

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
NOV 05 16 15 2005
CITY OF PORTLAND

BUILDING DEPARTMENT
PERMIT

This is to certify that Brown Floyd &
has permission to install a 8' x 12' Storage Shed
AT 28 Ballpark Dr

371 A032001

provided that the person or persons, firm or corporation 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 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

[Signature]
11/3/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1615	Issue Date: PERMIT ISSUED NOV 4 2005	GBB: 371A032001
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Location of Construction: 28 Ballpark Dr	Owner Name: Brown Floyd &	Owner Address: Po Box 11606	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Sheds	Zone: R-2

Past Use: Single Family Home	Proposed Use: Single Family Home/ install a 8' x 12' Storage Shed	Permit Fee: \$30.00	Cost of Work: \$500.00	CEO District: 5
Proposed Project Description: install a 8' x 12' Storage Shed		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>F/U</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: 11/02/2005	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	Zoning Appeal	Historic Preservation
<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>11/03/05</i>	<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: _____	<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 Date: <i>11/03/05</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

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: Lot 2 Bellpark Dr

PROPERTY OWNERS NAME

Last: James First: George
Applicant Name: James George
Mailing Address of Owner/Applicant (If Different): 11-2116

PORTLAND PERMIT # 371A32
Date Permit Issued: 11/22/05 \$ 11.90 If Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

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 Inspector's to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 11/22/05

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

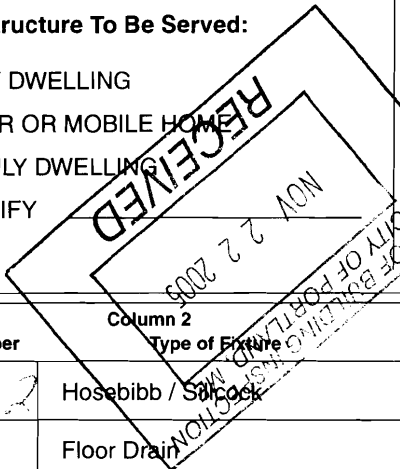
1. NEW PLUMBING
2. RELOCATED PLUMBING

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 # L 2630



Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
OR		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			13	Fixtures (Subtotal) Column 2
			14	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.

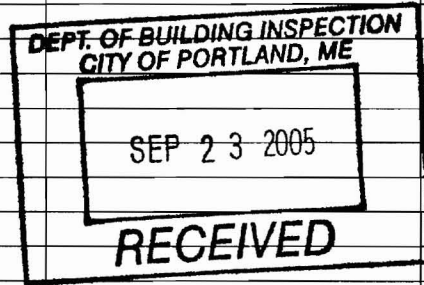


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 9/23/05
 Permit # 054888
 CBL# 371 A 032

LOCATION: 600 Pollock METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

							TOTAL	EACH FEE	
OUTLETS	<u>40</u>	Receptacles	<u>20</u>	Switches	<u>6</u>	Smoke Detector	.20	<u>19.20</u>	
FIXTURES	<u>16</u>	Incandescent	<u>2</u>	Fluorescent	<u>3</u>	Strips	.20	<u>3.00</u>	
SERVICES		Overhead	<u>/</u>	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>/</u>	(number of)					1.00	<u>1.00</u>	
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING	<u>/</u>	oil/gas units		Interior		Exterior	5.00	<u>5.00</u>	
APPLIANCES	<u>/</u>	Ranges		Cook Tops		Wall Ovens	2.00	<u>2.00</u>	
		Insta-Hot		Water heaters		Fans	2.00		
	<u>/</u>	Dryers	<u>/</u>	Disposals	<u>/</u>	Dishwasher	2.00	<u>6.00</u>	
		Compactors		Spa	<u>/</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	<u>/</u>	Service		Remote		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>57.20</u>



CONTRACTORS NAME W. A. NISSO Electric MASTER LIC. # 07958
 ADDRESS 22 BUSHMARK ST LIMITED LIC. # _____
 TELEPHONE 329-7596

SIGNATURE OF CONTRACTOR John Nisso #1251