

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Read
tion And
es, If Any,
Attached

PERMIT

Permit Number: 060369

This is to certify that DIXON JOHN L & ROBYN DIXON ITS/Chris Holt

has permission to 41 x 60 Colonial w/ attache car gara

AT 121 HOPE AVE 390 B026001

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

MAY 12 2006
RECEIVED

provided that the person or persons who accept 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.

Notification of inspection must be given and when permission proceeds before this building or part thereof is placed or closed-in. 4 HOUR 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

[Signature]
5/11/06
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: 06-0369	Issue Date:	CBL: 390 B026001
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Location of Construction: 121 HOPE AVE	Owner Name: DIXON JOHN L & ROBYN B DIX	Owner Address: 12 MEADOW LN	DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME	Phone: 2073182542
Business Name:	Contractor Name: Chris Holt	Contractor Address: Portland	Permit Type: Single Family	Zone: R2
Lessee/Buyer's Name	Phone:	Permit Fee: \$3,765.00	Cost of Plan: \$416,000.00	District: 5
Past Use: Vacant Land	Proposed Use: Vacant Land 41 x 60 Colonial w/ attached 2 car garage	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: SB Signature: [Signature]	
Proposed Project Description: 41 x 60 Colonial w/ attached 2 car garage		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: dmartin	Date Applied For: 03/21/2006	Zoning Approval		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>N/A</i></p> <p><input type="checkbox"/> Wetland <i>N/A</i></p> <p><input type="checkbox"/> Flood Zone <i>panel 13 - work</i></p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>2006-0051</i></p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p><i>OK w/ conditions</i> Date: <i>3/31/06</i> <i>APM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>AKA</i></p> <p>Date: _____</p>	

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

Approved set of plans is stamped approved.

7/19/06 - Checked footing forms + set backs for
pours - SETBACKS OK 15' on sides (14' on) Front + Rear
OK - FORMS look good - OK to proceed. Jan M.

12/15/06 - "lect. Close-in
Not Ready
OK

01/02/07 - checked framing / plumbing +
electric for close-in - all OK - OK
to close-in - Jan M

8/13/07 - C of C inspection OK
Jan M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 121 HOPE AVE

CBL 390 B026001

Issued to DIXON JOHN L & ROBYN B DIXON JTS/Chris Holt

Date of Issue 08/16/2007

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. 06-0369 , 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, Type 5b, Use Group R-3,
IRC 2003

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8/16/07
.....
(Date) 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.

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 8-04-06
Permit # 06-4711
CBL# 390 B026

LOCATION: 121 Hope METER MAKE & # _____
CMP ACCOUNT # _____ OWNER _____
TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	60	Receptacles	25	Switches	8	Smoke Detector	.20	18.60	
FIXTURES	20	Incandescent	5	Fluorescent		Strips	.20	5.00	
SERVICES		Overhead	✓	Underground		TTL AMPS <800	15.00	15.00	
		Overhead		Underground		>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS	25.00		
			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	9.00	
		Insta-Hot		Water heaters		Fans	2.00		
	✓	Dryers	✓	Disposals	✓	Dishwasher	2.00	6.00	
		Compactors		Spa	✓	Washing Machine	2.00	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 45.00							MINIMUM FEE	35.00	48.60

CONTRACTORS NAME Chris DeSimone MASTER LIC. # 1560002999
ADDRESS Pc Box 14-A Cumb, ME LIMITED LIC. # _____
TELEPHONE 653 6676 - 829-3123

SIGNATURE OF CONTRACTOR Chris DeSimone *MAE - Service ON 8-07-06 2999*
White Copy - Office • Yellow Copy - Applicant *ADD*

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	
Street Subdivision Lot #	121 Maple St

PROPERTY OWNERS NAME

Last:	Dixon	First:	John
Applicant Name:	MARK O'BRIEN P.T.I.		
Mailing Address of Owner/Applicant (If Different)	91 Broadview Dr Lewiston ME 04240		

PORTLAND	PERMIT # 9961	TOWN COPY
Date Permit Issued: 8/2/06	\$ 196.00	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>Thomas Markley</i>	L.P.I. # 0744	
390 B 026		

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 Inspector to deny a Permit.

Signature of Owner/Applicant: <i>John Dixon</i>	Date: 8/2/06
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Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Local Plumbing Inspector: _____	Date Approved: _____
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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 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>000000</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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspidor		Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
	TRANSFER FEE [\$6.00]			Fixtures (Subtotal) Column 2
			15	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE