Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
Please Read Application And Notes, If Any, Attached PERMIT Permit Number: 080617
This is to certify that STURGEON KAREN A & IAN E JTS / Brush & Hamme, c/ P PERMIT ISSUED
has permission to Add 13' x 6' Fire Escape to rear dec g. AT 57 LESTER DR 371 AD1800
provided that the person or persons, rm or person provided that the permit shall comply with all of the provisions of the Statutes of I and of the Statutes of the City of Portland regulating the construction, maintenance and use of buildings and support of the application on file in this department.
Apply to Public Works for street line and grade if nature of work requires such information.
OTHER REQUIRED APPROVALS
Health Dept
Appeal Board Other
PENALTY FOR REMOVING THIS CARD
Samo

Cit	y of Portland, Maine - Build	ding or Use 🛛	Permi	t Application	n Per	rmit No:	Issue Date:		CBL:	
389	Congress Street, 04101 Tel: (2	207) 874-8703	, Fax:	(207) <b>8</b> 74 <b>-</b> 871	6 [	08-0617				018001
Loca	tion of Construction:	Owner Name:			Owne	r Address:			Phone:	
57 1	LESTER DR	STURGEON	KAREN	A & BRIAN	57 L	ESTER DR			207-87	8-0526
Busi	ness Name:	<b>Contractor</b> Name	:		Contr	actor Address:			Phone	
		Brush & Hami	mer Inc	/ Phil Requia	110	Lester Drive F	Portland		207807	2586
Less	ee/Buyer's Name	Phone:			ſ	it Type: litions - Duple	ex			Zone: NZ
Past	Use:	Proposed Use:			Perm	it Fee:	Cost of Work:	CE	O District:	
Sin	gle Family Home	Single Family	Home -	• Add 13' x 6'	\$40.00 \$2,000.00			5		
		Fire Escape to	the rea	r decking.	FIRE	DEPT:			R3	Type: SB
Prop	osed Project Description:				-					2005
Add 13' x 6' Fire Escape to the rear decking.					Signa			IRC 2023		
					PEDE	STRIAN ACTIV	VITIES DISTRI	CT (P.A.	Ď.)	-
					Actio	n: Approve	ed Approv	ed w/Con	ditions	Denied
					Signa	ture:		Da	te:	
Pern Im		plied For: /2008				Zoning	Approval			
1.	This permit application does not p	preclude the	Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic Pr	eservation
	Applicant(s) from meeting applica Federal Rules.		Sh	noreland				P	Not in Dis	trict or Landmark
2.	Building permits do not include p septic or electrical work.	lumbing,	🗆 w	etland	)	Miscellar	neous		Does Not I	Require Review
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		Flood Zone		/	Conditional Use			Requires Review	
						Interpretation			Approved	
			Sin	te Plan			d		Approved	w/Conditions
	FERMITISSLED		Maj [	Minor MM		Denied			Denied	
	JUS - 4 11		Date	h 6/4/08	)	Date:		Date:	m	

## **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

• PROPERTY ADDRESS     Town or Planation     Street     Subdivision Lot #     PROPERTY OWNERS NAME     Property owners of property owners of the state
Plantation     Suddivision Lot #     PROPERTY OWNERS NAME     PROPERTY OWNERS NAME     Propertial #     Propertial #     Propertial #     Applicant     Mame:     Mame:     Mame:     Owner/Applicant     Mame:     Owner/Applicant     I certify that the information submitted is correct to the best of my knowledge and understand that any tabilitation is reason for the Local     PLINDING Inspection Required     Development Applicant     Date     Development Inspection Required     I certify that the information submitted is correct to the best of my knowledge and understand that any tabilication is reason for the Local     Plumbing Inspector I deny a Permit.     Signature of Owner/Applicant     Date     P E R M IT I IN F O R MATION     This Application is for     1.1 2 SINGLE FAMILY DWELLING     2. MODULAR OR MOBILE HOME     3. MULTIPLE FAMILY DWELLING     4. O THER – SPECIFY     Hook-Up & Piping Relocation     Modulum 1 thooke oper in     Most cert were in     Most cert were in     Most cert were in
Studivision Lot #   PROPERTY OWNERS NAME     PROPERTY OWNERS NAME   Property of the statement is presented by the intervent of the statement is correct to the best of my knowledge and understand the any takification is reason for the Local Plumbing Inspectors is deny a Permit.     Mailing Address of Owner/Applicant Statement (PDMereting) inspectors is deny a Permit.   Caution: Inspection Required     I control for the institution authorized above and found it to be in compliance with the Marine Plumbing Rules.   Permit is not control to be best of my knowledge and understand the any takification is reason for the Local Plumbing Inspectors Signature   Date     P E R MIT I IN F O R M AT I O N   P E R MIT I IN F O R M AT I O N     This Application is for   Type of Structure To Be Served:   1. 1 Single FAMILY DWELLING     1. 1 Single FAMILY DWELLING   1. 1 Single FAMILY DWELLING   1. 2 MASTER PLUMBER     2. I MODULAR OR MOBILE HOME   3. I MULTIPLE FAMILY DWELLING   1. I Single FAMILY DWELLING     3. I MOLTIPLE FAMILY DWELLING   1. I Single FAMILY DWELLING   1. I Shower (Separate)     4. I OTHER - SPECIFY   Number   Column 1     4. I OTHER - SPECIFY   Number   Column 1     4. I OTHER - SPECIFY   Number   Signature of Fixture     4. I OTHER - SPECIFY   Number   Single of Fixture     4. I OTHER - SPECIFY   Numbe
PROPERTY OWNERS NAME     Applicant     Applicant     Name:     Applicant     Mailing Address of Owner/Applicant     Owner/Applicant Statement (It Different)     I owner/Applicant Statement     I owner/Applicant     Date     Date     I owner/Applicant     Date     I owner/Applicant     Date     PE R M IT I N F O R M AT I O N     This Application is for     1. Ø SINGLE FAMILY DWELLING     2. I MODULAR OR MOBILE HOME     3. I MULTIPLE FAMILY DWELLING     4. I OTHER – SPECIFY     I owner advisor     Mainum of Hook-Up & Piping Relocation     Mainum of Hook-Up     Mowner d
Last:   First:
Applicant Name:   Itel
Name:   Item (Item (Itetm (Item (Item (Itetm (Item (Item (Item (Itetm (Item (Item (Item(
Owner/Applicant Statement (It Different)     Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.     Determine the installation of the Local Plumbing Inspectors to deny a Permit.     Signature of Owner/Applicant   Date   Caution: Inspection Required     Signature of Owner/Applicant   Date   Local Plumbing Inspector Signature   Date     PER MIT INFORMATION     This Application is for   Type of Structure To Be Served:     1. 10   Signature of Owner/Applicant   Date   Local Plumbing Inspector Signature   Date     2. In RELOCATED PLUMBING   1. 10   Single FAMILY DWELLING   1. 10   MASTER PLUMBER   2. In Ord DULAR OR MOBILE HOME   3. In MULTIPLE FAMILY DWELLING   1. In Ord MASTER PLUMBER   2. In OTHER - SPECIFY   1. In FOR MATION   3. In MFG'D. HOUSING DEALER/MEC     4. In OTHER - SPECIFY   Internet Type of Fixture   Number   Type of Fixture   1. In For Plumber   2. In Ord Fixture     Mook-Up & Piping Relocation     Maximum of 1 Hook-Up   Number   Column 1   Shower (Separate)     Mook-Up & Piping Relocation </td
Owner/Applicant Statement   Caution: Inspection Required     I certify that the information submitted is correct to the best of my knowledge and understated that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.   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     PER MIT INFORMATION   PER MIT INFORMATION   Date   Plumbing Inspector Signature   Date     1. Voltation is for   Type of Structure To Be Served:   Plumbing To Be Installed By:   1. Voltation Voltation Voltation Voltation Voltation   Date   Plumbing To Be Installed By:     1. Voltation is for   Type of Structure To Be Served:   Plumbing To Be Installed By:   1. Voltation Voltation Voltation   1. Voltation Voltation   AMASTER PLUMBER   2. OIL BURNERMAN   3. MULTIPLE FAMILY DWELLING   1. Voltation Voltation Voltation   1. Voltation Voltation   NerGo. HOUSING DEALER/MEC     4. OTHER – SPECIFY   4. OTHER – SPECIFY   Some Properent Yowner   Local Plumbing Type of Fixture   Number   Column 1     Maximum of 1 Hook-Up   Number   Column 2   Number   Some Yowner   Some (Separate)     Hook-Up & Piping Relocation   Number   Floor Drain   Shower (Se
PER MIT INFORMATION     This Application is for   Type of Structure To Be Served:     1.11 M NEW PLUMBING   1. 11 SINGLE FAMILY DWELLING   1. 12 MASTER PLUMBER     2. 11 RELOCATED   2. 10 MODULAR OR MOBILE HOME   1. 12 MASTER PLUMBER     2. 11 MULTIPLE FAMILY DWELLING   1. 12 MASTER PLUMBER     3. 11 MULTIPLE FAMILY DWELLING   1. 12 MASTER PLUMBER     3. 11 MULTIPLE FAMILY DWELLING   1. 12 MASTER PLUMBER     4. 11 OTHER - SPECIFY   1. 12 MASTER PLUMBER     4. 11 OTHER - SPECIFY   1. 12 MASTER PLUMBER     11 Mumber   Column 2     12 MASTER PLUMBER   1. 12 MASTER PLUMBER     2. 12 OIL BURNERMAN   3. 13 MFG'D. HOUSING DEALER/MEC     3. 14 MULTIPLE FAMILY DWELLING   3. 14 PUBLIC UTILITY EMPLOYEE     4. 14 OTHER - SPECIFY   1. 12 MASTER PLUMER     14 Mook-Up & Piping Relocation   Number     Maximum of 1 Hook-Up   Number     15 Not regulated and inspected by the local Sanitary District.   Hosebib / Sillcock     16 NOR   Urinal   Sink     17 HOOK-UP to an existing subsurface   Drinking Fountain   Wash Basin
This Application is for   Type of Structure To Be Served:   Plumbing To Be Installed By:     1.1 Image: New PLUMBING   1. Image: Single FAMILY DWELLING   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME     2. Image: ReLOCATED PLUMBING   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME     3. Image: MULTIPLE FAMILY DWELLING   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME     3. Image: MULTIPLE FAMILY DWELLING   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME     3. Image: MULTIPLE FAMILY DWELLING   1. Image: Modular OR MOBILE HOME   1. Image: Modular OR MOBILE HOME     3. Image: MULTIPLE FAMILY DWELLING   1. Image: OTHER - SPECIFY   1. Image: OTHER - SPECIFY     Hook-Up & Piping Relocation   Number   Column 2     Maximum of 1 Hook-Up   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.   Hook-Image: Floor Drain   Image: Sink     Image: MOR   Image: Urinal   Sink   Sink   Sink
1. 1/2 NEW PLUMBING   1. 1/2 SINGLE FAMILY DWELLING   1. 1/2 MASTER PLUMBER     2. RELOCATED PLUMBING   2. MODULAR OR MOBILE HOME   3. MILTIPLE FAMILY DWELLING     3. MULTIPLE FAMILY DWELLING   3. MILTIPLE FAMILY DWELLING   3. MFG'D. HOUSING DEALER/MEC     4. OTHER - SPECIFY   0THER - SPECIFY   0THER - SPECIFY     Hook-Up & Piping Relocation Maximum of 1 Hook-Up   Number   Column 2 Type of Fixture     HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.   Hosebib / Sillcock   Bathtub (and Shower)     Floor Drain   Yinal   Sink     HOOK-UP: to an existing subsurface   Drinking Fountain   Sink
2. ORELOCATED   2. MODULAR OR MOBILE HOME   2. OIL BURNERMAN     3. MULTIPLE FAMILY DWELLING   3. MFG'D. HOUSING DEALER/MEC     4. OTHER - SPECIFY   9000000000000000000000000000000000000
PLUMBING   3
3
5. PROPERTY OWNER LICENSE #     Hook-Up & Piping Relocation Maximum of 1 Hook-Up   Number   Column 2 Type of Fixture   Column1 Number     HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.   Hosebib / Sillcock   Bathtub (and Shower)     OR   Urinal   Sink     HOOK-UP: to an existing subsurface   Drinking Fountain   Wash Basin
Hook-Up & Piping Relocation Maximum of 1 Hook-Up   Number   Column 2 Type of Fixture   Column1 Number     HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.   Hosebib / Sillcock   Bathtub (and Shower)     Image: Column 2 Type of Fixture   Hosebib / Sillcock   Bathtub (and Shower)     Image: Column 2 Type of Fixture   Hosebib / Sillcock   Bathtub (and Shower)     Image: Column 2 Type of Fixture   Floor Drain   Shower (Separate)     Image: Column 2 Type of Fixture   Urinal   Sink     Image: Column 2 Type of Fixture   Drinking Fountain   Type of Fixture
Maximum of 1 Hook-Up 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. Hosebib / Sillcock Bathtub (and Shower)   OR Urinal Shower (Separate)   HOOK-UP: to an existing subsurface Drinking Fountain Wash Basin
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.   Hosebib / Sillcock   Bathtub (and Shower)     OR   Floor Drain   Shower (Separate)     HOOK-UP: to an existing subsurface   Drinking Fountain   Wash Basin
is not regulated and inspected by the local Sanitary District. Floor Drain Shower (Separate)   OR Urinal Sink   HOOK-UP: to an existing subsurface Drinking Fountain Wash Basin
HOOK-UP: to an existing subsurface Drinking Fountain Wash Basin
HOOK-UP: to an existing subsurface Drinking Fountain Wash Basin
wastewater disposal system.
Indirect Waste Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.
Grease / Oil Separator Dish Washer
Roof Drain Garbage Disposal
OR Bidet Laundry Tub
TRANSFER FEE Other: Water Heater
[\$6.00] Fixtures (Subtotal) Fixtures (Subtotal) Column 2 Column 1
Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE
Transfer Fee
Hook-Up & Relocation Fe

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Form # P 01

## **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\_\_ Date\_\_\_\_\_ Permit #\_\_\_\_\_\_\_8 - 1/1/4 CBL#\_\_\_\_\_\_371-\_\_\_\_4 **«**18

in	CBL# <u>↓ ↓ ↓ ↓ ↓</u>
LOCATION: 65 (FSTEL DA	METER MAKE & #
CMP ACCOUNT # 3-390-443	OWNER STURGEON
TENANT	PHONE #

							TAL EACH FEE
OUTLETS	10	Receptacles	10	Switches	2	Smoke Detector	.20
FIXTURES	J	Incandescent		Fluorescent		Strips	.20
SERVICES	L	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	5	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
<u>`</u>		Air Cond/cent				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs				- Clip	10.00
		Alarms/res			1		5.00
		Alarms/com			1 <u>2</u> 17	< <f.>&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</f.>	15.00
		Heavy Duty(CRKT)				<u> </u>	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	10.00
		MINIMUM FEE/CO		BCIAL 55.00			.00
ONTRACTORS NAM		Janés Lou	, (i	Eh		_MASTER LIC. # MS	10/0740
DDRESS $59$		UHITES BRID	Krk.	nn		_ LIMITED LIC. #	······································
	3	8 IMe					
				$\bigcap_{-}$	2	[	
GIGNATURE OF CON	TRA				5	$\sim$	
		White Copy	Off			v Copy - Applicant	$\smile$