

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 060675

Please Read Application And Notes, If Any, Attached

This is to certify that PHILBROOK ROBERT W NORTH ATLANTIC CUSTOM BUI
has permission to Build a new Single Family Home w/ 2 car garage
AT 299-303 CAPISIC ST L 224 B014001

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

Notification of inspection must be given and when permission procured before this building or part thereof is laid or 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] 7/3/06
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 No: 06-0675 | Issue Date: PERMIT ISSUED JUL - 5 2005 | 224 B 14001 |
| Owner Name: PHILBROOK ROBERT W & NOR | Owner Address: 295 CAPISIC ST | Phone: CITY OF PORTLAND 47 |
| Contractor Name: North Atlantic Custom Builders, Inc. | Contractor Address: PO Box 1973 Portland | Phone: |
| Lessee/Buyer's Name | Phone: | Permit Type: Single Family |
| | | Zone: R3 |

| | | |
|--|--|---|
| Location of Construction: 295-303 CAPISIC ST 301 | Owner Name: PHILBROOK ROBERT W & NOR | Owner Address: 295 CAPISIC ST |
| Business Name: | Contractor Name: North Atlantic Custom Builders, Inc. | Contractor Address: PO Box 1973 Portland |
| Lessee/Buyer's Name | Phone: | Permit Type: Single Family |
| | | Zone: R3 |

| | | | | |
|---|---|---|---|--------------------|
| Past Use: Vacant Land | Proposed Use: Single Family Home - Build a new Single Family Home w/ 2 car garage | Permit Fee: \$2,346.00 | Cost of Work: \$250,000.00 | CEO District: 3 |
| Proposed Project Description: Build a new Single Family Home w/ 2 car garage | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R3 Type 5B 7/3/04 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: 05/04/2006 | Zoning Approval | | |
| <ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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.. | | Special Zone or Reviews <input type="checkbox"/> Shoreland <i>NA</i> <input type="checkbox"/> Wetland <i>NA</i> <input type="checkbox"/> Flood Zone <i>parcel 12 - Zone X</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2006-0084</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>Permit conditions</i> Date: 05/24/06 <i>ABN</i> | 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 checked="" 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 <i>ABN</i> Date: _____ |

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 |

8.09.06 Checked set backs, footings, + foundation. OK. 2nd floor, CHAMBER
OK to F&B Layout dimensions. Put letter from Surveyor
to compare set backs and within City zone requirements.
Footings, pads for col supports in sewer line a 31' between
buildings per Chad Hansen - copies by email. OK 06

8.15.06 Precip. Pipes + sump pump pipe installed, with downspout 20ft.
height 137" from Fence side left. OK to install. -

9/15/06 - O.K. To pour Basement Concrete Floor. OK
under slab plumbing w/ h/d. O.K.
OK. NL.

9/27/06 - Checked Framing/Plumbing + electric
for close-in. Plumbing test on + OK. Framing OK
except stairs in Basement Bumpout trends 9" - will change.
Other stairs OK - Window egress OK - electric OK - no
other issues seen. OK to close in walls.
Jim M

12/20/06 - Final for CofO - Stairs ok - Smoke ch
egress ok - outlets OK. no issues seen.
OK to issue CofO!
Jim M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 301 CAPISIC ST

CBL 224 B014001

Issued to PHILBROOK ROBERT W & NORTH ATLANTIC CUSTO Date of Issue 12/20/2006

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 06-0675, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family Residency, Use Group R-3, Type 5b,
IRC 2003

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

12/20/06

(Date) Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: Carpis St
PROPERTY OWNERS NAME

2006-8319

Date Permit Issued: 9/13/06
 PORTLAND
 PERMIT # 10019
 TOWN COPY If Double Fee Charged
 \$ 1114
 FEE
 Local Plumbing Inspector Signature: A. Lowe
 L.P.I. # 0641
224-B-M

Last: W. Jones First: _____
 Applicant Name: Bill Jones Pease of Mind Plumbing
 Mailing Address of Owner/Applicant (If Different): PO Box 2341 South Portland, ME

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.

W. Jones 9/13/06
 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 | Type of Structure To Be Served: | Plumbing To Be Installed By: |
|---|--|---|
| 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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>MS 2417</u> |

| Hook-Up & Piping Relocation 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 is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. | 2 | Hosebibb / Sillcock | 2 | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 1 | Sink |
| | | Drinking Fountain | 5 | Wash Basin |
| | | Indirect Waste | 4 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | 1 | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 1.6 | Fixtures (Subtotal) Column 1 |
| | | | 2 | Fixtures (Subtotal) Column 2 |
| | | | 1.8 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | 114 | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE