

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 080617

Please Read Application And Notes, If Any, Attached

This is to certify that STURGEON KAREN A & LANE E ITS /Brush & Hammer Co/ P

has permission to Add 13' x 6' Fire Escape to rear deck

AT 57 LESTER DR

371 A018001

PERMIT ISSUED
JUN - 4 2008

provided that the person or persons performing or causing to be performed any work accepting 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 lashed or enclosed-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. Manley 6/4/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|-----------------------|-------------|---------------------|
| Permit No: 08-0617 | Issue Date: | CBL: 371 A018001 |
|-----------------------|-------------|---------------------|

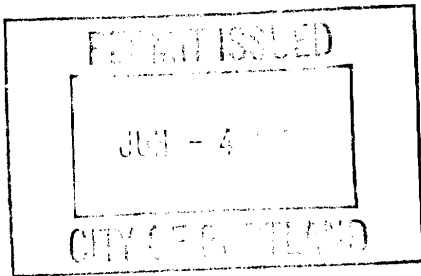
| | | | |
|---|---|--|------------------------|
| Location of Construction: 57 LESTER DR | Owner Name: STURGEON KAREN A & BRIAN | Owner Address: 57 LESTER DR | Phone: 207-878-0526 |
| Business Name: | Contractor Name: Brush & Hammer Inc/ Phil Requia | Contractor Address: 110 Lester Drive Portland | Phone: 2078072586 |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Duplex | Zone: R2 |

| | | | | |
|---------------------------------|---|--|---|--------------------|
| Past Use: Single Family Home | Proposed Use: Single Family Home - Add 13' x 6' Fire Escape to the rear decking. | Permit Fee: \$40.00 | Cost of Work: \$2,000.00 | CEO District: 5 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: R3 Type: SB IRC 2003 | |

| | | |
|--|------------|-----------------------------|
| Proposed Project Description: Add 13' x 6' Fire Escape to the rear decking. | Signature: | Signature: <i>Jm 6/4/08</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: lmd | Date Applied For: 06/04/2008 | Zoning Approval |
|-------------------------|---------------------------------|------------------------|

| | | | |
|---|---|--|--|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. 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..</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone <i>(62)</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>Jm 6/4/08</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p> | <p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input checked="" type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>Jm</i></p> |
|---|---|--|--|



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 | Portland |
| Street Subdivision Lot # | 2000 10th St |

PROPERTY OWNERS NAME

| | |
|---|---------------|
| Last: Brown | First: Robert |
| Applicant Name: | Robert Brown |
| Mailing Address of Owner/Applicant (If Different) | 2000 10th St |

2008-234

PORTLAND PERMIT # 10532 TOWN COPY

Date Permit Issued: 2/11/08 \$ 40 # Double Fee Charged

Local Plumbing Inspector Signature: *Thomas M. Madley* L.P.I. # 0744

5711 A 15

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant

Date

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 # <u>00000000</u> |
|---|--|---|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|----------|--|---------------------------|------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Hosebib / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| | | Urinal | | Sink |
| | | Drinking Fountain | 1 | 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 |
| OR TRANSFER FEE [\$6.00] | | Fixtures (Subtotal) Column 2 | 1 | Fixtures (Subtotal) Column 1 |
| | | | 1 | Fixtures (Subtotal) Column 2 |
| | | | 4 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | Hook-Up & Relocation Fee | |
| | | | Permit Fee (Total) | |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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 _____
 Permit # 2008-4116
 CBL# 371-A-18

LOCATION: 63 LESTER DR METER MAKE & # _____
 CMP ACCOUNT # 3-390-463 OWNER STURGEON
 TENANT _____ PHONE # _____

| | | | | | | | TOTAL EACH FEE | |
|------------------------------|----|------------------|----------|---------------|---|-----------------|------------------|-------|
| OUTLETS | 10 | Receptacles | 10 | Switches | 2 | Smoke Detector | | .20 |
| FIXTURES | 5 | Incandescent | | Fluorescent | | Strips | | .20 |
| SERVICES | 1 | 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 |
| MISC. (number of) | | Others (denote) | | | | | | 2.00 |
| | | 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 | 45.00 |

CONTRACTORS NAME JAMES LAUREN MASTER LIC. # MS 40010740
 ADDRESS 59 WHITES BRIDGE RD LIMITED LIC. # _____
 TELEPHONE 838 1166

SIGNATURE OF CONTRACTOR _____
 White Copy - Office Yellow Copy - Applicant