

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 070541

PERMIT

PERMIT ISSUED
MAY 29 2007
CITY OF PORTLAND

This is to certify that GOLDFARB MATTHEW S LYNN K JTS/Center Line Construct
has permission to Construct new wall in kitchen
AT 106 LONGWOOD DR 283 E008001

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 altered 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

5/29/07 *Chitra M*
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: 07-0541 | Issue Date: | CBL: 283 E008001 |
|-----------------------|-------------|---------------------|

| | | | |
|--|--|---|----------------------|
| Location of Construction: 106 LONGWOOD DR | Owner Name: GOLDFARB MATTHEW S & LY | Owner Address: 106 LONGWOOD DR | Phone: |
| Business Name: | Contractor Name: Center Line Construction, Inc. | Contractor Address: P.O. Box 1264 Portland | Phone: 2072336487 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - <i>Residential Commercial</i> | Zone: <i>R-3</i> |

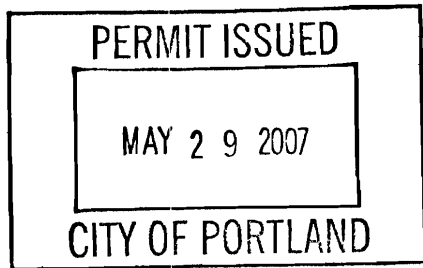
| | | | | |
|--|--|--|---|--------------------|
| Past Use: Single Family | Proposed Use: Single Family construct new wall in kitchen | Permit Fee: \$620.00 | Cost of Work: \$59,581.00 | CEO District: 3 |
| Proposed Project Description: Construct new wall in kitchen | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: <i>R-3</i> Type: <i>50</i> <i>DEC-2003</i> | |
| | | Signature: <i>S/29/07 CLM</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: dmartin | Date Applied For: 05/11/2007 |
|-----------------------------|---------------------------------|

Zoning Approval

- 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 <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>5/22/07</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: _____ |
|--|---|--|



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 |

8/21/07

A.K. to Close in
Plumbing, electric
New wiring & R

Framing:
A.K.

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 8/17/06
 Permit # 07-4605
 CBL# 283 E008

LOCATION: 106 Longwood Dr. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER MATT Guidarb.
 TENANT _____ PHONE # _____

| | | | | | | TOTAL EACH FEE | | |
|-------------------|-----------|------------------|----------|---------------|--|------------------------------|-------------------|--------------|
| OUTLETS | <u>10</u> | Receptacles | <u>8</u> | Switches | | Smoke Detector | .20 | <u>3.60</u> |
| FIXTURES | <u>10</u> | Incandescent | | Fluorescent | | Strips | .20 | <u>2.00</u> |
| 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 | <u>1</u> | Ranges | <u>1</u> | Cook Tops | | Wall Ovens | 2.00 | <u>4.00</u> |
| | | Insta-Hot | | Water heaters | | Fans | 2.00 | |
| | | Dryers | | Disposals | | Dishwasher | 2.00 | |
| | | Compactors | | Spa | | Washing Machine | 2.00 | |
| | | Others (denote) | | | | | 2.00 | |
| | | Air Cond/win | | | | | 3.00 | |
| | | Air Cond/cent | | | | Pools | 10.00 | |
| MISC. (number of) | | 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 | |
| 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 55.00 | MINIMUM FEE 45.00 | <u>45.00</u> |

CONTRACTORS NAME JT Hayman Electrical MASTER LIC. # MS 60003077
 ADDRESS P.O. Box 232 Winham Me. LIMITED LIC. # _____
 TELEPHONE 892-3314

OK # 7501

SIGNATURE OF CONTRACTOR [Signature]

White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: _____
Street Subdivision Lot #: 100

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

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 _____

PORTLAND PERMIT # 10371 TOWN COPY

Date Permit Issued: 18/12/107 \$ 134.00 If Double Fee Charged

Jeanie Bourke L.P.I. # 0732
Local Plumbing Inspector Signature

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 type="checkbox"/> NEW PLUMBING 2. <input checked="" 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 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 # _____ |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebib / Silcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | | Sink |
| | | Drinking Fountain | | Wash Basin |
| OR <input type="checkbox"/> TRANSFER FEE [\$6.00] | | Indirect Waste | | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 |
| | | | | Fixtures (Subtotal) Column 2 |
| | | | <u>3</u> | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE