

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 02-0271	Issue Date: MAR 29 2002	CBL: 413 B011001
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Location of Construction: 41 Copley Woods Circle	Owner Name: Campbell Thomas E &	Owner Address: 22 Jackson St	Phone:
Business Name: n/a	Contractor Name: Ralph Vance	Contractor Address: #9 Vacation Lane Windham	Phone: 2078929232
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:

CITY OF PORTLAND

Past Use: Single Family	Proposed Use: Single Family / Install 275 Gallon Trainco Oil Tank	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description: Install Heating system	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: N/A Typ: A 3/29/02 <i>[Signature]</i>
	Signature:	Signature:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 03/29/2002	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"/>	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	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: _____	Date: _____	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.

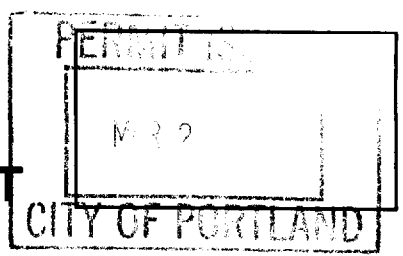
_____ SIGNATURE OF APPLICANT	_____ ADDRESS	_____ DATE	_____ PHONE
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_____ RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	_____ DATE	_____ PHONE
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FILL IN AND SIGN WITH INK N13 B011

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



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 / CBL 63 Copley Woods Circle Use of Building RES. Date 3/29/02
Name and address of owner of appliance KTO BORDERS
590 ROOSEVELT TRAIL WINDHAM MAINE 04062
Installer's name and address RALPH VANCE #9 VACATION LANE WINDHAM
Telephone 892-9232 892-7812

Location of appliance:
 Basement Floor
 Attic Roof

Type of Fuel:
 Gas Oil Solid

Appliance Name: TRAINCO
 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 # MASTER MS 30005479
 Oil # " "
 Gas # _____
 Other _____

Type of Chimney:
 Masonry Lined
 Factory built _____
 Metal
 Factory Built U.L. Listing # _____
 Direct Vent
 Type _____ UL# _____

Type of Fuel Tank
 Oil
 Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 7' feet.

Cost of Work: \$ 2500.00

Permit Fee: \$ _____

Approved

Fire: _____
 Ele.: _____
 Bldg.: [Signature] 3/29/02

Signature of Installer Ralph E. Vance

Approved with Conditions

See attached letter or requirement

Inspector's Signature _____ Date Approved _____

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 7/20/01
 Permit # 1707
 CBL# 413 B015

LOCATION: LOT 15 CORKWOODS METER MAKE & # Bq. 63
 CMP ACCOUNT # _____ OWNER KTO TONY VANCE
 TENANT _____ PHONE # 992 2021

							TOTAL EACH FEE		
OUTLETS	35	Receptacles	30	Switches	6	Smoke Detector		.20	14.20
FIXTURES	15	Incandescent	1	Fluorescent		Strips		.20	3.00
SERVICES	✓	Overhead	✓	Underground		TTL AMPS	<800	15.00	15.00
		Overhead		Underground			>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS		(number of)	1					1.00	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	2.00
		Insta-Hot		Water heaters		Fans		2.00	
		Dryers	✓	Disposals		Dishwasher	✓	2.00	4.00
		Compactors		Spa		Washing Machine	✓	2.00	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		Remote		Main	✓	4.00	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		45.40

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Anthony Latin MASTER LIC. # _____
 ADDRESS 526 Blackstrap Rd LIMITED LIC. # 50016795
 TELEPHONE 828 6702

SIGNATURE OF CONTRACTOR _____

PLUMBING APPLICATION

413-B-015 #2 LOG

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: Lot 15 Cuply Woods 63

Last: Vance First: Tony
 Applicant Name: Marty Lebrige
 Mailing Address of Owner/Applicant (If Different): 20 Fir St, WINDHAM N.H. 04662

PORTLAND Date Permit Issued: 6/4/01 \$ 160.00 TOWN COPY FEE Charged If Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0124

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: [Signature] Date: 6-20-01

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 # <u>1927553</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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. OR TRANSFER FEE [\$6.00]	0.1	Hosebibb / Sillcock	0.1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	0.1	Sink
		Drinking Fountain	0.2	Wash Basin
		Indirect Waste	0.2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	0.1	Clothes Washer
		Grease / Oil Separator	0.1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0.1	Water Heater
	Fixtures (Subtotal) Column 2	0.9	Fixtures (Subtotal) Column 1	
		0.1	Fixtures (Subtotal) Column 2	
		1.0	Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	
			60	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE