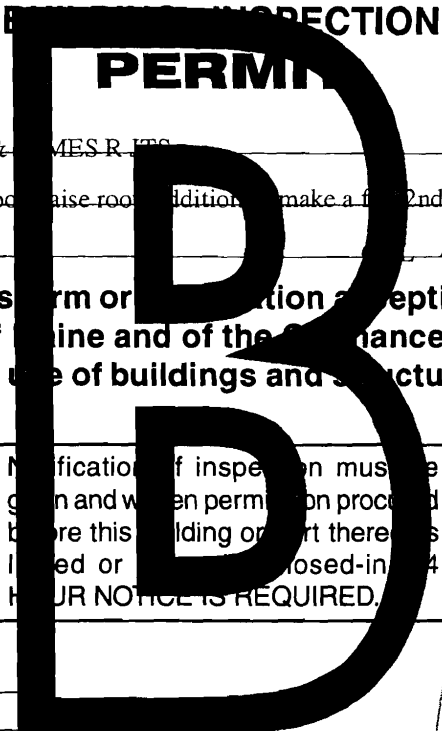


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached



PERMIT ISSUED
Permit Number: 060604
MAY 30 2006
CITY OF PORTLAND

This is to certify that WOODBURY CAROL J & JAMES R. ITS
has permission to repairs after fire/ remove roof raise roof addition make a full 2nd flr, with 3 rooms & bath
AT 19 MAINE AVE 408 B018001
provided that the person or persons firm or person accepting 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 proceed
before this building or part thereof is
closed or enclosed-in-
24
HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be
procured by owner before this build-
ing or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Jeanie Bowke 5/30/06
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: 06-0604	Issue Date: MAY 30 2006	CBL: 408 B018001
<p style="text-align: center;">PERMIT ISSUED</p> <p style="text-align: center;">CITY OF PORTLAND</p>		Phone: 707-332-7165
Location of Construction: 19 MAINE AVE		Owner Name: WOODBURY CAROL J & JAMES
Business Name:		Contractor Name:
Lessee/Buyer's Name		Permit Type: Alterations - Dwellings
Past Use: Single Family Home		Zone: R3

Location of Construction: 19 MAINE AVE	Owner Name: WOODBURY CAROL J & JAMES	Owner Address: 17 MAINE AVE	Phone: 707-332-7165
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R3

Past Use: Single Family Home	Proposed Use: Single Family Home/ repairs after fire/ remove roof, raise roof, addition to make a full 2nd flr, with 3 rooms & bath	Permit Fee: \$408.00	Cost of Work: \$43,000.00	CEO District: 4
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB IRC-2003 Signature: [Signature] 5/30/06
--	---

Proposed Project Description: repairs after fire/ remove roof, raise roof, addition to make a full 2nd flr, with 3 rooms & bath	Signature:
--	------------

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: 04/27/2006
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Zoning Approval

- 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"/> <i>OK w/ conditions</i> Date: 5/18/06 ABU	<i>OK per section 14-436(A) 93% increase of 50% allowed</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 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:

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 _____

8/28/06 = Add Jacks to 2X12 Headers
Add diagonal Braces to Trusses.
Add fire blocking chimney thru Gully

6/25/07 - Checked completed work - above taken
care of - no issues seen - OK to close with

Close out

✓
JRM

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 _____

Date Permit Issued: 5/31/06 \$ 48 if Double Fee Charged

Thomas M. Morley
Local Plumbing Inspector Signature

L.P.I. # 0749

408 B 18

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibt / 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
				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.



Inspection 8-18-06
1:00 pm

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 Aug 08, 06
Permit # 06-4723
CBL# 408.13.018

LOCATION: 17 Maine Ave, Portland ME METER MAKE & # _____
CMP ACCOUNT # _____ OWNER _____
TENANT Jim Woodbury PHONE # 774-4041

							TOTAL EACH FEE	
OUTLETS	30	Receptacles	10	Switches	7	Smoke Detector		.20
FIXTURES	7	Incandescent		Fluorescent	1	Strips		.20
SERVICES	1	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				
		Air Cond/cent				Pools		10.00
		HVAC		EMS		Thermostat		5.00
		Signs						10.00
		Alarms/res						5.00
		Alarms/com						5.00
		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	1	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 55.00							MINIMUM FEE	45.00

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
AUG - 8 2006
RECEIVED

CONTRACTORS NAME M.P. Anderson Inc MASTER LIC. # MC60018797
ADDRESS 28 Cardinal Street Westbrook ME LIMITED LIC. # _____
TELEPHONE 207-653-9655

SIGNATURE OF CONTRACTOR _____