

12/3/01 - Foundation already poured -  
Setbacks & dimensions ok - ok to backfill

2/14/02 Close in - Rise needs adjustment for consistency  
on first steps up from entrance on driveway side.  
OK to close - JB

4/1/02 Elec Service ok (See Elec panel) JD

4/22/02 OIC for Cg O. Allow

284-F-15

01-1371



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 93 Kent St

CBL 284 F015001

Issued to Lieberman Susan E/Yankee Restoration & Building

Date of Issue 04/25/2002

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. 01-1371, 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

Entire

APPROVED OCCUPANCY

Single Family  
Use Group: R3  
Type: 5B BOCA: 1999

Limiting Conditions:

None

This certificate supersedes certificate issued

Approved:

(Date)

Inspector

4/25/02 *A. Rowe*

*Al J. [Signature]* 4/29/02  
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.

# ELECTRICAL PERMIT

## City of Portland, Me.



SIF

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 2/12/2002  
 Permit # 2002 4116  
 CBL# 083 B 051

LOCATION: 95 Kent St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Frantz - Lieberman  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	30	Receptacles	20	Switches	5	Smoke Detector	.20	11.00	
FIXTURES	17	Incandescent	1	Fluorescent		Strips	.20	3.60	
SERVICES	X	Overhead		Underground		TTL AMPS <800	15.00	15.00	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
							25.00		
METERS	1	(number of)					1.00	1.00	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior		Exterior	5.00		
APPLIANCES	1	Ranges	1	Cook Tops		Wall Ovens	2.00	4.00	
		Insta-Hot		Water heaters		Fans	2.00		
	1	Dryers	1	Disposals	1	Dishwasher	2.00	6.00	
		Compactors		Spa	1	Washing Machine	2.00	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	1	Main	4.00	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	46.60

INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME Tom Poulin MASTER LIC. # M560013679  
 ADDRESS 472 Range Rd Cumberland LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 829 4596

SIGNATURE OF CONTRACTOR Tom Poulin

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street	95 Kent St
Subdivision Lot #	
Last: Lieberman	First: Susan
Applicant Name:	John Scott
Mailing Address of Owner/Applicant (If Different)	291 Deering Ave

PORTLAND 7992 TOWN COPY

Date Permit Issued: 6/21/02 \$610.00  If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0593

883 B 051

### 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

7/12/02  
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

4/22/02  
Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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 # L7000
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	0,1	Bathtub (and Shower)
		Floor Drain	0,1	Shower (Separate)
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	0,2	Sink
		Drinking Fountain	0,2	Wash Basin
<b>OR</b> <b>TRANSFER FEE</b> [\$6.00]		Indirect Waste	0,2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	0,1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0,9	Fixtures (Subtotal) Column 1
			0,0	Fixtures (Subtotal) Column 2
			0,9	<b>Total Fixtures</b>
			60	<b>Fixture Fee</b>
				<b>Transfer Fee</b>
				<b>Hook-Up &amp; Relocation Fee</b>
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

60