

1/11/02 ① Fire rating on garage - 5/8" Type X w/ fire door - OK

② Headers

2/10/02 ③ Rafter - 2x8's 16" OC - don't meet span for 26' house depth

④ deck framing

⑤ New ~~or~~ revised site plan - moved garage. - OK

⑥ Guardrails, handrails, pad size for rally columns

1/14/02 - spoke w/ Tedwell builders - went over all of the above. He agreed on the fire rating of garage.

Rafters will be 2x10 - 16" OC

All guardrails 38 3/4" - Told him 36" was min.

OK to issue.

Told him to get specs on TJI floor joists & laminate beams. TM.

1/29/02 ~~Josh~~ Josh Inspr - OK

1/30/02 ~~Josh~~ Josh Inspr / setbacks OK

2/5/02 Backfill OK - Tar, Anchor Bolt, Fabric, Sand OK JB

Deck footings will be done at a later date - reminded to call JB

3/11/02 - Plumbing inspection - all OK. JK Plumbing not complete in Bsmt

3/14/02 Framing/Electrical 1) Washer has duplex recep. 2. Egress windows need adjustment (5.59) JK

3/25/02 Setback/Footings for Rear Deck - OK to pour. JB

5/15/02 - Final for CoyO - need to close space on risers

on rear deck & put in handrail. Treads must be 10' inch area

are at 9.25 inches - Builder there & fixing the problems

will be OK to issue CoyO when Jay gives memo

# 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 1/29/02  
 Permit # 2002 4097  
 CBL# 386 ABO33

LOCATION: 697 Auburn St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Phillip Nedwell / Nedwell Builders  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

Category	Quantity	Item	Notes	Rate	Total
OUTLETS	31	Receptacles	18	.20	11.20
		Switches	7		
		Smoke Detector			
FIXTURES	9	Incandescent		.20	1.80
		Fluorescent			
		Strips			
SERVICES		Overhead	X	15.00	15.00
		Underground		25.00	
		Overhead		25.00	
		Underground		25.00	
Temporary Service		Overhead		25.00	
		Underground		25.00	
		TTL AMPS	200		
		<800			
		>800			
METERS	1	(number of)		1.00	1.00
MOTORS		(number of)		2.00	
RESID/COM		Electric units		1.00	
HEATING		oil/gas units		5.00	
		Interior			
		Exterior			
APPLIANCES	1	Ranges		2.00	2.00
		Insta-Hot		2.00	
	1	Dryers	1	2.00	6.00
		Compactors		2.00	2.00
		Others (denote)		2.00	
MISC. (number of)		Air Cond/win		3.00	
		Air Cond/cent		10.00	
		HVAC	EMS	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		4.00	4.00
		Remote	1		
		Main			
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	
					43.00

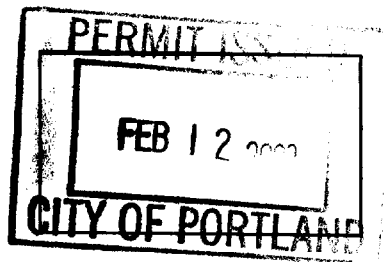
INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME Bowdler Electric Inc MASTER LIC. # MS6007107  
 ADDRESS 86 Old Ocean House Rd C.F. LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 799-5828 838-5350 04107  
 SIGNATURE OF CONTRACTOR [Signature]



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

386 AB033

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 697 AUBURN ST. PORTLAND Use of Building SINGLE FAMILY Date 02/05/03  
Name and address of owner of appliance \_\_\_\_\_

Installer's name and address MAIETTA/TITAS/BASCHKE PLC. & HTR. INC.  
36 DIBIASE ST. PORTLAND, ME. 04103 Telephone 797-2685

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: WREN McCLAIR/BECKETT

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_
- Solid Fuel #
- Oil # 08282
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank 275 GAL.

Number of Tanks 1

Distance from Tank to Center of Flame +5 feet.

\$30,00

### Approved

Fire: \_\_\_\_\_  
Ele.: \_\_\_\_\_  
Bldg.: \_\_\_\_\_

### Approved with Conditions

- See attached letter or requirement

Signature of Installer [Signature]



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 697 Auburn St

CBL 386A B033001

Issued to Neptune Properties/Nedwell Builders

Date of Issue 05/30/2002

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 02-0001, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family Residency, R-3, Type 5B, BOCA 1999

**Limiting Conditions:**

None

**This certificate supersedes  
certificate issued**

Approved:

5/30/02  
(Date)

*Thomas M. Mully*  
Inspector

*Thomas M. Mully*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

TO: Inspections  
FROM: Jay Reynolds, Development Review Coordinator  
DATE: May 29, 2002  
RE: C.O. for # 697 Auburn St., (CBL 386-B-033) (2002-0001)

---

Upon inspection of the #697 Auburn St., I have the following comments:

Site Work Complete.

**At this time, I would recommend issuing a Permanent Certificate of Occupancy.**

Please contact me if you have any questions or comments.  
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager  
Michael Nugent, Inspection Services Manager

File: O:\drc\697auburn1.doc

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
 Street Subdivision Lot #: 697 AUBURN ST.

PORTLAND 7981 TOWN COPY  
 Date Permit Issued: 2 15 02 \$ 11111  If Double Fee Charged  
 FEE Charged  
 L.P.I. # 01593  
 Local Plumbing Inspector Signature  
386 AB033

Last: NEEDWELL First: PHILIP  
 Applicant Name: MARITON/TITUS / BLASHINE PLG. & HTG. INC.  
 Mailing Address of Owner/Applicant (if Different): 36 DIBIASSE ST. PORTLAND, ME. 04103

### 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.

[Signature] Date 2/5/02  
 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.

[Signature] Date Approved  
 Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	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>22395</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>12</u>	Hosebibb / Sillcock	<u>12</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>3</u>	Wash Basin
		Indirect Waste	<u>3</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>1</u>	Water Heater <u>607 TRAILER</u>
<b>OR</b>  TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	<u>13</u>	Fixtures (Subtotal) Column 1
			<u>12</u>	Fixtures (Subtotal) Column 2
			<u>15</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

~~2111~~

386 AB 0123

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-6672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required - Attach in Space Below &lt;&lt;</b>	
City, Town, or Plantation	Portland	PORTLAND 7983 TOWN COPY Date Permit Issued: 2/16/02 \$1810.00 FEE Charged Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.I. # 015931	
Street or Road	697 Auburn St.		
Subdivision, Lot #	Auburn Pines #33		
<b>OWNER OR APPLICANT INFORMATION</b>			
Name (last, first, MI)	Needwell Builders, LLC <b>Owner</b>		
Mailing Address of	3 South St.		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Cape Elizabeth, ME		
Daytime Tel. #	(207) 767-0887 ext. 749-1223	Municipal Tax Map #	Lot #
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
<i>[Signature]</i> Signature of Owner or Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
Date: 2/5/02		(1st) Date Approved: _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: <i>Pump Tank</i> 12. <input checked="" type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
.71 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY _____ gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster/array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load / d. <input type="checkbox"/> #20 load 4. <input type="checkbox"/> Other: _____ SIZE _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	_____ gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING</b>	
PROFILE CONDITION DESIGN at Observation Hole # _____ Depth _____ Elevation _____ OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq. ft./gpd	1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

### SITE EVALUATOR STATEMENT

I Certify that on \_\_\_\_\_ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

\_\_\_\_\_  
 Site Evaluator Signature SE # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Site Evaluator Name Printed Telephone # \_\_\_\_\_