



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 10 Wirt St. 299-E-006

Issued to David Chase

Date of Issue July 20, 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. 000273, 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

Limiting Conditions:

APPROVED OCCUPANCY

Single Family Dwelling

Use group: R3

Type: 5B

Boca 99

This certificate supersedes
certificate issued

Approved:

Janice Bowke 7-20-00
Inspector

(Date)

[Signature]
Inspector of Buildings

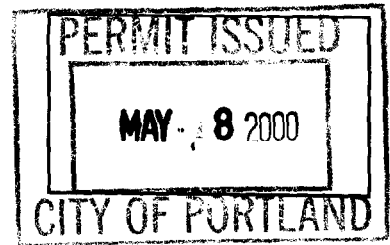
Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



244-E-6

FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

000440

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 10 Avert St Use of Building Res. Date 5-8-00

Name and address of owner of appliance SAME

Installer's name and address GORHAM HEATING 105 NO. GORHAM RD
GORHAM ME 04038 Telephone 892-8955

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Oil boiler

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # 5720
- Solid Fuel # _____
- Oil # 5720
- Gas # _____
- Other _____

Type of Chimney:

- Masonry Linel
 - Metal
 - Direct Vent
- Factory built _____
Factory Built U.L. Listing # _____
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 5 feet.

\$5000. COST \$30.00
FEE

Approved

Approved with Conditions

Fire: VMW

Ele.: _____

Bldg.: _____

- See attached letter or requirement

Signature of Installer Charles Doughty

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

David Chase
50 Gray St
Falmouth, ME 04105

299-E-0000

4a. Article Number

P487771473

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

11-26-99

5. Received By: (Print Name)

Alan P. Small

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

ELECTRICAL PERMIT

City of Portland, Me.

Single Area # 1



[Handwritten initials]

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 4/14/00
 Permit # \$400
 CBL# 299-E-000

SITE LOCATION: 10 Wirt Street,

OWNER David Chase TENANT _____

						TOTAL EACH FEE			
OUTLETS	Receptacles	<u>40</u>	Switches	<u>20</u>	Smoke Detectors	<u>6</u>	<u>66</u>	<u>.20</u>	<u>13.20</u>
FIXTURES	incandescent	<u>11</u>	fluorescent	<u>1</u>	Strips	2	<u>12</u>	<u>.20</u>	<u>2.40</u>
SERVICES	Overhead		Underground	<u>1</u>	TTL AMPS	<800	<u>1</u>	<u>15.00</u>	<u>15.00</u>
	Overhead		Underground			>800		<u>25.00</u>	
Temporary Service	Overhead		Underground		TTL AMPS			<u>25.00</u>	
								<u>25.00</u>	
METERS	(number of)	<u>1</u>				<u>1</u>	<u>1</u>	<u>1.00</u>	<u>1.00</u>
MOTORS	(number of)							<u>2.00</u>	
RESID/COM	Electric units							<u>1.00</u>	
HEATING APPLIANCES	oil/gas units		Interior		Exterior			<u>5.00</u>	
	Ranges	<u>1</u>	Cook Tops		Wall Ovens		<u>1</u>	<u>2.00</u>	<u>2.00</u>
	Insta-Hot		Water heaters		Fans	<u>2</u>	<u>2</u>	<u>2.00</u>	<u>4.00</u>
	Dryers	<u>1</u>	Disposals		Dishwasher	<u>1</u>	<u>2</u>	<u>2.00</u>	<u>4.00</u>
	Compactors	<u>1</u>	Spa		Washing Machine	<u>1</u>	<u>2</u>	<u>2.00</u>	<u>4.00</u>
	Others (denote)							<u>2.00</u>	
MISC. (number of)	Air Cond/win							<u>3.00</u>	
	Air Cond/cent							<u>10.00</u>	
	HVAC		EMS		Thermostat			<u>5.00</u>	
	Signs							<u>10.00</u>	
	Alarms/res							<u>5.00</u>	
	Alarms/com							<u>15.00</u>	
	Heavy Duty(CRKT)							<u>2.00</u>	
	Circus/Carnv							<u>25.00</u>	
	Alterations							<u>5.00</u>	
	Fire Repairs							<u>15.00</u>	
E Lights							<u>1.00</u>		
E Generators							<u>20.00</u>		
PANELS	Service		Remote		Main	<u>1</u>	<u>1</u>	<u>4.00</u>	<u>4.00</u>
	TRANSFORMER	0-25 Kva						<u>5.00</u>	
		25-200 Kva							<u>8.00</u>
	Over 200 Kva							<u>10.00</u>	
						TOTAL AMOUNT DUE			<u>49.60</u>
						MINIMUM FEE/COMMERCIAL 35.00			
						MINIMUM FEE			<u>25.00</u>

INSPECTION: Will be ready _____ or will call

CONTRACTORS NAME Kevin Blawie
 ADDRESS 34 Harts way
 TELEPHONE 839-8626

MASTER LIC. # CM 50016780
 LIMITED LIC. # _____

SIGNATURE OF CONTRACTOR [Handwritten Signature]

PLUMBING APPLICATION

299-8-006

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	15 Wirt St
Last: Chase	First: David
Applicant Name:	William Carr
Mailing Address of Owner/Applicant (if Different)	368 Gray Rd Fal.

PORTLAND Date Permit Issued: 5 14 00

7278 \$ 72 TOWN COPY

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 01124

Double Fee Charged

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.

William Carr 5/14/00
Signature of Owner/Applicant 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

Date Approved

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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 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 # 191632

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	10	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			12	Total Fixtures
			72	Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			72	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

COMMENTS

- 4-9-00 Spoke with David Chase regarding plot Plan and setback inspections. He will have all Lines strung, requested Steve Bushy to schedule time at setback inspection.
- 4-10-00 Setback inspection: All corners checked Lt. side = ^R 11' & ^F 11'6", Front 26 + 26, Rt. side ^F 28' & ^R 29'. Rear to Fence ^R 26' & ^L 27'. All Lines strung - All corners capped pins. #1176. Elevation will be 1' lower = cellar Floor 91.5. JB
- 4-11-00 Checked form wall (foundation) setbacks = 11' to Lt. Rear side, 11'6" Lt. Front side = same measurements as from footing check - ok JB
- 5-9-00 Close in No windows installed, Guard wall on main stairs 36" - need 42", Scuttle R.O., check joist hangers on header at bear wall for stair R.O. JB
- 5-11-00 Close in inspection Egress windows need adjustment (capital) to gain 5.7 requirement - 1/8" gain. to 24 3/8, scuttle good & Guard wall up to 42". JB
- 5-18-00 Verified w/ Dave per phone msg. The 23' Setback To The Front most part of ~~the~~ The Proposed side deck. JB
- 7-3-00 Final w/ Steve W. issues: Int. Front stairs handrail low, Basement stairs 1st step 8 3/8, handrail too low, joist hangers installed various ^{opening} locations, Side stairs - no handrail, guard too low, 1 1/2 nosing, over 4" opening at Riser, Brackets for iron oil pipe not adequate, Egress windows not Adequate. JB
- 7-5-00 spoke to D. Chase about above Code issues C.O. Appt 7/7 10am JB
- 7-7-00 final - basement joist hangers, ^{NO basement} windows, side ~~part~~ deck joist hangers.
- 7-20-00 final C.O. ok JB

CBL - 299-E-6
 Permit 000273

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