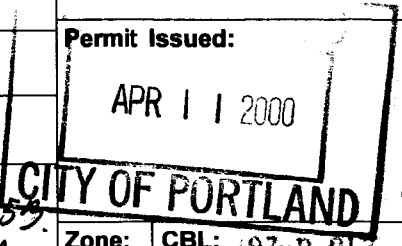


Location of Construction: 100 Hicks Street		Owner: John & Susan Brewer		Phone: 797-5848		Permit No: <b>000295</b>	
Owner Address: SAA		Lessee/Buyer's Name: N/A		Phone: N/A		Business Name: N/A	
Contractor Name: ***William B. Winkel		Address: 169 Wakefield Rd. Rollis, ME 04047		Phone: 229-6285 247-4069		Permit Issued: <b>APR 11 2000</b>	
Past Use:  1-Family		Proposed Use:  Same		COST OF WORK: \$ 45,000		PERMIT FEE: \$ 294.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: 43 Type: 59	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description: Remove existing rear deck, add two story addition 12x26.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> <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"/>	
Permit Taken By: KA		Date Applied For: 4-5-00		Signature:		Date:	



**PERMIT ISSUED WITH REQUIREMENTS**

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..

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: *[Signature]*

**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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 4-5-00 \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_



COMMENTS

- 4/19 Pre Construction, with William Winkle by phone discuss setbacks, inspection, schedule, egress windows, smoke detectors, guardrails, handrails & steps, foundation drainage, plumbing & electrical permits expect Footings call May 1<sup>st</sup> week of 00
- 5-3-00 Footing insp. - rebar tied to existing foundation. Pins located on ~~left~~ side Front and rear corners. Setbacks as per plans - will call for backfill insp. JB
- 5-22-00 Backfill inspection: water proofing, drain pipe w/ cloth surround, stone bed ok JB
- 8-3-00 Close in inspection good - still need to check egress window in 2nd Floor bedroom as it was not installed. Deck framing details not complete, need to discuss Rail code with Bill Winkle - he requested reviewing the book w/us. JB
- 11/17 Final - Egress window sufficient, Entry porch complete with steps checks out ok JB
- 11-28-2K: Spoke w/ Winkle: Explained whirlpool tub needs equipment bond SKW
- 12-6-2K: Checked Grounding of Whirlpool = OK. Bonded to Wtr Pipe @ Wtr Htr in Basement. SKW
- 12-6-2K: Work Completed

CBL=297-D-012

Permit # = 000295

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

097-D-012  
720  
114

## PROPERTY ADDRESS

Town Or Plantation	
Street Subdivision Lot #	100 HAK 94
Last: <u>Farmer</u>	First: <u>Atkinson</u>
Applicant Name:	<u>Farmer Atkinson</u>
Mailing Address of Owner/Applicant (if Different)	

PORTLAND Date Permit Issued: <u>11/12/00</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	7375 TOWN COPY \$ <u>42.00</u> FEE Charged L.P.I. # <u>01124</u>
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### 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 Inspector to deny a Permit.

Signature of Owner/Applicant

Date 11/12/00

### 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

Jeanne Bonke

Date Approved 11/12/00

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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 # <u>L 8439</u>
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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
<input checked="" 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	1	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)		Bidet		Laundry Tub
		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	7	<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
				<b>Total Fixtures</b>
				<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

\$ 42.  
\$ .  
\$ .  
\$ 42.

42. Permit  
10 sur charge

# ELECTRICAL PERMIT

## City of Portland, Me.

#1

Steve



6/16

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 7/31/00  
 Permit # 600  
 CBL# 297-D-012

SITE LOCATION: 100 Hicks St.

OWNER John Brewer TENANT \_\_\_\_\_

							TOTAL EACH FEE		
<b>OUTLETS</b>	Receptacles	<u>15</u>	Switches	<u>5</u>	Smoke Detectors		.20	<u>4.00</u>	
<b>FIXTURES</b>	incandescent	<u>5</u>	fluorescent		Strips		.20	<u>1.00</u>	
<b>SERVICES</b>	Overhead		Underground		TTL AMPS	<800	15.00		
	Overhead		Underground			>800	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		
<b>MINIMUM FEE/COMMERCIAL 35.00</b>							<b>MINIMUM FEE</b>	<b>25.00</b>	<u>35.00</u>

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

CONTRACTORS NAME Joseph Hanson MASTER LIC. # 07759  
 ADDRESS P.O. Box 359 Hollis, ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 929-8001 / 758-9521

SIGNATURE OF CONTRACTOR [Signature]