

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 070446

Please Read Application And Notes, If Any, Attached

This is to certify that WILLIAMS TRAVIS W & BERKELEY WILLIAMS JTS

has permission to build new 12' x 12' Deck

AT 93 RUBY LN

341 H020001

PERMIT ISSUED
APR 27 2007
CITY OF PORTLAND

provided that the person or persons who apply for or obtain this permit shall comply with all of the provisions of the Statutes of this 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 started 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 M. Maffley 4/27/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

~~Go~~
Scanned
Closed-out

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-0446	Issue Date:	CBL: 341 H020001
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Location of Construction: 93 RUBY LN	Owner Name: WILLIAMS TRAVIS W & BERKE	Owner Address: 93 ROCHESTER ST	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

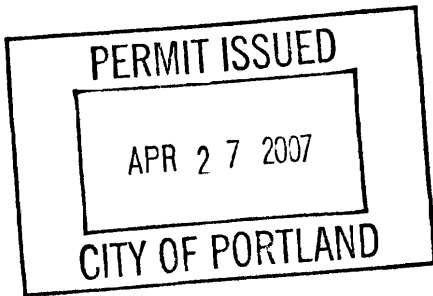
Past Use: Single Family Home	Proposed Use: Single Family Home - build new 12' x 12' Deck	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 5
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B IRC 2003	

Proposed Project Description: build new 12' x 12' Deck	Signature:	Signature: <i>Jm 4/27/07</i>
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: 04/27/2007	Zoning Approval
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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 <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"/> Date: <i>Jm 4/27/07</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 checked="" 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 Date: <i>Jm 4/27/07</i>
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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

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	<i>L. Haines Mt.</i>
Street Subdivision Lot #	<i>107 1/2 1st Street</i>

PROPERTY OWNERS NAME

Custom Built Homes of Maine Inc.

Last: _____ First: _____

Applicant Name: *Tommaso Amabile Inc.*

Mailing Address of Owner/Applicant (If Different): *PO Box 300, L. Haines Mt. ME 04802*

PORTLAND PERMIT # 9945 TOWN COPY

Date Permit Issued: *7/11/06* \$ *720.00* If Double Fee Charged

Tommaso Amabile
Local Plumbing Inspector Signature

L.P.I. # *0744*

341 *NO20*

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.

Tommaso Amabile _____
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

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 # <i>107286</i>
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<i>2</i>	Hosebibb / Sillcock	<i>1</i>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<i>1</i>	Sink
		Drinking Fountain	<i>2</i>	Wash Basin
		Indirect Waste	<i>9</i>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<i>1</i>	Clothes Washer
		Grease / Oil Separator	<i>1</i>	Dish Washer
		Roof Drain		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____	<i>1</i>	Water Heater
		Fixtures (Subtotal) Column 2	<i>9</i>	Fixtures (Subtotal) Column 1
			<i>2</i>	Fixtures (Subtotal) Column 2
			<i>11</i>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

OK # 9945

TOWN COPY

ELECTRICAL PERMIT

City of Portland, Me.

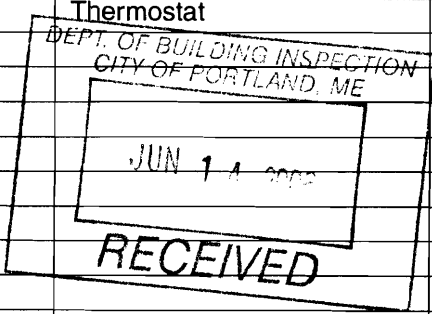


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 6-14-06
 Permit # 06-4528
 CBL# 341 H 020

LOCATION: 93 Ruby Lane Apt 18 METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Custom Built Homes
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	<u>30</u>	Receptacles	<u>20</u>	Switches	<u>6</u>	Smoke Detector	.20	<u>11.00</u>	
FIXTURES	<u>20</u>	Incandescent		Fluorescent		Strips	.20	<u>4.00</u>	
SERVICES		Overhead	<input checked="" type="checkbox"/>	Underground		TTL AMPS <800	15.00	<u>15.00</u>	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
			25.00						
METERS	<u>1</u>	(number of)					1.00	<u>1.00</u>	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior		Exterior	5.00		
APPLIANCES	<u>1</u>	Ranges		Cook Tops		Wall Ovens	2.00	<u>2.00</u>	
		Insta-Hot		Water heaters	<u>2</u>	Fans	2.00	<u>4.00</u>	
	<u>1</u>	Dryers		Disposals	<u>1</u>	Dishwasher	2.00	<u>4.00</u>	
		Compactors		Spa	<u>1</u>	Washing Machine	2.00	<u>2.00</u>	
		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	<u>1</u>	Main	4.00	<u>4.00</u>	
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	<u>47.00</u>



CONTRACTORS NAME Ames Electric Co. MASTER LIC. # 2336
 ADDRESS Box 633 LIMITED LIC. # _____
 TELEPHONE Portland, Me. 04104
 SIGNATURE OF CONTRACTOR [Signature] # 20813

5/31/07 - checked sonar tube depth + set backs -
all OK - no issues.

Jim M

7/14/07 - 12x12 deck
and
steps o.k.

final.

Certified

O.K. to close out