

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-20800	Issue Date: 1 9 2001	CBL: 380 PRB 34 380 B034001
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Location of Construction: 699 Auburn Pines	Owner Name: Northern Utilities Inc	Owner Address: 300 Friberg Pky OF PORTLAND	Phone: 749-844740
Business Name: n/a	Contractor Name: Coffin, Ralph	Contractor Address: 29 Curtis Road Portland	Phone: 2077974373
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Single Family	Zone:

Past Use: Sub - Division / Vacant Lot	Proposed Use: Single Family / New 2 story colonial with 2 car garage.	Permit Fee: \$984.00	Cost of Work: \$160,000.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-4 Type: 5B	

Proposed Project Description: Build New Single Family	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: gg	Date Applied For: 09/24/2001	Zoning Approval		
<ol style="list-style-type: none"> 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 <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:	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input 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:

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

10/26/01 - pre construction & setback inspection - City was strung out + surveyors present - Setbacks conforming. Spoke to owner + contractor of upcoming inspections and process for Certificate of Occupancy. Jan M.

11/06/01 - Footing inspections - Rechecked setbacks against footing OK - Same as when setbacks done - Footers OK - OK to proceed - told contractor to call for inspection before Foundation backfill.

11/19/01 - Foundation inspection - Drains/ weatherproofing + walls all OK - OK to Backfill - Trench for electric checked for conduit/tape/sand - OK to Backfill.

12/20/02 Close in insp. Garage Headers ^{OK} - 2x12 @ 9' span gable end w/cripples double top plate - joists line up w/cripples, need spec. on Steel Beam Garage, Egress window 27x33 = 6.27 ft, 1st Rise from basement to main stair is 8 1/2 - will add 3/4 ply to floor, garage stairs - Tread cut on string 9 1/2 - will add 1/2" ply + 3/4 finish riser to get net 10". Jan M. OK to close JB

01/19/02 Final inspection - Not READY - will RE-inspect next week JF

02/25/02 Final, Electrical OK. Smokes ARE NOW in + working. Final plumbing OK. See Jay Reynolds memo. OK. to issue CO JF



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 699 Auburn St

CBL 386A B034001

Issued to Armstrong Julie L./Coffin, Ralph

Date of Issue 06/25/2002

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. 01-1208 , 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

New Single Family Dwelling w/ 2
Car Garage

Use Group R-4 Type 5B
(Boca 1999)

Limiting Conditions:

No living space allowed above the
garage

**This certificate supersedes
certificate issued**

Approved:

6/25/02
(Date)

Jon Reed
Inspector

[Signature]
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.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

02 0069

386 AB 034

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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 699 Auburn St. #34 Use of Building Res Date 1-10-02
Name and address of owner of appliance Julie Armstrong 699 Auburn St Portland

Installer's name and address Jim Godbout P.E. 183 Grande St. Biddeford Me 04005 Telephone 207 883 1000

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: Viessmann water
 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 # 05993
 Solid Fuel # _____
 Oil # 9547
 Gas # 1340
 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 330 gallon
 Number of Tanks 1
 Distance from Tank to Center of Flame 5 feet.
30"

Approved

Approved with Conditions

See attached letter or requirement

Fire: _____
Ele.: _____
Bldg.: _____

Signature of Installer James M. Godbout

Rec'd by
ma. 123
1/11/02

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	<u>Portland ME</u>
Street Subdivision Lot #	<u>699 Auburn St #34</u>

PROPERTY OWNERS NAME

Last: <u>Armstrong</u>	First: <u>Julie</u>
Applicant Name:	<u>John Corbett P.H.E.</u>
Mailing Address of Owner/Applicant (If Different)	<u>173 Greenwood Rd</u>

Date Permit Issued: <u>1/12/02</u>	\$ <u>11010100</u> <input type="checkbox"/> # Double Fee FEE Charged
Local Plumbing Insector Signature	L.P.I. # <u>01593</u>
<u>386 AB034</u>	

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 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.

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>05773</u>
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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.	<u>3</u>	Hosebibb / Sillcock	<u>2</u>	Bathtub (and Shower)
		Floor Drain	<u>1</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>3</u>	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		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
		Fixtures (Subtotal) Column 2	<u>14</u>	Fixtures (Subtotal) Column 1
			<u>12</u>	Fixtures (Subtotal) Column 2
			<u>17</u>	Total Fixtures
			<u>60</u>	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>100</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



S/F

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 12/3/01
 Permit # 20015161
 CBL# 386 AB 034

LOCATION: 699 Auburn St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Ralph Co. Puri
 TENANT _____ PHONE # _____

							TOTAL EACH FEE	
OUTLETS	Receptacles	<u>78</u>	Switches	<u>35</u>	Smoke Detector	<u>7</u>	.20	<u>24.00</u>
FIXTURES	Incandescent	<u>20</u>	Fluorescent		Strips	<u>4</u>	.20	<u>4.80</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	(number of)	<u>/</u>					1.00	<u>1.00</u>
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units		Interior		Exterior		5.00	
	APPLIANCES	Ranges	<u>/</u>	Cook Tops	Wall Ovens		2.00	<u>2.00</u>
	Insta-Hot		Water heaters	Fans			2.00	
	Dryers	<u>/</u>	Disposals	Dishwasher	<u>/</u>		2.00	<u>6.00</u>
	Compactors		Spa	Washing Machine	<u>/</u>		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	Service		Remote	<u>/</u>	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>59.80</u>

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Broggin Electric MASTER LIC. # 03931
 ADDRESS Box 9739 Port Me 04104 LIMITED LIC. # _____
 TELEPHONE 776-1884

SIGNATURE OF CONTRACTOR [Signature]