



# Certificate of Occupancy

LOCATION 17 Four Winds Rd

CBL 283 B005001

Issued to Goulding Michael J Wwii Vet &/Monaghan Woodworks Inc. Date of Issue 08/18/2003

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. 03-0204, 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

New 8'x16' Breezeway with 28'x28' Attached Garage

APPROVED OCCUPANCY

Use Group R3 Type 5B  
(Boca 1999)

**Limiting Conditions:**

Must remain a single family dwelling. Kitchen cannot be installed.

This certificate supersedes  
certificate issued

Approved:

08/18/03

(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.

PERMIT ISSUED

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0204	Issue Date: APR 16 2003	CBL: 283 B005001
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<b>Location of Construction:</b> 17 Four Winds Rd	<b>Owner Name:</b> Goulding Michael J Wwii Vet &	<b>Owner Address:</b> 17 Four Winds Rd	<b>Phone:</b> 773-0416
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Monaghan Woodworks Inc.	<b>Contractor Address:</b> 111 Commercial St. Portland	<b>Phone:</b> 2077752683
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Additions - Dwellings	<b>Zone:</b> R3
<b>Past Use:</b> Single Family	<b>Proposed Use:</b> Single Family / Adding 8' x 16' breezeway with 28' x 28' two car attached garage.	<b>Permit Fee:</b> \$793.00	<b>Cost of Work:</b> \$110,000.00
<b>Proposed Project Description:</b> Adding 8' x 16' breezeway with 28' x 28' two car garage.		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: R3 Type: 5B SOCA 1999 Signature: MMB 4/14/03
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.):</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 03/17/2003	<b>Zoning Approval</b>		
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"/> Date: 4/16/03	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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: 4/14/03	

**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 this permit.

NAME OF APPLICANT	ADDRESS	DATE	PHONE
PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

2003-8222

**PROPERTY ADDRESS**

Town or Plantation: Portland

Street Subdivision Lot #: 17 Four Winds Rd

**PROPERTY OWNERS NAME**

Last: Crowley First: Mike

Applicant Name: S.P. Plumbing & Heat

Mailing Address of Owner/Applicant (If Different): 721 Union St. So. Portland ME

PORTLAND 8518 TOWN COPY

Date Permit Issued: 6/30/03 \$ 30.00  If Double Fee Charged

Tommy Benson L.P.I. # 31610

Local Plumbing Inspector Signature

283 3005

**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] 6/30/03

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**

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
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>12709</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	1	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		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
			4	<b>Total Fixtures</b>
				Fixture Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# 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 JUNE 25, 2003  
 Permit # 2003-4590  
 CBL# 283-B-005

LOCATION: 17 FOUR WINDS RD METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER MIKE CROWLEY  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
<b>OUTLETS</b>	<u>35</u>	Receptacles	<u>20</u>	Switches	<u>3</u>	Smoke Detector	<u>58</u>	.20	<u>11.60</u>
<b>FIXTURES</b>	<u>18</u>	Incandescent		Fluorescent	<u>2</u>	Strips	<u>20</u>	.20	<u>4.00</u>
<b>SERVICES</b>	<u>1</u>	Overhead		Underground		TTL AMPS	<u>800</u>	15.00	<u>15.00</u>
		Overhead		Underground			<u>&gt;800</u>	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	
							TOTAL AMOUNT DUE		
							MINIMUM FEE/COMMERCIAL 45.00		
							MINIMUM FEE <u>35.00</u>		
							<u>35.00</u>		

CONTRACTORS NAME PLACE ELECTRIC INC MASTER LIC. # 10626  
 ADDRESS 173 SUMMIT ST PORTLAND LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 797-9954

SIGNATURE OF CONTRACTOR *Charles P. [Signature]*  
 White Copy - Office • Yellow Copy - Applicant

5/20/03 - Ch footing & Setbacks - ok (K)  
7-3-03 Sub framing insp.  
OK to Close  
Stairs from 1st to 2nd OK  
gmm

8/18/03 Final work complete. OK to issue clo. JK

7-3-03

Test on OK  
to Close in  
AMW

