

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

Permit Number: 061831

PERMIT ISSUED
JAN 19 2007
CITY OF PORTLAND

This is to certify that MACDONALD JODY L & JUDY M HAWKES JTS/Modular Home

has permission to 2 story 26' x 28 modular construction

AT 1415 FOREST AVE L 340 G00.001

provided that the person or persons who perform or supervise the construction 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 procedure before this building or part thereof is closed or services closed-in. 4
YOUR 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

01/19/07 *Cheryl S. [Signature]*
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

*DRC Signed off.
(Phil - CSH)*
Scanned

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 06-1331
 Sale Date: **PERMIT ISSUED**
 CBL: *new CBL will be* 340-G-011
 340 G001001

Location of Construction: 1415 FOREST AVE	Owner Name: MACDONALD JODY L & AMY	Owner Address: 1415 FOREST AVE	Phone:
Business Name:	Contractor Name: Modular Home Solutions	Contractor Address: P O Box 204 Bldg CITY OF PORTLAND	Phone: 2074437468
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: R5/R3

Past Use: Vacant Land	Proposed Use: Single Family 2 story 26' x 28 modular construction	Permit Fee: \$2,095.00	Cost of Work: \$200,000.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B <i>ERC-2003 Modular STD</i>	

Proposed Project Description:
2 story 26' x 28 modular construction

Signature: _____ Signature: *1/19/07 [Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 12/27/2006	Zoning Approval	
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<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <i>N/A</i> <input type="checkbox"/> Wetland <i>N/A</i> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2006-0244</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>Or w/conditions</i> Date: <i>1/18/07 ABM</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>ABM</i> Date: _____
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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

2/20/07 - Footing + Setbacks

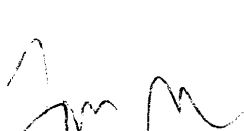
12' OK on front corner

11' to fence on rear corner.

Called Todd (owner's rep) He will send a letter
from Bob Greenlaw (surveyor) to confirm placement
of Bldg. meets 12' req. setbacks.

Cl: D. (Then E.K. to park)

4/30/07 - Received letter from surveyor - OK

Checked foundation for Backfill - OK to
Backfill. 

9/7/07

Add outlet to

Air intake make-up

Finish OAK flooring.

Finish venting make-up tie.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1415 FOREST AVE (11-13 Wall St. CBL 340 G001001

Issued to MACDONALD JODY L & AMY M HAWKES JTS/Modular Date of Issue 11/14/2007

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. 06-1831, 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

APPROVED OCCUPANCY

Single Family 26x28
R-3 Type 5 B
IRC2003

Limiting Conditions: None

This certificate supersedes
certificate issued

Approved:

11/14/07
(Date) [Signature]
Inspector

[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.

ELECTRICAL PERMIT

City of Portland, Me.



#5400
S/H Son

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 1/30/01
Permit # 1224
CBL# 341 6001

LOCATION: 35 Broadway St. Portland METER MAKE & # 24103
CMP ACCOUNT # _____ OWNER Harold McLean
TENANT _____ PHONE # 797-6791

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector		.20
FIXTURES	Incandescent	Fluorescent	Strips		.20
SERVICES <i>FROM FUSES TO CIRCUIT BREAKERS</i>	Overhead	Underground	TTL AMPS	<800	15.00
	Overhead	Underground		>800	25.00
	Temporary Service	Overhead	Underground	TTL AMPS	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 45.00				MINIMUM FEE	35.00

25.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Everything Electric MASTER LIC. # MC 30017606
ADDRESS 73 Bell St LIMITED LIC. # _____
TELEPHONE 207-878-5688

SIGNATURE OF CONTRACTOR Rhoda Conley

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (If Different): _____

2007-035

PORTLAND PERMIT # 10278 TOWN COPY

Date Permit Issued: 5/9/07 \$ 1121 If Double Fee Charged

[Signature] L.P.I. # 13615

340-3-1

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.

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

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>13615</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	1	Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Roof Drain		Garbage Disposal
		Blot		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 15 Wall St / Hill Farm Ave

PROPERTY OWNERS NAME

Last: McConnell First: Loddy

Applicant Name: Conroy + Wertz

Mailing Address of Owner/Applicant (If Different): 301 ...

07-8182
PORTLAND PERMIT # 10332 TOWN COPY
Date Permit Issued: 7/13/07 \$ 4000 If Double Fee Charged
Jeanie Bourke L.P.I. # 0732
Local Plumbing Inspector Signature
340 G 001

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.

[Signature] Date: 6-14-07
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.

[Signature]
Local Plumbing Inspector Signature

[Date]
Date Approved

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>07116</u></p>
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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
<p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)