Location of Construction: 89 Maggie Lane 04103 Lot 15	Owner:		Phon 773-	e: -4866	Permit No: 0004 59
Owner Address: 250 Forest Ave Portland Haine	Lessee/Buyer's Name:	Phone:		nessName:	- 4
Contractor Name: ** Custom Build Homes of Madne **	Address: 27 Main Street Windham ME	04062		ifth 892-3149****	Permit Issued:
Past Use:	Proposed Use:	\$100,000		PERMIT FEE: \$ 624.00	A CONTRACT C
Vanant	2 family i	FIRE DEPT Signature:	C □ Approve □ Denied	INSPECTION: Use Group: R-3Type: BOCA 99 Signature: Holan	Zone: CBL: 292-4-035
Proposed Project Description:			AN ACTIVIT	TIES DISTRICT (A.D.	
2 Family		Action:	Approve	-1/	Special Zone or Reviews Shoreland Wetland Flood Zone
		Signature:		Date:	☐ Subdivision ———
Permit Taken By:	Date Applied For:	13 2000	K	at James and Sandar	☐ Site Plan maj ☐minor ☐mir Zoning Appeal
 This permit application does not preclude the A Building permits do not include plumbing, se Building permits are void if work is not started tion may invalidate a building permit and stop 	ptic or electrical work. I within six (6) months of the date of issuar				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
Atlantic	← CERTIFICATION		Μľ	PERMIT ISSUED TH REQUIREMENTS	Historic Preservation Not in District or Landman Does Not Require Review Requires Review Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	s his authorized agent and I agree to confoissued, I certify that the code official's aut	orm to all appl horized repres applicable to	icable laws of entative shall such permit	f this jurisdiction. In additi	ion, Denied
STONIATUDE OF ADDITION NO	ADDRECC.	Jan 18 20	OU	PHONE	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF WORK	r mymr m			PHONE:	METO BESTRICEMENTS

6/15/2000 Pre-cen w/66	COMMENTS Comments
4/26/2000 Coto Footings	placed. Because set hacho are opent from survey company cafter walls aremped ok M
we will need a letter	hery survey company oakter walls arenso
7/21/00 Backfill okd. Gi	
8/9/00 Frang, pb une	ok M
//	
11/9/00 Final inspection from LIST	related on insp. w/sw on 1924. All ok-except
Electrical check in #89 XE	renated on insp. w/sw on 1924. All ok-except I had no tester) St (GFI kitchen circuit) OK for C.O. JB
12/6/00 Final for last item or	st (GFI kitchen circuit) OK for CO JB
12/8/00 In R-5 Zone Sec. 14	at the other side yard is correspondingly increased, i. Ok to not provide a survey letter. IB
be reduced (1) one foot for every fo	at the other cide rand in correspondently increased
but never less Thom & 1 in w	. OK to not Droude a survey letter the
	The state of source of source
CBL: 292- A-035	
Permit# 000459	
000766	Inspection Record
	Type Date Foundation:
	Framing:
	Plumbing:
	Final: Other:

					HIT NOT KODO	
PLUMBING AP		ON	292 1	まり	Department of Human Sciences Division of Health Engineering	
Town or Plantation				35	Sometimes to the control of the second of th	
Street					102 TOWN COPY	
PROPERTY CANSAS NAME PROPERTY CANSAS NAME Permit PROPERTY CANSAS NAME Permit					\$PIDLOID FEE Charged	
Cust out		10 N-5	Issued:		L.P.I. # OIL ID #	
and the same of th	rst:		Lecal Flumbing happed	Signature		
Applicant Name:	45 Stra	with.				
Mailing Address of Owner/Applicant (If Different)	over 4 X	STEP				
Owner/Applica I certify that the information submitted		_/ hack of mu			tion Required	
knowledge and understand that any find Plumbing Inspectors to deny a Permi	alsification is reas				rized above and found it to be in Rules. /	
June ing inspectora to deny a remin		7.7.7	panie !	Dourk	e lor A.R. 11/9/00	
Signature of Owner/Appl	icant	Da	e Local Plumbing In	spector Signature	Date Approved	
		Pent		1.		
This Application is for Type of Structure To Be Served:				Plum	bing To Be installed By:	
1. NEW PLUMBING 1.	I. ☑ NEW PLUMBING 1. ☐ SINGLE FAMILY DWELLING		ELLING	1. MASTER PLUMBER		
2. RELOCATED PLUMBING	2,∕□ M	ODULAR OF	R MOBILE HOME	2. 🗆 OIL BU		
3.	MULTIPL	E FAMILY D	WELLING). HOUSING DEALER/MECHANIC	
4.	OTHER-	- SPECIFY		4. □ PUBLIC UTILITY EMPLOYEE 5. □ PROPERTY OWNER		
				LICENSE # 7368		
Hook-Up & Piping Relocation			Column 2		Column 1	
Maximum of 1 Hook-Up	<u> </u>	Number	Type of Fixture	Number	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.		$-\phi$	Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain			Shower (Separate)	
		Urinal		12	Sink	
		Drinking Fountain] [2]	Wash Basin	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			Indirect Waste	12	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.		12	Clothes Washer	
		Grease / Oil Separator		12	Dish Washer	
		11	Dental Cuspidor		Garbage Disposal	
YOR			Bidet		Laundry Tub	
			Other:		Water Heater	
- I	FER FEE		Other: Fixtures (Subtotal) Column 2	12	Water Heater	
■ II			Fixtures (Subtotal)	13	Water Heater	
■ II	3.00]	MIT FEE S	Fixtures (Subtotal) Column 2	13		
■ II	SEE PER	MIT FEE S	Fixtures (Subtotal) Column 2 CHEDULE	13	Water Heater Total Fixtures	
■ II	SEE PER		Fixtures (Subtotal) Column 2 CHEDULE	13		
■ II	SEE PER		Fixtures (Subtotal) Column 2 CHEDULE NG FEE	13		
■ II	SEE PER		Fixtures (Subtotal) Column 2 CHEDULE	13		



CITY OF PORTLAND, MAINE Department of Building Inspection

Certificate of Occupancy

LOCATION 89-91 MAGGIE LANE 292-A-035

Issued to W.A. ONE

Date of Issue DECEMBER 6 2000

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. 000459, 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

APPROVED OCCUPANCY

Inspector of Building

ENTIRE

TWO FAMILY USE GROUP R3 TYPE 5B BOCA 99

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

1-02-01

// Inspector

*

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