

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 070300

This is to certify that Steve & Jennifer Fowler-Greaves/Fowler & Greaves Construction
has permission to 36' x 34' Colonial w/ attached garage and porch
AT 659 ALLEN AVE (661) CALL 398 B006001

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of this 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 laid or closed-in. 24 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

Thomas N. Mackley 4/17/07
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: 07-0300	Issue Date:	CBL: 398 B006001
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Location of Construction: 659 ALLEN AVE (661)	Owner Name: Steve & Jennifer Fowler-Greaves	Owner Address: 113 Deepwood Drive	Phone: 314-6469
Business Name:	Contractor Name: Fowler & Greaves Construction	Contractor Address: 113 Deepwoods Dr Portland	Phone: 2073146469
Lessee/Buyer's Name	Phone:	Permit Type: Single Family	Zone: R3

Past Use: Vacant Land	Proposed Use: Single Family 36' x 34' Colonial w/ attached garage and front porch	Permit Fee: \$1,955.00	Cost of Work: \$186,000.00	CEO District: 4
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type 5B IRC 2003	

Proposed Project Description: 36' x 34' Colonial w/ attached garage and front porch	Signature:	Signature: <i>Jm 4/17/07</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: dmartin	Date Applied For: 03/23/2007	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 <i>N/A</i> <input type="checkbox"/> Wetland <i>N/A</i> <input type="checkbox"/> Flood Zone <i>Panel 2 - Zone X</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>2007-0053</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>OK w/conditions</i> Date: <i>3/27/07 ABM</i>	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 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 <i>ABM</i> 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

04/30/07 - checked Footing forms & setbacks prior to pour. Spoke to owner of the one corner of garage that was closest - he has 5yrs to spare - all ok to pour cement. Spoke of upcoming inspections needed. Jan M

05/04/07 - checked Foundation for Backfill - All items in place. OK to Backfill. Jan M

7/3/07 - checked framing/electrical & plumbers for check-in. all OK. plumbers test not on & pvc number's vertical is full. Jan M

11/19/07 - checked plumbing test & fire separation. Chels called - all OK to check in all of structure.
12/13/07 - footings for 60x60 workshop. Piers set by Bob Greenlow. CM.

201/1/2017
wall int. to party
OK + backfill
CM

10/5/07 - pre. Cego inspection -
went over all things needed - need
Boiler permit + Phil's memo - ok.

10/16/07 - Final - all accepted -
ok to C.O. AM

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): _____

67-8157

PORTLAND PERMIT # 10309 TOWN COPY

Date Permit Issued: 6/18/07 \$ 11310.00 If Double Fee Charged

Jeanie Bourke L.P.I. # 0732
Local Plumbing Inspector Signature

378 BC16

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. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 11319

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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>02</u>	Hosebib / Sillcock	<u>02</u>	Bathtub (and Shower)
		Floor Drain	<u>02</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>02</u>	Sink
		Drinking Fountain	<u>05</u>	Wash Basin
<input type="checkbox"/> OR TRANSFER FEE [\$6.00]		Indirect Waste	<u>04</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>01</u>	Clothes Washer
		Grease / Oil Separator	<u>01</u>	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	<u>02</u>	Fixtures (Subtotal) Column 2	<u>17</u>	Fixtures (Subtotal) Column 1
			<u>23</u>	Fixtures (Subtotal) Column 2
			<u>(19)</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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 6-10-07
 Permit # 07-4435
 CBL# 398 B 016

LOCATION: 661 Allen Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT 441179861101 PHONE # _____

							TOTAL EACH FEE		
OUTLETS	Receptacles	<u>60</u>	Switches	<u>40</u>	Smoke Detector	<u>8</u>	.20	<u>21.60</u>	
FIXTURES	Incandescent		Fluorescent		Strips		.20	<u>4.00</u>	
SERVICES	Overhead		Underground		TTL AMPS <800		15.00		
	Overhead		Underground		>800		25.00	<u>25</u>	
Temporary Service	Overhead		Underground		TTL AMPS		25.00		
							25.00		
METERS	(number of)						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	<u>5.00</u>	
	APPLIANCES	Ranges	<input checked="" type="checkbox"/>	Cook Tops	Wall Ovens		2.00	<u>2.00</u>	
	Insta-Hot		Water heaters	Fans			2.00		
	Dryers	<u>1</u>	Disposals	<u>1</u>	Dishwasher	<u>1</u>	2.00	<u>6.00</u>	
	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		
	<u>1</u> E Lights						1.00	<u>1.00</u>	
	E Generators						20.00		
PANELS	Service		Remote		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 55.00							MINIMUM FEE	45.00	<u>67.60</u>

CONTRACTORS NAME Disco Electric MASTER LIC. # MC6001 8530
 ADDRESS 61 Elm St LIMITED LIC. # _____
 TELEPHONE 368 2107
 SIGNATURE OF CONTRACTOR [Signature] 347