Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

Appeal Board Other

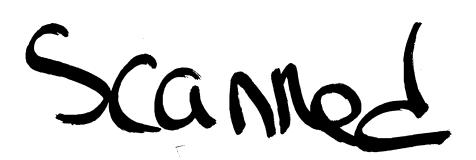
Department Name

## DEDM

Permit Number: 070697

L		
This is to certify that <u>HALPIN JOHN P &amp; SARAI</u>	ITS /Coastal Construction	PERMIT ISSUED
has permission toadd 2nd floor above garage f	master boom A th, addit to kitche	h & mudroom/entry way & cove ed fro
AT _80 ABBY LN	388_1	005001 JUL 1 1 2007
provided that the person or persons.	m or a septing t	his permit shall comply with all
of the provisions of the Statutes of		the City of Pertiand Majurating and of the application on file in
the construction, maintenance and u	of buildings and sectures,	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.	rication inspect in must be an and with permit on procure this inding or thereodored or dispection.  IR 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.		

PENALTY FOR REMOVING THIS CARD



City of Portland, M	Iaine - Buil	ding or Use	Permi	t Application	Permit No:	Issue Date	::	CBL:	_
389 Congress Street, (		O				7		388 H0	05001
<b>Location of Construction:</b>		Owner Name:		<del></del>	Owner Address:			Phone:	
80 ABBY LN HALPIN JOH		IN P & SARAH J JTS		80 ABBY LN					
Business Name: Contractor Nam		e:		Contractor Addre	ss:		Phone		
Coastal Const		Coastal Consti	ruction		4 King St Portl	and		2078786511	
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:
					Alterations - D	wellings			172
Past Use:		Proposed Use:			Permit Fee: Cost of Work:		rk:	CEO District:	
Single Family		Single Family	add 2nd	d floor above	\$980.00	\$95,8	00.00	5	
		garage for master bedroom & bath,			FIRE DEPT:	Approved	INSPE	CTION:	
		addition to kit			Denied			oup: <i>R3</i>	Type 5
			ry way & covered		Dellied			<b>-</b> -	_
		front porch						Jse Group: R3 Type 5 B TRC 2003	
Proposed Project Descriptio	n:	<u> </u>			1			1	/ /
add 2nd floor above gar	rage for maste	r bedroom & ba	th, addi	tion to kitchen	Signature:		Signatu	re: // -	7/10/0
& mudroom/entry way	& covered fro	nt porch			PEDESTRIAN AC	CTIVITIES DIS	TRICT (F	CT (P.A.D.)  ved w/Conditions  Denied	
					Action: Apr	roved Ap	nroved w/		
					Action App	noved Ap	proved w	Conditions	Demed
					Signature:			Date:	
Permit Taken By:	Date A <sub>I</sub>	oplied For:			Zoni	ng Approva	al —		
dmartin	06/12	2/2007				-6 11			
This permit applica	ation does not	preclude the	Spe	cial Zone or Revie	ws Zo	ning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and		•		oreland	Variance			Not in District or Landma	
Federal Rules.									
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland ☐ Misc			ellaneous	neous Does Not Require I		quire Review
<ul><li>3. Building permits are void if work is not started within six (6) months of the date of issuance.</li></ul>			Flood Zone		Conc	Conditional Use		Requires Review	
False information r permit and stop all	nay invalidate		☐ Su	ıbdivision	[ ] Interpretation			Approved	
			Si	te Plan	П Аррг	oved		Approved w/	Conditions
B- m.	SITIONIE		   Maj [	☐ Minor ☐ MM	Deni-	ad.	Ì	Denied	
PEN	IT ISSUE	0_	, ,		J. Demed			Aku	
			D	cluelitions.	Data			Date:	
1	1 1 2007		Date: [	11810+ 7100	Date:	<del></del>		ate:	
67.6		1 1							
manuscription (see a proper of the	The second second								
CITY "	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ND							
Management Names	25 4 (Massing)								
			(	ERTIFICATION	ON				
I hereby certify that I am	the owner of	record of the na				r is authorized	l by the i	owner of recor	rd and that
I have been authorized b									
jurisdiction. In addition,									
shall have the authority t	o enter all are	as covered by su	ıch perr	nit at any reasor	nable hour to enfo	orce the prov	ision of	the code(s) ap	plicable to
such permit.									
SIGNATURE OF APPLICAN	NT			ADDRESS	3	DATE	E	PHO	NE
RESPONSIBLE PERSON IN	CHARGE OF W	ORK, TITLE				DATE		РНО	 NE
									_

7/24/07 - Checked sethoch + Fisting fams 
0 (C - Rest walls only - no ned for backger

9/24/07 Elet - O.K.

Photograph 60 tuster od water overnight

Transing O.K.

C.M.

11/30/07 Smal inspection all with Conjected & cede Conjellant went wer all areas u/contractor and vivil. Close out permit.

## **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:

	9.18.0
Date	1 10 01
Permit #20	107-4685
CBL# 3	8845

10.00

**TOTAL AMOUNT DUE** 

MINIMUM FEE

National Electrical Code						CDI #	388	415	
LOCATION: $80$ CMP ACCOUNT # $5$	Al	by lane		METER N	IAKF	UBL#		<i>,,</i> ,	
CMP ACCOUNT # 4	14/	-828-3366-C	12	OWNER					
TENANTJoh	<b>^</b>	HALDIA	, ,						
TENANT	<i>,</i>	17.700170		FIIONE #			•		
OUT FTO	121 C	December		Conitata		Carolio Dotostos	TOTAL	EACH F	<u> </u>
OUTLETS	للالية	Receptacles	jD	Switches	<del>كر</del>	Smoke Detector		.20	
FIVELDEC	1h	Incordescent		Flueresent		Otarina		- 00	-
FIXTURES	0	Incandescent		Fluorescent		Strips		.20	
OFDWOEC		Overhead		Lindougueund		TTL AMPS <	<800	15.00	
SERVICES		Overhead		Underground			-800 -800	15.00	
		Overhead		Underground		?	800	25.00	
		Overhead		Underground		TTL AMPS	-	25.00	
Temporary Service		Overnead		Underground		TTL AIVIPS		25.00	
METERS		(m, mah a n a f)						1.00	
		(number of) (number of)							
MOTORS		(number of) Electric units				_		2.00	
RESID/COM				L-A		F. denien		1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Insta-Hot		Water heaters		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	
		Air Cond/cent		_ ,		Pools		10.00	
		HVAC		EMS	١.	Thermostat		5.00	
		Signs		1				10.00	
		Alarms/res						5.00	
		Alarms/com		1				15.00	
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv			*-			25.00	
	1/	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						9.00	

CONTRACTORS NAME	2 Harm	àu)	MASTER LIC. #	MSGOO	0302	シラ
ADDRESS POBOX &	232 WIN	Thom	LIMITED LIC. #			
TELEPHONE	12-3319	Call #	7496862			
·		_//			X	1

SIGNATURE OF CONTRACTOR

Over 200 Kva

MINIMUM FEE/COMMERCIAL 55.00

ite Copy - Offige • Yellow Copy - Applicant

PLUN	IBING A	APPLICATION	NC			Division of Health Engineering			
	PROPERTY	ADDRESS							
Town or Plantation				2007-8235					
Street Subdivision Lot #				PORTLAND PERMIT # 10388 TOWN COPY					
	OPERTY C	WNERS NAME		Date Permit Issued:	0)1	1			
				Dearing Ro	rut.	FEE Charged			
Last: f / - 1	, )	First:		Local Plumbing Inspector	Signature	L.P.I.# Q 1 (1) 2			
Applicant Name:	1 1			Alternative transfer the property of the second control of the sec					
Mailing Address of Owner/Applicant (If Different)	1/		_ /		386	HS			
	Owner/App	licant Statement		Ca	aution: Inspec	tion Required			
	understand that	nitted is correct to the b any falsification is reaso Permit.		The state of the s	he installation authone ne Maine Plumbing	orized above and found it to be in Rules.			
Sign	nature of Owner	/Applicant	Date	Local Plumbing	Inspector Signature	Date Approve			
			PERMI	T INFORMATION					
This Applicat	ion is for	Тур	e of Structure	e To Be Served:	Plun	nbing To Be Installed By:			
1. 🗷 NEW PLU	JMBING	1. 🗵 SINGLE	FAMILY DWEL	LING	1. ⊠MAST	STER PLUMBER  BURNERMAN			
2.   RELOCAT	TED	2. 🗆 MC	DULAR OR M	OBILE HOME					
PLUMBIN	iG.	3.  MULTIPL	E FAMILY DWI	ELLING	'D. HOUSING DEALER/MECHANK LIC UTILITY EMPLOYEE				
		4.  OTHER-	SPECIFY		1995 47000 10 100 100	ERTY OWNER			
		l			LICENSE	<b>#</b>			
	k Piping Reloca	1.740.1.1.140.	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture			
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Н	osebibb / Sillcock	1 4	Bathtub (and Shower)			
is not			F	loor Drain	1	Shower (Separate)			
	0	$\mathbf{R}$	U	rinal		Sink			
HOOI	K-UP: to an ex water disposa	isting subsurface	D	rinking Fountain		Wash Basin			
			142:1	direct Waste	1 i	Water Closet (Toilet)			
lines, new f	drains, and pi extures.	ON: of sanitary ping without	T T W	ater Treatment Softener, Filter, etc.		Clothes Washer			
			9	rease / Gil Separator		Dish Washer			
			D .	ental Cuspidor		Garbage Disposal			
Y	OR			det		Laundry Tub			
TRANSFER			0	ther:	- /	Water Heater			
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1			
	\/ \	1. 7			<b>&gt;</b>	Fixtures (Subtotal) Column 2			
	XX		MIT FEE SCH	The state of the s	10-	Total Fixtures			
		FOR C	ALCULATING	A PEE		Fixture Fee			
						Transfer Fee			
<u> </u>				<del></del>		Hook-Up & Relocation Fee			
Page 1 of 1 HHE-211 Rev. 7/	04			TOWN COPY	1	Permit Fee (Total)			