

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071238

**PERMIT ISSUED**  
OCT - 2 2007  
CITY OF PORTLAND

This is to certify that KAYNE KEVIN B & AMY DELINO RESIDENTS/Home Owner

has permission to Add a 1/2 bath to second floor - new structural

AT 111 BELFORT ST 300 B048001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 when permission procured before this building or part thereof is altered or closed-in. 24 HOUR 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

*Thomas H. Mahoney*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

*Scanner*

**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 07-1238	Issue Date:	CBL: 300 B048001
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Location of Construction: 111 BELFORT ST	Owner Name: KAYNE KEVIN B & AMY GULIN	Owner Address: 111 BELFORT ST	Phone:
Business Name:	Contractor Name: Home Owner	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

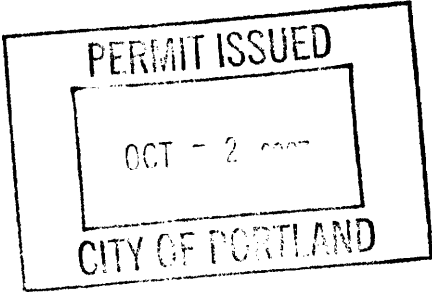
Past Use: Single Family Home	Proposed Use: Single Family Home - Add a 1/2 bath to second floor no new structural	Permit Fee: \$100.00	Cost of Work: \$8,000.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003 ST ME PLUMBING CO Signature: Jm 10/3/07	

Proposed Project Description: Add a 1/2 bath to second floor no new structural	Signature:	Signature:
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: Idobson	Date Applied For: 10/03/2007	<b>Zoning Approval</b>	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision <i>OK</i>	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: Jm 10/3/07	Date:	Date: Jm 10/3/07



**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

10/4/07 - Close in - framing / Plank select -  
OK to insulate + drywall. am.

11/30/07 - final for new Bathroom on second  
floor - all work completed & code compliant.

Close out.

JMP



# 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 12-03-07  
 Permit # 2007-485  
 CBL# 300B48

LOCATION: 111 BELFORT ST METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER KENNY KAYNE  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

						TOTAL EACH FEE	
OUTLETS	<u>2</u>	Receptacles	Switches	<u>3</u>	Smoke Detector	.20	
FIXTURES	<u>3</u>	Incandescent	Fluorescent		Strips	.20	
SERVICES		Overhead	Underground	TTL AMPS	<800	15.00	
		Overhead	Underground		>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 55.00		
					MINIMUM FEE	<u>45.00</u>	

CONTRACTORS NAME RONALD LAURHON MASTER LIC. # M560014174  
 ADDRESS 40 TWO WOOD ROAD SLAR LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 329-1032  
 SIGNATURE OF CONTRACTOR Ronald Laurhon [Signature]

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	111 1/2 St. # 101

## PROPERTY OWNERS NAME

Last: Boyer First: David

Applicant Name: \_\_\_\_\_  
Mailing Address of Owner/Applicant (If Different): \_\_\_\_\_

## 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.

David Boyer Signature of Owner/Applicant Date 10/2/07

PORTLAND

Date Permit Issued: 10/02/07

J. Campbell Local Plumbing Inspector Signature

PERMIT # 10430 TOWN COPY

\$ 24 FEE Charged  If Double Fee Charged

L.P.I. # 0732

300 B045001

## 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	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 # <u>123266</u>

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.  <b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	1	Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE