

2334767

870-8530

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

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

DEPT. OF PERMITS & INSPECTION PORTLAND, ME	Permit No: 02-0407	Issue Date: 1/22/02	CBL: 227 E020001
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<b>Location of Construction:</b> 21 Kingsmark Ln	<b>Owner Name:</b> Peeverada Judith A &	<b>Owner Address:</b> 21 Kingsmark Ln	<b>Phone:</b> 233-4767 207-874-8444
<b>Business Name:</b>	<b>Contractor Name:</b> no contractor / self	<b>Contractor Address:</b> E I V E U Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Dwellings	<b>Zone:</b>

<b>Past Use:</b> single family	<b>Proposed Use:</b> finish 16' x 28' room over garage	<b>Permit Fee:</b> \$44.00	<b>Cost of Work:</b> \$3,000.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> finish 16- x 28' room over garage		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R-3 Type: 5B	

<b>Signature:</b>	<b>Signature:</b>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
<b>Signature:</b>	<b>Date:</b>

<b>Permit Taken By:</b> jodinea	<b>Date Applied For:</b> 04/25/2002	<b>Zoning Approval</b>	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	<b>Special Zone or Reviews</b> <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"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
	Date:	Date:	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

Application ID Number: 2-0407

Delete

Save

Close

Department: Building

Status: Approved with Conditions

Reviewer

Mike Nugent

Comments:

[Empty text area for comments]

Approval Date

04/30/2002

Given On Date

04/29/2002

OK to Issue Permit

Name

Mike Nugent

Date

04/30/2002

Date 2

[Empty date field]

Conditions Section:

Add New Condition From

Add New Condition

Delete Condition

CANNOT BE USED AS A SLEEPING ROOM unless a code complaint egress (5.7 sq.ft.) window is present meeting all egress window requirements and an AC/DC Smoke detector is interconnected to the existing smokes in the house.



Garage area must be completely fire rated (1HR) including interior door, walls ceiling and existing beam.



Create Date:

04/29/2002

By

jodinea

Update Date:

04/30/2002

By

mjn

02-0107

# 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.

Location/Address of Construction: <u>21 Kingsmark Lane</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot <u>13,500</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>227</u> Block# <u>E</u> Lot# <u>090</u>	Owner: <u>John + Judith Peveruda</u>	Telephone: <u>874-8444 wk</u> <u>775-0690 hr</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>SAME AS</u> <u>Above</u>	Cost Of Work: \$ <u>3,000</u> Fee: \$ <u>44.00</u>
Current use: <u>STORAGE</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Finished Room</u>		
Project description: <u>16' x 28' + 2 includes knee walls</u>		
Contractor's name, address & telephone: <u>Self</u>		
Who should we contact when the permit is ready: <u>John Peveruda</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. <b>PHONE:</b>		

