

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BU **PERMIT** ION

Permit Number: 081371

This is to certify that MULLEN HEATHER A & AREW C ITS/Rainb C

has permission to remodel existng kitchen

AT 15 CRESTVIEW DR C 388 H029001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

Notation of inspection must be given and written permission procured before this building or part thereof is lath or other used-in. 2 HO 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. _____

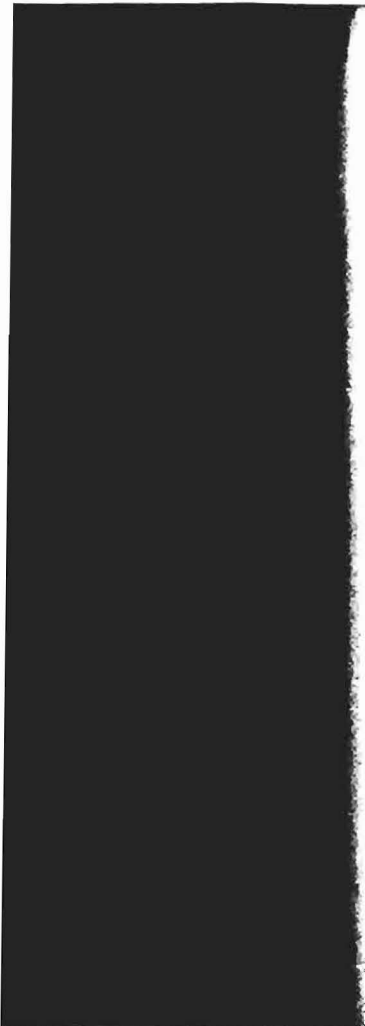
Appeal Board _____

Other _____

Department Name

Thomas M. Wadley 10/28/08
 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

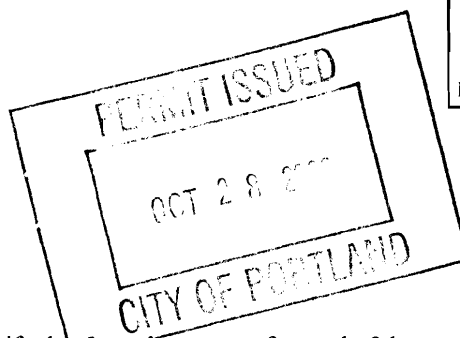
Permit No: 08-1371	Issue Date:	CBL: 388 H029001
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Location of Construction: 15 CRESTVIEW DR	Owner Name: MULLEN HEATHER A & ANDRE	Owner Address: 15 CRESTVIEW DR	Phone:
Business Name:	Contractor Name: Rainbow Construction	Contractor Address: PO Box 894 Portland	Phone 2077993051
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Single Family Home	Proposed Use: Single Family Home - remodel exisitng kitchen	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 5
Proposed Project Description: remodel exisitng kitchen		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC 2003	
		Signature: <i>Jm 10/28/08</i>		
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: 10/28/2008	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. 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 <i>NA</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <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	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" 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>Jm 10/28</i>	Date: _____	Date: <i>10/28/08 Jm</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

11/12/08 - checked framing and
electrical for close-in - OK to close in.

JRM

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

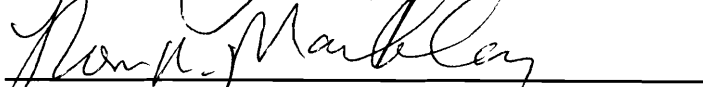
If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

10/28/08
Date



Signature of Inspections Official

10/28/08
Date



General Building Permit Application

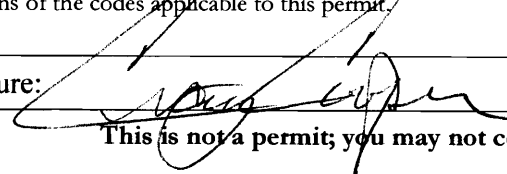
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>15 Crestview drive Portland Maine</u>		
Total Square Footage of Proposed Structure/Area <u>Existing Home</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>388 11 29</u>	Applicant * must be owner, Lessee or Buyer * Name <u>Mr & Mrs Andy Mailen</u> Address <u>15 Crestview Drive</u> City, State & Zip <u>Portland Me. 04103</u>	Telephone: <u>797-0112</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Same as above</u> Address City, State & Zip	Cost Of Work: \$ <u>15,000⁰⁰</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Single family</u>		
If vacant, what was the previous use? <u>N/A</u>		
Proposed Specific use: <u>Same</u>		
Is property part of a subdivision? <u>NO</u> If yes, please name _____		
Project description: <u>remodel existing kitchen</u> <u>All work will be inside existing building</u>		
Contractor's name: <u>Craig Cooper / Rambon Const. Inc.</u>		
Address: <u>150 Ocean house rd.</u>		
City, State & Zip <u>Cape Elizabeth Maine 04107</u>		Telephone: <u>799-3051</u>
Who should we contact when the permit is ready: <u>Rambon Const. Inc.</u>		Telephone: <u>799-3051</u>
Mailing address: <u>150 Ocean house rd. Cape Elizabeth Maine 04107</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: 

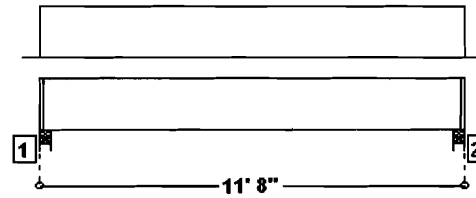
Date: 10/27/08

This is not a permit; you may not commence ANY work until the permit is issue

Ceiling Beam

3 1/2" x 9 1/2" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis is for a Header (Flush Beam) Member. Tributary Load Width: 12'
 Primary Load Group - Residential - Living Areas (psf): 30.0 Live at 100 % duration, 10.0 Dead

SUPPORTS:

	Input Width	Bearing Length	Vertical Reactions (lbs) Live/Dead/Uplift/Total	Detail	Other
1	Stud wall 3.50"	1.92"	2100 / 760 / 0 / 2860	A3: Rim Board	1 Ply 1 1/4" x 9 1/2" 0.8E TJ-Strand Rim Board®
2	Stud wall 3.50"	1.92"	2100 / 760 / 0 / 2860	A3: Rim Board	1 Ply 1 1/4" x 9 1/2" 0.8E TJ-Strand Rim Board®

-See iLevel® Specifier's/Builder's Guide for detail(s): A3: Rim Board

DESIGN CONTROLS:

	Maximum	Design	Control	Result	Location
Shear (lbs)	2779	-2329	6428	Passed (36%)	Rt. end Span 1 under Floor loading
Moment (Ft-Lbs)	7873	7873	13057	Passed (60%)	MID Span 1 under Floor loading
Live Load Defl (in)		0.287	0.378	Passed (L/474)	MID Span 1 under Floor loading
Total Load Defl (in)		0.391	0.567	Passed (L/348)	MID Span 1 under Floor loading

-Deflection Criteria: Specified(LL:L/360,TL:L/240).

-Bracing(Lu): All compression edges (top and bottom) must be braced at 11' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.

ADDITIONAL NOTES:

-IMPORTANT! The analysis presented is output from software developed by iLevel®. iLevel® warrants the sizing of its products by this software will be accomplished in accordance with iLevel® product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by an iLevel® Associate.

-Not all products are readily available. Check with your supplier or iLevel® technical representative for product availability.

-THIS ANALYSIS FOR iLevel® PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.

-Allowable Stress Design methodology was used for Building Code UBC analyzing the iLevel® Distribution product listed above.

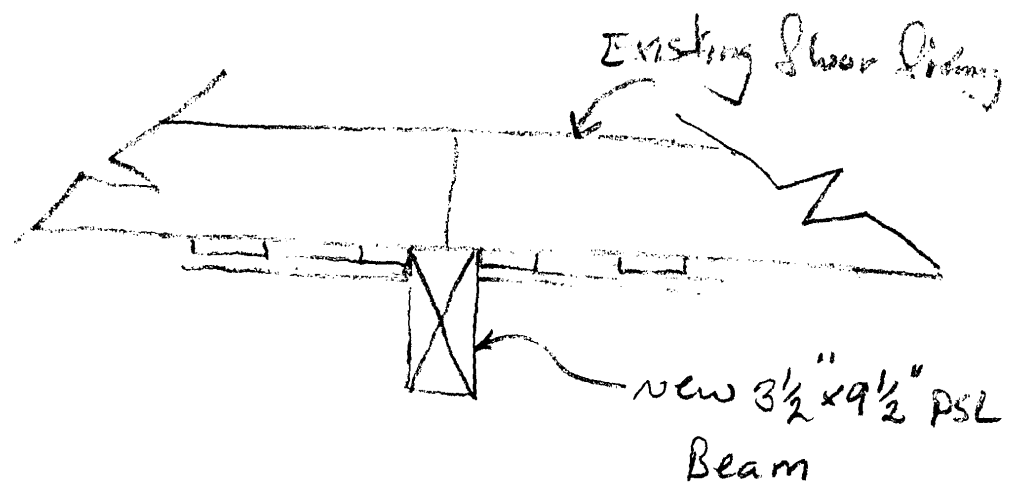
PROJECT INFORMATION:

Mullen Res.
 15 Crestview Drive.
 Portland, Maine

OPERATOR INFORMATION:

Hancock Lumber
 258 Main Street
 Yarmouth, ME 04096

Muller Job / Beam detail



note:
not to scale

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1371	Date Applied For: 10/28/2008	CBL: 388 H029001
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Location of Construction: 15 CRESTVIEW DR	Owner Name: MULLEN HEATHER A & ANDRE	Owner Address: 15 CRESTVIEW DR	Phone:
Business Name:	Contractor Name: Rainbow Construction	Contractor Address: PO Box 894 Portland	Phone (207) 799-3051
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family Home - remodel existng kitchen	Proposed Project Description: remodel existng kitchen
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Dept: Zoning **Status:** Not Applicable **Reviewer:** Tom Markley **Approval Date:** 10/28/2008
Note: **Ok to Issue:**

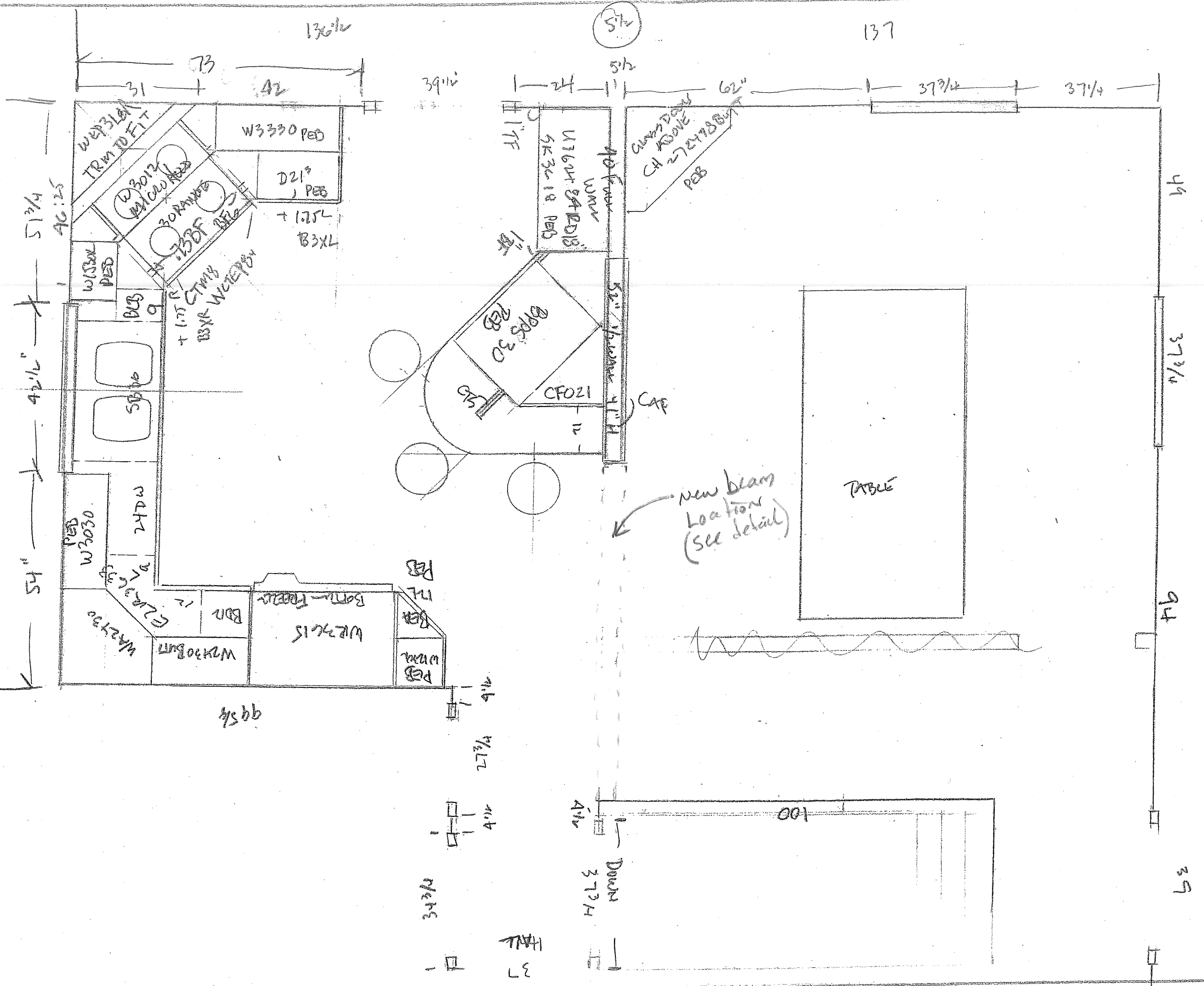
Dept: Building **Status:** Approved with Conditions **Reviewer:** Tom Markley **Approval Date:** 10/28/2008
Note: **Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems.
Separate plans may need to be submitted for approval as a part of this process.

Andy & Heather Miller

Parsons Construction

DATE	5/19/08
SCALE	1/2" = 1'
DESIGNED BY	Pell
APPROVED BY	
DATE	
CABINET MANUFACTURER	KRAFTMAID
CABINET STYLE	DRUMMED
WOOD/FINISH	BIRCH CABINET
ISLAND	30"
COOKTOP	
OVEN	
MICROWAVE	HOOD
HOOD	MICRO
COMPACTOR	
DISHWASHER	24"
REFRIGERATOR	Top Freezer
SINK	
SINK	
COUNTER TOPS	
OTHER	



HALL
37

4x6

DOWN
37 3/4"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

1 1/2"

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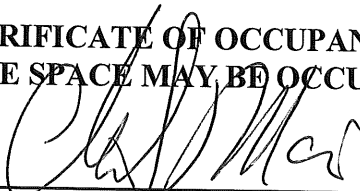
 X **Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

 9/12/08
Date

Signature of Inspections Official

Date

ELECTRICAL PERMIT

City of Portland, Me.

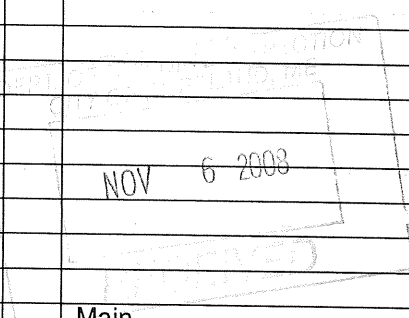


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 11/3/08
 Permit # 2008-4818
 CBL# 388-H-29

LOCATION: 15 Crestview METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Andy Miller
 TENANT _____ PHONE # _____

				TOTAL EACH FEE		
OUTLETS	8	Receptacles	4	Switches	Smoke Detector	.20
FIXTURES		Incandescent		Fluorescent	6 Strips	.20
SERVICES		Overhead		Underground	TTL AMPS <800	15.00
		Overhead		Underground	>800	25.00
Temporary Service		Overhead		Underground	TTL AMPS	25.00
METERS	(number of)					1.00
MOTORS	(number of)					2.00
RESID/COM		Electric units				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	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	Main	4.00
TRANSFORMER		0-25 Kva				5.00
		25-200 Kva				8.00
		Over 200 Kva				10.00
				TOTAL AMOUNT DUE		
				MINIMUM FEE/COMMERCIAL 55.00		
				MINIMUM FEE		45.00



CONTRACTORS NAME Steve McLellan MASTER LIC. # MS 400 88175
 ADDRESS 81 LANE AVE - PORTLAND LIMITED LIC. # _____
 TELEPHONE 415-1075

SIGNATURE OF CONTRACTOR [Signature]