOSE may n	ot comme ay be sub)	nce ANY work until the ect to additional permi- the 4th floor of City Hall	permit is issued. Iting and fees with the



#### CITY OF PORTLAND, MAINE

**Department of Building Inspections** 

	Jest 6 20 05
Received from	cure ( lose
Location of Work	19 Captains kinding
	120000
Permit Fee \$_	3000
Building (IL) Plumbing	g (I5) Electrical (I2) Site Plan (U2)
Other	
CBL: 217 B 03	4
Check #:	Total Collected s_39,

## THIS IS NOT A PERMIT

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 \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy YELLOW - Office Copy PINK - Permit Copy

cona

Check# 1237 Department of Human Sciences 2003-8216 PLUMBING APPLICATION Division of Health Engineering PROPERTY ADDRESS Town or Plantation Street PORTLAND Subdivision Lot # Date Permit Issued PROPERTY OWNERS NAME Last Applicant Mailing Address of Owner/Applicant (If Different) **Owner/Applicant Statement** Caution: Inspection Required I have inspected the installation authorized above and found it to be in I certify that the information submitted is correct to the best of my compliance with the Maine Plumbing Rules. knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit Signature of Owner/Applicant Local Plumbing Inspector Signature Date Approved PERMIT INFORMATION This Application is for Type of Structure To Be Served: Plumbing To Be Installed By: 1. NEW PLUMBING 1. SINGLE FAMILY DWELLING 1. Z MASTER PLUMBER OIL BURNERMAN 2. MODULAR OR MOBILE HOME RELOCATED PLUMBING 3. MFG'D. HOUSING DEALER/MECHANIC 3. MULTIPLE FAMILY DWELLING 4. PUBLIC UTILITY EMPLOYEE 4. OTHER - SPECIFY 5. PROPERTY OWNER LICENSE # 4275 Hook-Up & Piping Relocation Column 2 Column 1 Maximum of 1 Hook-Up Type of Fixture Type of Fixture Number Number HOOK-UP: to public sewer in Hosebibb / Sillcock Bathtub (and Shower) those cases where the connection is not regulated and inspected by Shower (Separate) Floor Drain the local Sanitary District. Urinal Sink Wash Basin **Drinking Fountain** HOOK-UP: to an existing subsurface wastewater disposal system. Indirect Waste Water Closet (Toilet) PIPING RELOCATION: of sanitary lines, drains, and piping without Water Treatment Softener, Filter, etc. Clothes Washer new fixtures. Grease / Oil Separator Dish Washer **Dental Cuspidor** Garbage Disposal Bidet Laundry Tub OR Other: Water Heater TRANSFER FEE Fixtures (Subtotal) Fixtures (Subtotal) [\$6.00] Column 2 Column 1 Fixtures (Subtotal) Column 2 SEE PERMIT FEE SCHEDULE **Total Fixtures** FOR CALCULATING FEE Fixture Fee Transfer Fee 3@ 24 TOWN COPY Hook-Up & Relocation Fee **Permit Fee** Page 1 of 1 (Total) HHE-211 Rev. 6;94