

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT

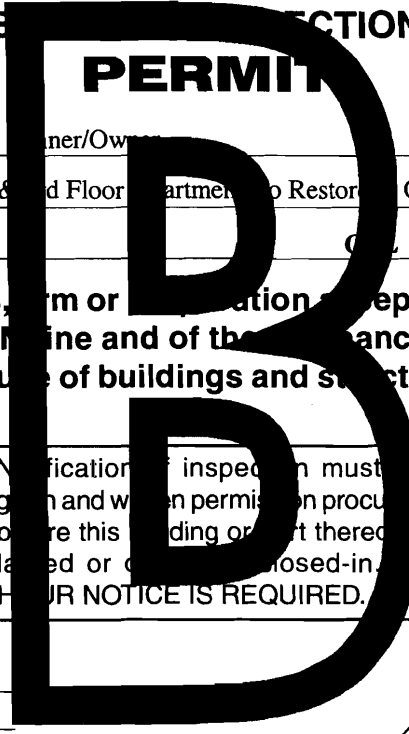
PERMIT

Permit Number: 030905

Please Read Application And Notes, If Any, Attached

This is to certify that Kyle Burchesky & Adrienne Owner/Owner
has permission to Interior Renovations to 2nd & 3rd Floor Apartment to Restore Original Unit
AT 1289 Washington Ave City of Portland 402 B001001

provided that the person or persons, firm or corporation 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 altered 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. MM-2
Health Dept. _____
Appeal Board _____
Other _____
Department Name

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: 03-0905	Issue Date:	CBL: 402 B001001
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Location of Construction: 1289 Washington Ave	Owner Name: Kyle Burchesky & Adrienne Zahner	Owner Address: 1289 Washington Avenue	Phone: 708-386-9781
Business Name:	Contractor Name: Owner	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R3

Past Use: Multi Family	Proposed Use: Multi Family w/Interior Renovations to 2nd & 3rd Floor Apartments to Restore to Original Unit	Permit Fee: \$30.00	Cost of Work: \$600.00	CEO District: 2
Proposed Project Description: Interior Renovations to 2nd & 3rd Floor Apartments to Restore to Original Unit <i>(eliminating illegal 5th unit)</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R2 Type: B 8/18/03 Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date:		

Permit Taken By: gad	Date Applied For: 07/25/2003	Zoning Approval		
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 <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied	Zoning Appeal <input checked="" 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 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
		to remain 4D.U only Date: <i>[Signature]</i> 8/20/03		Date: <i>[Signature]</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

9/22/03

OK to close in.

9/22/03
ACR
Checked 2nd Floor + 3rd
combined APT. Now 1 unit
separate egress.
Need to have ^{fire} Inspectors
by Fire Inspector and

ELECTRICAL PERMIT

City of Portland, Me.

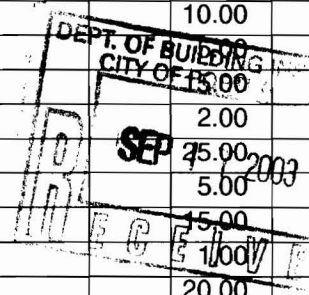


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 9-17-03
 Permit # 2003-4880
 CBL# 402 3001

LOCATION: 1289 Washington Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Kyle Burchesky
 TENANT _____ PHONE # 450 1748

						TOTAL EACH FEE	
OUTLETS		Receptacles	Switches	Smoke Detector			.20
FIXTURES	<u>2</u>	Incandescent	Fluorescent	Strips			.20
SERVICES		Overhead	Underground	TTL AMPS <800			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
		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
<u>Smoke Det</u>	<u>4</u>	Alarms/res					2.00
		Alarms/com					25.00
		Heavy Duty(CRKT)					5.00
		Circus/Carnv					15.00
		Alterations					5.00
		Fire Repairs					15.00
		E Lights					5.00
		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
							<u>35.00</u>



CONTRACTORS NAME EMJ MASTER LIC. # MC6001571
 ADDRESS Wellington ST LIMITED LIC. # _____
 TELEPHONE 780-919

SIGNATURE OF CONTRACTOR [Signature]