

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 051827
MAR 9 2006
CITY OF PORTLAND

This is to certify that PHAN THUY & JESSICA DIBSON JTS

has permission to Change of use to Salon/ create bathroom within existing space

AT 11 CAMPBELL RD

268 B011001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the 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 is procured before this building or part thereof is occupied or service is provided. FOUR NOTICES 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

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1827	Issue Date: PERMIT ISSUED MAR 9 2006	CBL: 268 B011001
-----------------------	---	---------------------

Location of Construction: 11 CAMPBELL RD	Owner Name: PHAN THUY & JESSICA DOBSO	Owner Address: 11 CAMPBELL RD	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings Commercial	Zone: b4

Past Use: Single Family Home	Proposed Use: Change of Use/ Change of use to Salon create a bathroom within existing space	Permit Fee: \$105.00	Cost of Work: \$1,000.00	CEO District: 3	7283
Proposed Project Description: Change of use to Salon/ create a bathroom within existing space		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: SB 3/8/06 [Signature]	
		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: 12/22/2005	Zoning Approval		
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..	Special Zone or Reviews <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: <i>OK with conditions</i> <i>3/13/06</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 Date: <i>9</i>	

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

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: 11 Campbell St.
 Subdivision Lot #

PROPERTY OWNERS NAME

Last: Debsen First: Jessica
 Applicant Name: Jessica Debsen
 Mailing Address of Owner/Applicant (If Different): 141 Raymond Hill Rd. Raymond Me.

Date Permit Issued: 3/13/06 \$ 142.09 Double Fee Charged
 Local Plumbing Inspector Signature: Thomas Markley L.P.I. # 07414
268 B 011

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: 3/13/06

Caution: Inspection Required

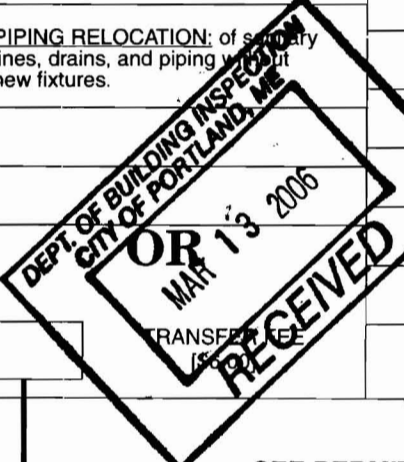
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: 12/28/06

PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input 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>107318</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.	1	Hosebibb / Sillcock	1	Bathub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)



SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



Note: A Non Licenced electrician roughed-in this job. We are taking over to complete ~~the~~ it.
 Date 5-2-06
 Permit # 2006-400
 CBL# 268 B11

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:

LOCATION: 11 Campbell Rd. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Jessica Dobson
 TENANT JT Salon/Jessica Dobson PHONE # 329-2657

						TOTAL EACH FEE		
OUTLETS	<u>36</u>	Receptacles	<u>21</u>	Switches	<u>7</u>	Smoke Detector	.20	<u>12.80</u>
FIXTURES	<u>24</u>	Incandescent	<u>1</u>	Fluorescent		Strips	.20	<u>5.00</u>
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	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	
	<u>1</u>	Dryers		Disposals		Dishwasher	2.00	<u>2.00</u>
		Compactors		Spa	<u>1</u>	Washing Machine	2.00	<u>2.00</u>
		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					5.00	
		Alterations					15.00	
		Fire Repairs					1.00	
	<u>2</u>	E Lights					20.00	<u>2.00</u>
		E Generators						
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 <u>COMMERCIAL</u>	<u>45.00</u>	
						MINIMUM FEE	35.00	<u>\$45.00</u>

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 MAY - 2 2006
 RECEIVED

CONTRACTORS NAME Bowdler Electric, Inc. MASTER LIC. # MS60016107
 ADDRESS 86 Old Ocean House Rd Cape Elizabeth LIMITED LIC. # _____
 TELEPHONE 799-5828

SIGNATURE OF CONTRACTOR [Signature] #8927
 White Copy - Office • Yellow Copy - Applicant