

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 445 Ray Street		Owner: William E Dalbec		Phone: 878-5798 Cell 756-2490	Permit No: 01-0205
Owner Address: 6 Merymeeting Drive, Portland, ME 04103		Lessee/Buyer's Name: William Dalbec		Phone:	BusinessName:
Contractor Name: William Dalbec		Address: 6 Merymeeting Drive		Phone:	
Past Use: Vacant	Proposed Use: New Single Family	COST OF WORK: \$130.00		PERMIT FEE: \$804.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A-3 Type: 5/3 BOC 199 Signature: <i>[Signature]</i>	
Proposed Project Description: New Single Family Home		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	
Permit Taken By: Gayle		Date Applied For: February 20, 2001			

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..

Building Fee: \$804.00
 Site Plan Fee: \$300.00
 Total Fee: \$1,104.00

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 provisions of the code(s) applicable to such permit

February 21, 2001

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED WITH REQUIREMENTS

Permit Issued:
MAR 19 2001

Zone: **R-3** CBL: **400-A-012**
 Zoning Approval: *[Signature]*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor Imm
Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS
 CEO DISTRICT
 2

COMMENTS

3/22/01 Pre-con meeting in office w/owner, A. Lowe

4-23-01 Checked & Approved Foundation, Perimeter Drains, Fabric in place lot back to pins visible, well outside required dimension SKW

7/13/01 - Framing / Plumbing / Electrical performed for close in - no issue to resolve at this time - STAIR CUT OK (Rough 11 1/2" x 7 1/2" rise) - good job w. th electrical & framing - Test on plumbing OK - pressure meets code - OK to close in. Tom M.

10/25/01 - Final inspection for Cgo - STAIRS OK - Egress windows OK - 1 smoke alarm needs new battery (hardwired / Battery back-up) - Electrical / Plumbing OK - OK for Cgo when Jay Reynolds does site inspection.

Permit # 01-0205
CBL # 400-A-12

Close out

BP # 010205
CBL 400-A-12

Inspection Record		Date
Type		
Foundation:		
Framing:	OK Tom M	7/13/01
Plumbing:	OK Tom M	7/13/01
Final:	OK Tom M	10/25/01
Other:		

City of Portland, Maine - Building or Use Permit Application

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PERMIT ISSUED

Permit No: 01-0814 Issue Date: JUL 10 2001 CBL: 400 A012001

Location of Construction: 445 Ray St	Owner Name: Dalbec William E &	Owner Address: 6 Merrymead Dr CITY OF PORTLAND	Phone:
Business Name: n/a	Contractor Name: ACL Plumbing & Heating Inc.	Contractor Address: P.O. Box 2679 So. Portland	Phone: 2077678080
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Same: Install Heating System.	Permit Fee:	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	

Proposed Project Description:
Install Heating System

Signature: *[Signature]* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: Date:

Permit Taken By: cjh	Date Applied For: 07/06/2001	Zoning Approval		
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<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</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date:</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 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</p> <p>Date:</p>
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CERTIFICATION

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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

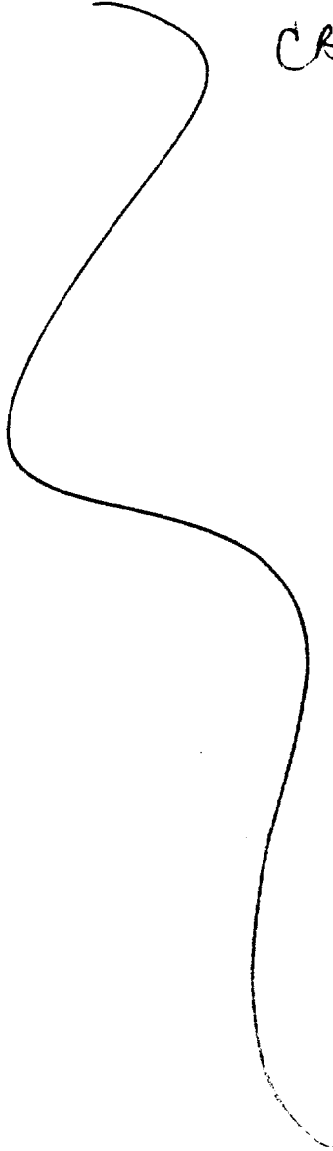
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

10/25/01 - heating system installed & functioning properly -
no issues seen on inspection. Tom M

Close out

permit # 01-0814

CBL # 400-A-12





CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 445 Ray St

CBL 400 A012001

Issued to William Dalbec/William Dalbec

Date of Issue 10/26/2001

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. 01-0205, 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

Residential Single Family

Use Group: R-3

Type: 5B

Boca: 1999

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

10/26/01

(Date)

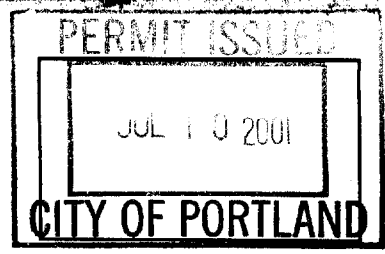
Inspector

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.



FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

400 A012

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 445 RAY ST PORTLAND Use of Building SINGLE FAMILY RES Date 7/10/01
 Name and address of owner of appliance WILLIAM DALIBET
445 RAY ST PORTLAND
 Installer's name and address ALL PLUMBING + HTG INC PO Box 2679
50 PORTLAND, ME 04116-2679 Telephone (207) 767-8686

Location of appliance:
 Basement
 Floor D Type
 Attic
 Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: WELL MCLAIN GAS
 U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:
 Master Plumber # _____
 Solid Fuel # _____
 Oil # _____
 Gas # 1064
 Other _____

Type of Chimney: 44mg
 Masonry Lined
 Factory built _____

Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type AL124-3C UL# _____

Type of Fuel Tank
 Oil
 Gas

Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

30.00

Approved 44mg **Approved with Conditions**
 See attached letter or requirement

Fire: _____
 Ele.: _____
 Bldg.: _____

Signature of Installer Albert C. Smith PRES.

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

TO: Inspections
FROM: Jay Reynolds, Development Review Coordinator
DATE: October 30, 2001
RE: C. of O. for # 445 Ray Street
Lead CBL (400A012); Id# (2001-0022)

After visiting # 445 Ray Street, I have the following comments:

All site work complete.

At this time, I recommend issuing a Permanent Certificate of Occupancy.

Please contact me if you have any questions or comments.
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager
Mike Nugent, Inspection Services Manager
file

File: O:\drc\445ray2.doc