~~PAID~~  
Paid 66

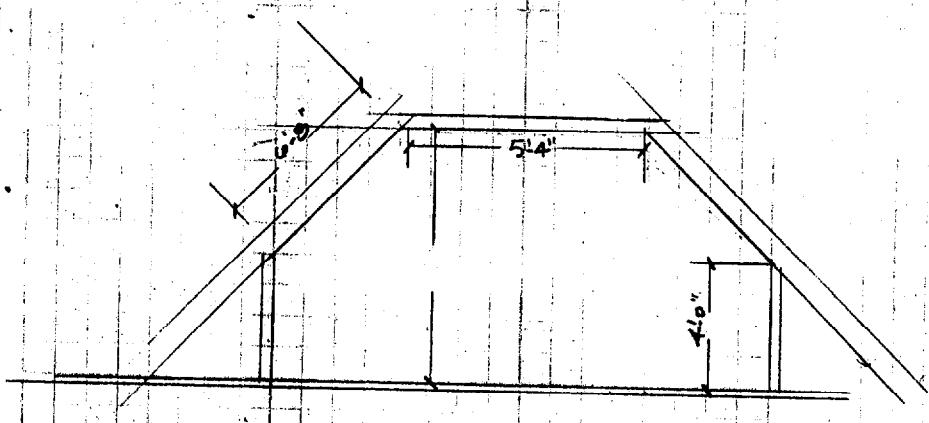
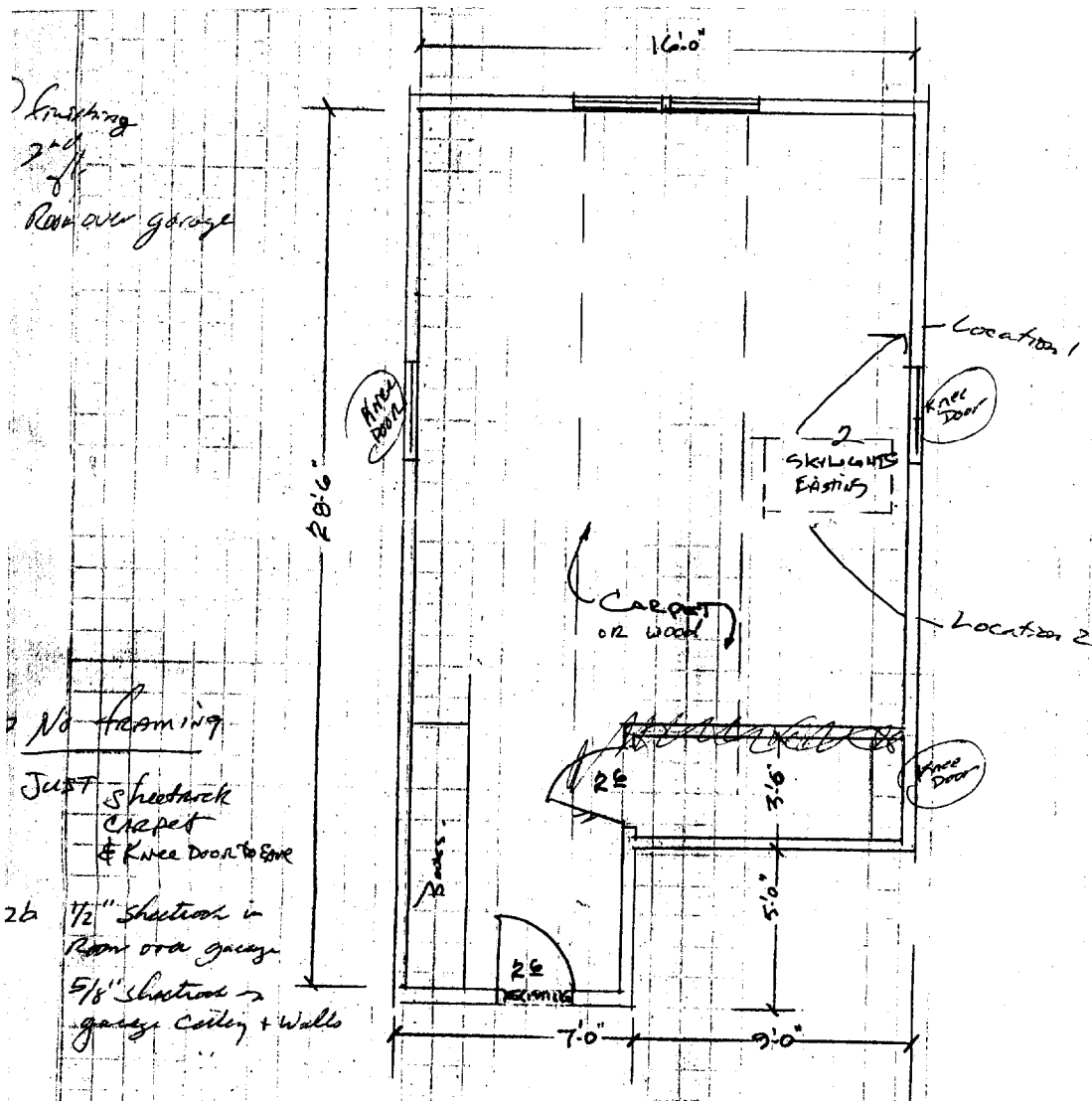
**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

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 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>John Peveruda</u>	Date: <u>4-25-02</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall

Peveada  
21 Kingshak Lane



PEVEADA ATT. + FLOOR PLAN

$1/4" = 1'-0"$

# 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.

JB **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.

NA **Footing/Building Location Inspection:** Prior to pouring concrete

NA **Re-Bar Schedule Inspection:** Prior to pouring concrete

NA **Foundation Inspection:** Prior to placing ANY backfill

JP **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

JP **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

JP If any of the inspections do not occur, the project cannot go on to the next phase, **REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

NA **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

John Reynolds  
Signature of applicant/designee

5-1-02  
Date

James Bouke  
Signature of Inspections Official

5/1/02  
Date

CBL: 227 E 020 Building Permit #: 020407

# 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 4-25-02  
 Permit # 2002-4346  
 CBL# 227 E 220

LOCATION: 21 Kingmark Lane METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER: Perrada John + Judith  
 TENANT \_\_\_\_\_ PHONE # 775-0690 hu 874-8444 wk

**TOTAL EACH FEE**

<b>OUTLETS</b>	<u>10</u>	Receptacles	<u>2</u>	Switches		Smoke Detector			.20	
<b>FIXTURES</b>	<u>2</u>	Incandescent		Fluorescent		Strips			.20	
<b>SERVICES</b>		Overhead		Underground		TTL AMPS	<800		15.00	
		Overhead		Underground			>800		25.00	
<b>Temporary Service</b>		Overhead		Underground		TTL AMPS			25.00	
									25.00	
<b>METERS</b>		(number of)							1.00	
<b>MOTORS</b>		(number of)							2.00	
<b>RESID/COM</b>		Electric units							1.00	
<b>HEATING</b>		oil/gas units		Interior		Exterior			5.00	
<b>APPLIANCES</b>		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	
	<b>MISC. (number of)</b>		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	
	Alterations								5.00	
	Fire Repairs								15.00	
	E Lights								1.00	
	E Generators								20.00	
<b>PANELS</b>		Service		Remote		Main			4.00	
	<b>TRANSFORMER</b>	0-25 Kva							5.00	
		25-200 Kva							8.00	
Over 200 Kva								10.00		
							<b>TOTAL AMOUNT DUE</b>			
<b>MINIMUM FEE/COMMERCIAL 45.00</b>							<b>MINIMUM FEE</b>	<b>35.00</b>	<b>35.00</b>	

CONTRACTORS NAME Self Walsh Electric MASTER LIC. # \_\_\_\_\_  
 ADDRESS Will Enorgize CRT LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

SIGNATURE OF CONTRACTOR John B. Perrada