

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 030698

JUN 17 2003

Please Read Application And Notes, If Any, Attached

This is to certify that Grant James J Jr /Jim Lombardi /Builder
has permission to Build 24x24 one story addition w/daylight basement
AT 25 Candlewyck Rd 283 D019001

CITY OF PORTLAND

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is altered or closed-in. **HEAVY 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

Janice Bourke 6/17/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUE

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0698	Issue Date: JUN 17 2003	CBL: 283 D019001
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Location of Construction: 25 Candlewyck Rd	Owner Name: Grant James J Jr	Owner Address: 25 Candlewyck Rd <i>CITY OF PORTLAND</i>	Phone: (671-372-6) 878-9455
Business Name:	Contractor Name: Jim Lombardo/Builder	Contractor Address: Portland	Phone: 2073295484
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

Past Use: Single Family	Proposed Use: Single Family	Permit Fee: \$177.00	Cost of Work: \$22,000.00	CEO District: 3
Proposed Project Description: Build 24x24 one story addition w/daylight basement		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB BOCA 1999	
		Signature:	Signature: <i>JMB 6/17/03</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: jmb	Date Applied For: 06/17/2003	Zoning Approval		
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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..	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>JMB 6/17/03</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 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>approved w/conditions sec. 14-433</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

7/10/03 on site Jim Lombardi Setbacks within ~~3~~ Requirements
OK. to pour wall (fasting already poured for

7/28/03 BACKFILL inspection OK. to proceed for

3/23/04 - checked framing/plumbing/electrical
for close-in. a few nail plates needed (1 1/4 inch wide)
or more wiring - (doing plates while there) - plumbing OK
no other issues seen - OK to close-in. Jim M

5/7/07 - went to site - no one home (had appt)
Applicant called later in day and apologized for
Missing Appt - in hospital - Broken Leg. Reschedule
Jim M

5/14/07 - Went to site w/ Tamm Munson -
Dew leaking around foundation wall - all
inspections performed - this is a civil issue.
Grading around house all directed towards house.

Close out

Jim M

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	25 C. ...
Street	
Subdivision Lot #	

2004 8090

PROPERTY OWNERS NAME

Last: Gunt	First: James
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Date Permit Issued: 3 18 04 \$ 1410.00 If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. #

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 25 C. ...

283 0019

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: James Gunt Date: 3/18/04

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 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			3	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			24	Permit Fee (Total)

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 10/23/03
 Permit # 2003-4995
 CBL# 283 D 019

LOCATION: 25 Condemned Dr. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Jay Grant
 TENANT Jay Grant PHONE # _____

							TOTAL	EACH	FEE	
OUTLETS	<u>20</u>	Receptacles	<u>8</u>	Switches	<u>2</u>	Smoke Detector	<u>30</u>	.20	<u>6.00</u>	
FIXTURES	<u>10</u>	Incandescent	5	Fluorescent		Strips	<u>10</u>	.20	<u>2.00</u>	
SERVICES		Overhead		Underground		TTL AMPS <800		15.00		
		Overhead		Underground		TTL AMPS >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		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		
	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						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 45.00							MINIMUM FEE	35.00	<u>35.00</u>	

CONTRACTORS NAME Anthony Corbett MASTER LIC. # 10622
 ADDRESS _____ LIMITED LIC. # _____
 TELEPHONE 415 3590
 SIGNATURE OF CONTRACTOR Anthony Corbett
 White Copy - Office • Yellow Copy - Applicant

