

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

# PERMIT

Permit Number: 060425  
APR 20 2006

CITY OF PORTLAND

This is to certify that LaBombard, Curt

has permission to interior renovations & enlarge kitchen

AT 176 CAPISIC ST

PL 223 B006001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

Notification of inspection must be given and written permission procured before this building or part thereof is leased or otherwise closed-in. 24 HOUR 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]*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

# SCANNED

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 06-0425	Issue Date: APR 20 2006	CBL: 223 B006001
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Location of Construction: 176 CAPISIC ST	Owner Name: LaBombard, Curt	Owner Address: 176 Capisic Street	Phone: 207-553-2012
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone:

Past Use: Single Family Home	Proposed Use: Single Family Home/ interior renovations & enlarge kitchen	Permit Fee: \$39.00	Cost of Work: \$2,000.00	CEO District: 3
Proposed Project Description: interior renovations & enlarge kitchen		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type 5D 4/20/06 Signature: <i>[Signature]</i>	
		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: Idobson	Date Applied For: 03/30/2006	<b>Zoning Approval</b>		
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<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><b>Special Zone or Reviews</b></p> <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: _____	<p><b>Zoning Appeal</b></p> <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: _____	<p><b>Historic Preservation</b></p> <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 type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

4/27/06 Close n. Enlarged opening in Kitchen has been  
Reinforced. OK to close in JIL

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 06-0425	Date Applied For: 03/30/2006	CBL: 223 B006001
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Location of Construction: 176 CAPISIC ST	Owner Name: LaBombard, Curt	Owner Address: 176 Capisic Street	Phone: 207-553-2012
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home/ interior renovations & enlarge kitchen	Proposed Project Description: interior renovations & enlarge kitchen
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<b>Dept:</b> Zoning	<b>Status:</b> Not Applicable	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 04/20/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Residential Plan Revie	<b>Approval Date:</b> 04/20/3006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 04/04/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All work shall comply with NFPA 1 Chapter 16			

# 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.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- 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.

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~

[Signature]  
Signature of Applicant/Designee

4-21-06  
Date

[Signature]  
Signature of Inspections Official

4-21-06  
Date

CBL: 2233006 Building Permit #: 06 0425



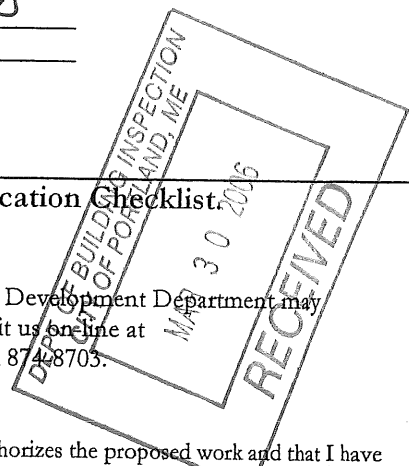
# General Building Permit Application

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>176 CAPISIC</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>223      B      C</u>	Owner: <u>CURT LABOMBARD</u>	Telephone: <u>553-2012</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>CURT LABOMBARD      553-2012</u> <u>176 CAPISIC ST.</u> <u>PORTLAND ME 04102</u>	Cost Of Work: \$ <u>2000.00</u> Fee: \$ _____ C of O Fee: \$ _____
Current Specific use: <u>Primary Residence</u> If vacant, what was the previous user? _____ Proposed Specific use: _____		
Project description: <ul style="list-style-type: none"> <li>• Remove sheetrock from kitchen, bath, office</li> <li>• Repair rotten floor boards in bathroom</li> <li>• Make wet wall in bath 2x4 from 2x3</li> <li>• Enlarge opening in kitchen <del>to</del> from 48" to 86"</li> </ul>		
Contractor's name, address & telephone: Who should we contact when the permit is ready: <u>CURT LABOMBARD</u> Mailing address: <u>176 CAPISIC ST. PORTLAND ME 04103</u> Phone: <u>553-2012</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 online at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections office, room 315 City Hall or call 874-8703.

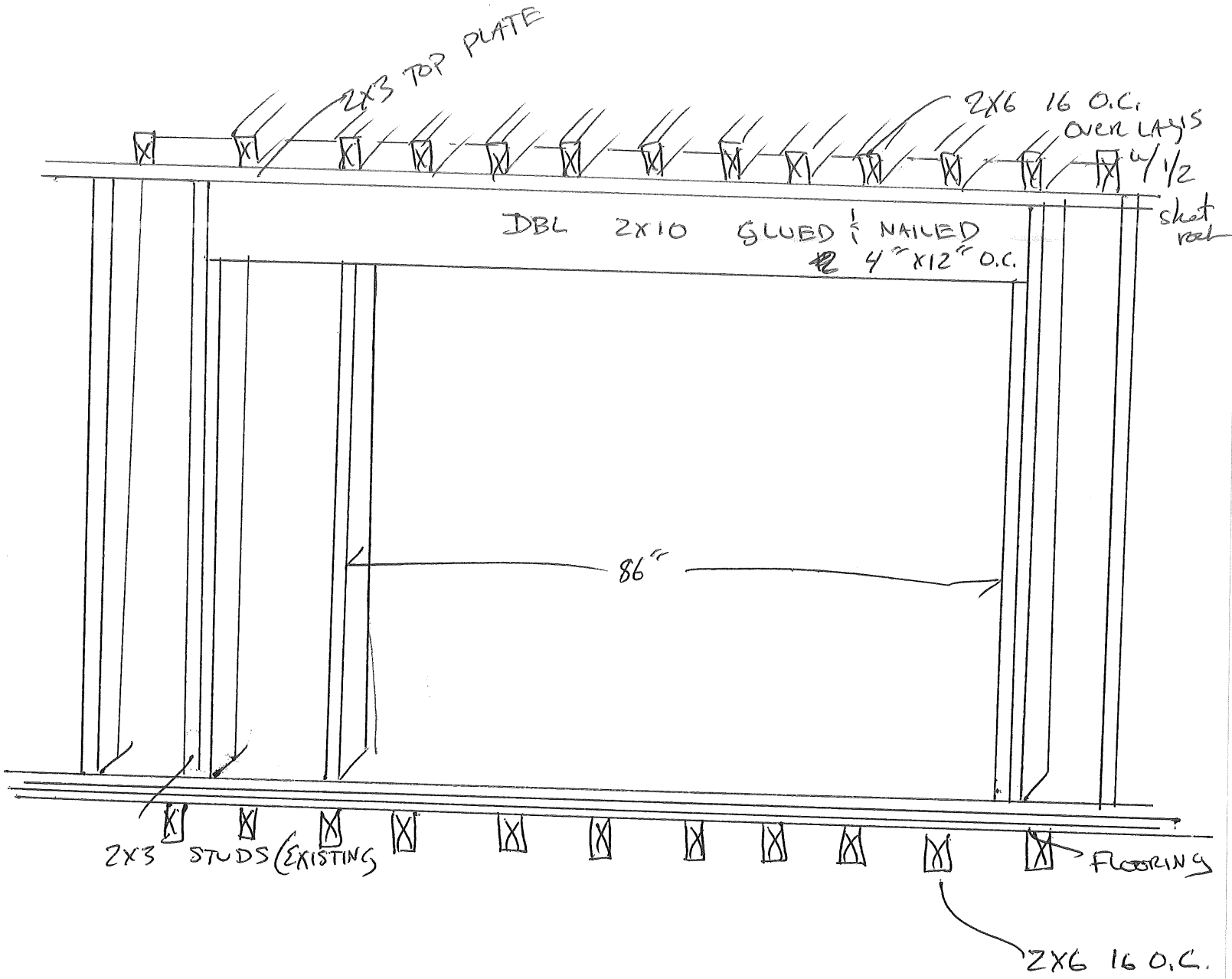


I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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: <u>[Signature]</u>	Date: <u>3-27-06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

# Proposed

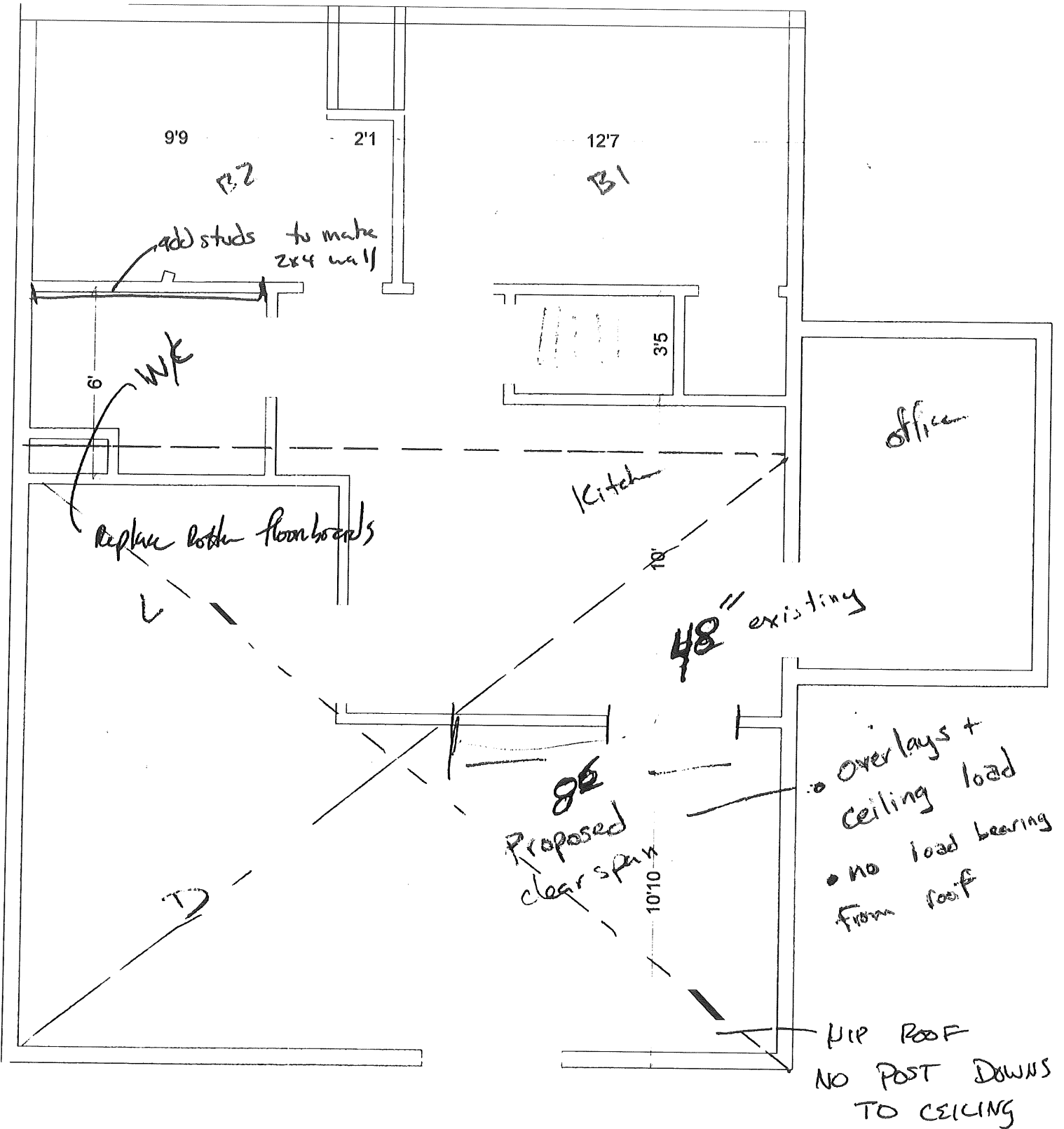


176

Capitol

St.

3/27





# 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 3-22-06  
Permit # 2006-4242  
CBL# 223-B-6-

LOCATION: 176 CARISKE ST. METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER CURT LA BOMBARDI  
TENANT \_\_\_\_\_ PHONE # 1-603-553-2012

						TOTAL	EACH FEE
OUTLETS	3	Receptacles	8	Switches		Smoke Detector	.20
FIXTURES	3	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	1	Ranges		Cook Tops		Wall Ovens	2.00
		Insta-Hot		Water heaters	1	Fans	2.00
	1	Dryers		Disposals	1	Dishwasher	2.00
		Compactors		Spa	1	Washing Machine	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
	2	Alterations					5.00
		Fire Repairs					15.00
		E Lights					1.00
		E Generators					20.00
PANELS		Service		Remote		Main	4.00
		0-25 Kva					5.00
TRANSFORMER		25-200 Kva					8.00
		Over 200 Kva					10.00
						TOTAL AMOUNT DUE	
						MINIMUM FEE/COMMERCIAL 45.00	MINIMUM FEE 35.00

*Handwritten signature and scribbles over the table.*

DEPT OF BUILDINGS & INSPECTION  
CITY OF PORTLAND, ME  
MAR 29 2006  
RECEIVED

CONTRACTORS NAME John O. Snow MASTER LIC. # LM 50016510  
ADDRESS \_\_\_\_\_ LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 1-207-883-4711  
SIGNATURE OF CONTRACTOR [Signature]

# ELECTRICAL PERMIT

## City of Portland, Me.

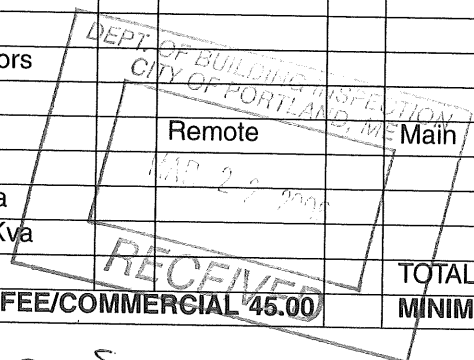


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Date 3-22-06  
 Permit # 2006-4242  
 CBL# 223-B-6-

LOCATION: 176 CAPISSE ST. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER CURT LA BOMBARDI  
 TENANT \_\_\_\_\_ PHONE # 1-603-553-2012

					TOTAL EACH FEE	
OUTLETS	3	Receptacles	1	Switches	Smoke Detector	.20
FIXTURES		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
		Dryers		Disposals	Dishwasher	2.00
		Compactors		Spa	Washing Machine	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
	2	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/COMMERCIAL 45.00	35.00



CONTRACTORS NAME John O. Snow MASTER LIC. # LM 5096510  
 ADDRESS \_\_\_\_\_ LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 1-207-883-4711

SIGNATURE OF CONTRACTOR [Signature]

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 171 Capisic St

## PROPERTY OWNERS NAME

Last: Labombard First: Curtis  
Applicant Name: Pine State P+H  
Mailing Address of Owner/Applicant (If Different): PO Box 6308  
Scar. Me. 04670-6308

PORTLAND PERMIT # 9858 TOWN COPY  
Date Permit Issued: 4/24/06 \$ 316.00  If Double Fee Charged  
Thomas Mackley L.P.I. # 07491  
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.  NEW PLUMBING  
2.  RELOCATED PLUMBING

*Rough in Only*

### Type of Structure To Be Served:

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER

LICENSE # 1988235

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	0,1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b> <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0,1	Sink
		Drinking Fountain	0,1	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	0,1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	0,1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0,5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			5	Fixtures (Subtotal) Column 2
			30	Total Fixtures
			10	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			40.00	Permit Fee (Total)