

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

Location of Construction: 65 Copley Woods Circle 04103		Owner: **KTO Builders		Phone: 892-2021		Permit No: 000350	
Owner Address: ** 538 Roosevelt Trail Windham 04062		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Same		Address:		Phone:		Permit Issued: APR 20 2000	
Past Use: Vacant		Proposed Use: Single Family W/Garage		COST OF WORK: \$ 65,000.00		PERMIT FEE: \$414.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A3 Type: 50 BOCA 99 Signature: <i>[Signature]</i>	
Proposed Project Description: Construct New Single Family W/ Garage				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: R-3PR 413-B-016	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm	
Permit Taken By: GD		Date Applied For: 00		March 30, 2000			

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..

PERMIT ISSUED WITH REQUIREMENTS

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

March 30, 2000

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

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

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

- Action:**
- Approved
 - Approved with Conditions
 - Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS CEO DISTRICT

COMMENTS

5/26/00 - setbacks - unable to check - no monumentation visible - location of bulkhead moved - talked to Joel + Tony - they agreed to stop + resubmit site plan. (TM)

6/6/00 Drainage & ~~Drainage~~ installed OK to backfill

6/28/00 Holly Co's Flashing, egress windows, 2nd floor recessed light not IC rated, 2' x 10' 8" span

7/3/00 Correction, Made OK to check in (DC)

8/14/00 Final OK for L.O.P. (DC)

000350
413-B-16

Wires on edge

Inspection Record		Date
Type		
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 65 Copley Woods Circle CBL# 413-B-016

Issued to KTO Builders

Date of Issue August 16, 2000

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. 000350, 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

Entire

APPROVED OCCUPANCY

Single Family Dwelling
Use Group R3
Type 5B
BOCA 99

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

8/16/00
(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.

PLUMBING APPLICATION

413-B-019

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland
Street Division Lot #: 64 Copley Woods Lot 18

PORTLAND 6893 TOWN COPY
Date Permit Issued: 5-19-99 \$ 52 FEE Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 9624

Last: Varke First: Tony
Applicant Name: Marty Laberge
Mailing Address of Owner/Applicant (if Different): 71 Brand Knight Rd WINDHAM N.H. 04062

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] Signature of Owner/Applicant Date: 5-20-99

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Local Plumbing Inspector Signature Date Approved: 2/28/01

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>1757993</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
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>0</u>	Hosebibb / Sillcock	<u>0</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	<u>0</u>	Sink
		Drinking Fountain	<u>0</u>	Wash Basin
		Indirect Waste	<u>0</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>0</u>	Clothes Washer
		Grease / Oil Separator	<u>0</u>	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>0</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>1</u>	Fixtures (Subtotal) Column 1
			<u>0</u>	Fixtures (Subtotal) Column 2
			<u>1</u>	Total Fixtures
			<u>4</u>	Fixture Fee
			<u>52</u>	Transfer Fee
			<u>20</u>	Hook-Up & Relocation Fee
			<u>52</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



2

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 4/22/00
 Permit # 539
 CBL# 913-B-010

SITE LOCATION: LOT #16-65 Copy woods.

OWNER _____ TENANT _____

						TOTAL EACH FEE		
OUTLETS	Receptacles	<u>30</u>	Switches	<u>15</u>	Smoke Detectors	<u>6</u>	.20	<u>10.20</u>
FIXTURES	incandescent	<u>15</u>	fluorescent	<u>1</u>	Strips		.20	<u>3.20</u>
SERVICES	Overhead		Underground	<u>1</u>	TTL AMPS	<800	15.00	<u>15.00</u>
	Overhead		Underground			>800	25.00	
Temporary Service	Overhead		Underground		TTL AMPS		25.00	
							25.00	
METERS	(number of)	<u>1</u>					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	
APPLIANCES	Ranges	<u>1</u>	Cook Tops		Wall Ovens		2.00	<u>2.00</u>
	Insta-Hot		Water heaters		Fans	<u>1</u>	2.00	<u>2.00</u>
	Dryers	<u>1</u>	Disposals	<u>1</u>	Dishwasher	<u>1</u>	2.00	<u>6.00</u>
	Compactors		Spa		Washing Machine	<u>1</u>	2.00	<u>2.00</u>
	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	
TRANSFORMER	0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
TOTAL AMOUNT DUE								
MINIMUM FEE/COMMERCIAL 35.00						MINIMUM FEE	25.00	<u>11.40</u>

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Anthony LATINI MASTER LIC. # 150618S
 ADDRESS 526 BLACK ST LIMITED LIC. # _____
 TELEPHONE 80 6702

SIGNATURE OF CONTRACTOR _____