Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read **INCRECTION** Application And Notes, If Any, Attached

Permit Number: 061509

ances of the City of Portland regulating

actures, and of the application on file in

provided that the person or persons	rm or	tion a	epting this pe	rmitGHTX1OFOPQHTVANDII
AT 245 Auburn St			2 379 A002001	
Build new 3 bedroom, 2 1/2	h Single	1e w/ 2 c	arage	NOV - 7 2006
This is to certify that Bartley Greg & /Martelle Co	ruction, LLC			
	8			I PERMIT ISSUED

ine and or the P

provided that the person or persons of the provisions of the Statutes of the construction, maintenance and the of buildings and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

fication inspe n mus n and w on proci en permi re this ding or t there ed or sed-in. JR NO QUIRED.

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 Othe: Department Name

PENALTY FOR REMOVING THIS CARD



City of Portland, N		_				Issue Date	!	CBL:		
389 Congress Street,	04101 Tel: (3, Fax:	(207) 874-871				379 A	002001	
Location of Construction: Owner Name:				Owner Address:			Phone:			
245 Auburn St		Bartley Greg			389 Blackstrap R	.d	_			
Business Name:		Contractor Name			Contractor Address:			Phone		
		Martelle Construction, LLC			12 Spring Road (Cumberland	_	2078295	484	
Lessee/Buyer's Name		Phone:	Phone:						Zone:	
		<u> </u>		}	Single Family				R2	
Past Use:		Proposed Use:			Permit Fee:	Cost of Wor	k: (CEO District:		
Vacant Land		Single Family Home - Build new 3			\$1,695.00	\$1,695.00 \$160,000.0		5		
		bedroom, 2 1/2 Bath Single Family Home w/ 2 car garage			FIRE DEPT: IN		INSPEC'	TION:		
					Approved		Use Gro	Jse Group: $\mathcal{R}3$ Type: $\mathcal{S}B$		
					Denied		ł	Ise Group: R3 Type: 5B IRC 7003 ignature: 11/7/06		
								TRC A	403	
Proposed Project Description	on:	<u> </u>			1		-			
Build new 3 bedroom,		gle Family Hom	ne w/ 2 c	ear garage	Signature:		Signature	In 11	17/06	
				0 0	PEDESTRIAN ACT	IVITIES DIST	RICT (P.	A.D.)	1100	
					Action: Appro	ved App	oroved w/C	Conditions	Denied	
					Signature:		1	Date:		
Permit Taken By:	Date A	pplied For:			<u> </u>	A nn nove	.1			
Idobson					Zoning Approval					
This was the same it			Spe	cial Zone or Revie	ws Zoni	ng Appeal		Historic Pro	eservation	
 This permit application does not p Applicant(s) from meeting applica Federal Rules. 		preclude the		,				Not in District or Landma		
		able State and	☐ Sh	oreland N/4	Variance			Not in District or Landma		
				/ .				7		
2. Building permits d		plumbing,	LJ W	etland N/A	Miscell	aneous	[☐ Does Not R	equire Review	
septic or electrical								¬		
3. Building permits a			LIFE	ood Zone prad 2-22	Conditi	onal Use		Requires Ro	eview	
within six (6) mon False information				,	l l			-7		
permit and stop all		a building	L Su	ibdivision :	[_] Interpre	etation	L	Approved		
parrint and otep and				. Di					10	
	1001150			te Plan	Approv	ed		Approved w	//Conditions	
PERMII	ISSUED		1	100 - 0 203			} ,	7		
			1	Minor MM	Cons		} '	Denied		
NOV	7 5000		ٽ <i>ل</i>	ulcoplihou	4.		j	10M		
NUV -	7 2003		Date:	10120101 A	Date:		Dat	e:		
]								
CITY OF	PORTLANI									
OITT O.	07.12/01									
			C	CERTIFICATI	ON					
I hereby certify that I ar										
I have been authorized l										
jurisdiction. In addition shall have the authority										
such permit.	to enter an are	eas covered by si	uch pen	ilit at ally reason	lable flour to effor	ce the provi	Sion of t	ne couc(s) a	ppneadic to	
sach permit.										
					 					
