

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 061789

PERMIT ISSUED
JAN - 5 2007
CITY OF PORTLAND

This is to certify that RIVERA JUAN & ROSA RIVERA JTS/Home owner

has permission to 2 Car garage & master bedroom

AT 125 TUCKER AVE

332 D018001

provided that the person or persons who accept 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 is procured before this building or part thereof is occupied or service is closed-in. 4 HOUR NOTICE 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

[Signature]
1/5/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned
Choud

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1789	Issue Date:	CBL: 332 D018001
-----------------------	-------------	---------------------

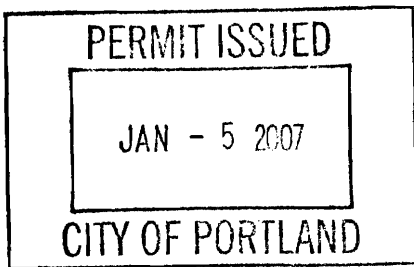
Location of Construction: 125 TUCKER AVE	Owner Name: RIVERA JUAN & ROSA RIVERA	Owner Address: 125 TUCKER AVE	Phone:
Business Name:	Contractor Name: Home owner	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R2

Past Use: Single Family Home	Proposed Use: Single Family Home- 2 Car garage & master bedroom	Permit Fee: \$380.00	Cost of Work: \$36,000.00	CEO District: 5
Proposed Project Description: 2 Car garage & master bedroom		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i>	
		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: 12/15/2006	Zoning Approval		
-----------------------------	---------------------------------	------------------------	--	--

- 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 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	<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: <i>12/19/06</i> <i>ABA</i>	Date: _____	Date: <i>ABM</i>



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

11/10/07 - Footing + Slab. O.K.

24x24 O.K.

Ch. OK

Side 18"

Rear O.K.

Front O.K.

01/12/07 - checked for backfill all OK - OK
to backfill. / JMM

07/11/07 - checked plumbers / masons /
electrical for close-in. NO egress window.
for new bedroom - a few nail plates needed
near plumbing pipes - OK to close-in -
Will check for egress window @ Final.

JMM

11/14/08 - checked for final - all work complete
& egress OK - OK to close out

JMM

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation

Portland

Street Subdivision Lot #

125 TUCKER AVE

PROPERTY OWNERS NAME

Last: RIVERA First:

Applicant Name:

William A. Quimby

Mailing Address of Owner/Applicant (If Different)

28 FARRIN ST.

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 A. Quimby 3-19-07
Signature of Owner/Applicant Date

PORTLAND PERMIT # 10220 TOWN COPY

Date Permit Issued:

3-19-07

\$

30

If Double Fee Charged

James Bourke
Local Plumbing Inspector Signature

L.P.I. # 0732

332 DIF

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

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 07666

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

TRANSFER FEE
[\$6.00]

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebib / Sillcock	1	Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal		Sink
	Drinking Fountain	2	Wash Basin
	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
		4	Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
		30	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

30
10
+ 40

COPY

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
MAR 19 2007
RECEIVED