

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number 080785
PERMIT ISSUED
JUN - 4 2008
CITY OF PORTLAND

This is to certify that SULLIVAN PETER E & JUDITH ANNE ITS/ David Holme
has permission to 571.5 ~~285~~ sq ft addition in back of house - Main bedroom, office & bath
AT 72 PINELOCH DR 395 K008001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 procured before this building or part thereof is started 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

Close-out 4/3/08 City IJK
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

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

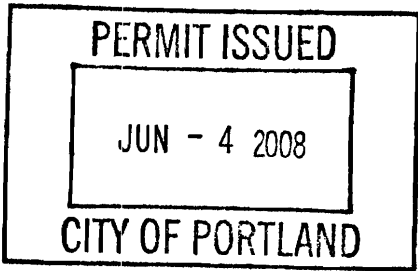
Permit No: 08-0485	Issue Date: 6/3/08	CBL: 395 K008001
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Location of Construction: 72 PINELOCH DR	Owner Name: SULLIVAN PETER E & JUDITH	Owner Address: 72 PINELOCH DR	Phone:
Business Name:	Contractor Name: David Holmes	Contractor Address: 467 Auburn St Portland	Phone 2074156682
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R-2

Past Use: Single Family Home	Proposed Use: Single Family Home - remove rear deck and add 571.5 sq ft addition in back of house -Master bedroom, office & 3/4 bath	Permit Fee: \$720.00	Cost of Work: \$70,000.00	CEO District: 5
Proposed Project Description: Remove rear deck and add 571.5 sq ft addition in back of house -Master bedroom, office & 3/4 bath		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 5B IRL-2007 Signature: 6/3/08 CE	
		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: 05/08/2008	Zoning Approval
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<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: 5/23/08	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 checked="" 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:
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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

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 7-17-08
 Permit # 2008-4487
 CBL# 395-L-8

LOCATION: 72 Pine Loch METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Sullivan
 TENANT _____ PHONE # _____

							TOTAL EACH FEE
OUTLETS	<u>30</u>	Receptacles	<u>20</u>	Switches	<u>3</u>	Smoke Detector	.20
FIXTURES	<u>10</u>	Incandescent		Fluorescent		Strips	.20
SERVICES		Overhead	<u>1</u>	Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS	<u>1</u>	(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	<u>1</u>	Remote	<u>1</u>	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

2160

CONTRACTORS NAME Kevin Grant MASTER LIC. # _____
 ADDRESS 34 Harts Way Gorham LIMITED LIC. # 50016780
 TELEPHONE 839-8624
 SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

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

PORTLAND

PERMIT # 10706 TOWN COPY

Date Permit Issued:

7/29/08

\$ 1140

If Double Fee Charged
FEE

Local Plumbing Inspector Signature

L.P.I. # 11069

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

6-17-08 - Subpacks - OK - found new
corner pin. cm.

7/31/08 Close-in Insp.
O.K. - elect. + plumbing
+ framing.
All Good!
Q

10/14/08 - Final Insp.
Smoke's ✓
Plumbing fix. ✓
Window + door ✓
egress ✓
Q

Close-out