SIGNATURE OF APPLICA	NT		-	ADDRES	S	DATE		PH	ONE	
RESPONSIBLE PERSON II	N CHARGE OF V	VORK, TITLE				DATE		PH	ONE	

Hook-Up & Relocation Fee Permit Fee

(Total)

PROPERTY ADDRESS Town or Portland, ME Plantation Street 245 Auburn St Subdivision Lot # PROPERTY OWNERS NAME Last: Applicant Name: Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement Caution: Inspection Required I certify that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in knowledge and understand that any falsification is reason for the Local compliance with the Maine Plumbing Rules. Plumbing Inspectors to deny a Permit. Signature of Owner/Applicant Date Local Plumbing Inspector Signature Date Approved PER MIT INFORMATION This Application is for Type of Structure To Be Served: Plumbing To Be Installed By: 1. M MASTER PLUMBER 1. I NEW PLUMBING 1. ☑ SINGLE FAMILY DWELLING 2. OIL BURNERMAN 2. MODULAR OR MOBILE HOME 2. RELOCATED 3. MFG'D. HOUSING DEALER/MECHANIC **PLUMBING** 3. MULTIPLE FAMILY DWELLING 4. DUBLIC UTILITY EMPLOYEE 4. ☐ OTHER - SPECIFY 5. PROPERTY OWNER LICENSE # Hook-Up & Piping Relocation Maximum of 1 Hook-Up Number Type of Fixture Number Type of Fixture HOOK-UP: to public sewer in those cases where the connection Hosebib / Sillcock Bathtub (and Shower) 1 is not regulated and inspected by the local Sanitary District. Floor Drain 2 Shower (Separate) \mathbf{OR} Urinal Sink Drinking Fountain Wash Basin HOOK-UP: to an existing subsurface wastewater disposal system. 3 Water Closet (Toilet) Indirect Waste PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. Water Treatment Softener, Filter, etc. Clothes Washer 1 Dish Washer Grease / Oil Separator **Boof Drain** Garbage Disposal Bidet Laundry Tub Water Heater TRANSFER FEE [\$6.00] Fixtures (Subtotal) Fixtures (Subtotal) Column 2 Column 1 Fixtures (Subtotal) Column 2 SEE PERMIT FEE SCHEDULE **Total Fixtures** FOR CALCULATING FEE Fixture Fee Transfer Fee

TOWN COPY

PLUMBING APPLICATION

Page 1 of 1 HHE-211 Rev. 08/05

ELECTRICAL PERMITCity of Portland, Me.

To the Chief Electrical Inspector, Portland Maine:

SIGNATURE OF CONTRACTOR

White Copy - Office

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	3.30.07
	2007-4230
CBI# /	279-4-2

· -				OMNEN _	<u></u>	107 284 06 01		
ENANT				PHONE #				
OUT ETO		I December 1	T 415	Contrale			AL EACH	
OUTLETS	22	Receptacles	42	Switches	7	Smoke Detector	.20	10
FIVELDEC	*>	Incondocant	,,,	Fluorocont		Chris		02
FIXTURES	37	Incandescent	4	Fluorescent		Strips	.20	8
SERVICES	ļ	Overhead		Underground		TTL AMPS <800	15.00	ļ
	- -	Overhead		Underground		>800	25.00	-
		Overridad		Chacigioana		7000	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
Tomporary Convice			-	On a or ground			25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	ļ
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES	1	Ranges		Cook Tops		Wall Ovens	2.00	2
		Insta-Hot		Water heaters	3	Fans	2.00	6
	1	Dryers	1	Disposals	/	Dishwasher	2.00	6
		Compactors		Spa	1	Washing Machine	2.00	2
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
		Signs				200	10.00	
		Alarms/res	L				5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	ļ
		Alterations			(U-1)	Chin	\5.00	
		Fire Repairs E Lights			7		15.00	
		E Generators	ļ		\rightarrow	, , , , , , , , , , , , , , , , , , , ,	1.00	
		L deficiators			\longrightarrow		20.00	
PANELS	*	Service	7	Remote		Main	4.00	U
TRANSFORMER	79	0-25 Kva		Hemote		illaiii	5.00	7
		25-200 Kva	ļ <u>-</u>			V	8.00	
		Over 200 Kva					10.00	
						TOTAL AMOUNT DUE	10.00	
		MINIMUM FEE/CO	MME	BCIAL 55 00		MINIMUM FEE 45.00	$\overline{}$	

Yellow Copy - Applicant

11/30/06 - footings + (extracts. Leftside - 18. + to Fatings - Nead 11 -Right ride - 21 + Need 142 12-1/2 It - 50 toward 25 Rhoder Concrete. Rear. 50t reed 25 OLM. O.Ktoper 12/1/06 - Backfill- 1305 READY. Tollethen to rescholate. Am 12/13/06 O.K.t. Bildil 12/19/04 Elect. Truch of M O.K. to Bock foll 12/2000, Some unterprend K. Called in 4/13/07- Alose, Inspection -Framing/plumbing/elec- Elecfo drywall ym - went over the 162. for gavage om. Siza, depth +