

Location of Construction: 155 Arcadia St.		Owner: Nadja Griskivich		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: ***Robert Mullen		Address: *** 53 Crestview Drive, So. Portland, 04106		Phone:	
Past Use: Vacant		Proposed Use: Single Family Home		Business Name:	
Proposed Project Description: 24 x 32 Cape Cod		COST OF WORK: \$80,000		PERMIT FEE: \$504.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: A-3 Type 5B BOC 994 Signature: <i>Huffman</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature:		Date:	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: Gayle		Date Applied For: February 20, 2001 EG			

LEFT HOUSE

Permit No:  
01-0397

**PERMIT ISSUED**  
APR 25 2001

**CITY OF PORTLAND**

Zoning Approval:  
*[Signature]*

Special Zone or Reviews:  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan major  minor  minor

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]*

20010027

Building Fee: \$504.00  
 Site Plan Fee: \$300.00  
 Total Fee: \$804.00

**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

February 27, 2001

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

**PERMIT ISSUED WITH REQUIREMENTS**

CEO DISTRICT

2

COMMENTS

3/1/01 site plan incomplete - no parking for this house shown - no entry on side or back door  
no grade elevations shown or sill height, S

6-20-01: O.K.'D FRAMING QUESTION w/ FRAMER ON STAIRS RESOLVED = STAIR STRINGERS  
COMPLIANT. EGRESS WINDOWS MEASURE 837" = O.K. ~~Elect~~ OK. PLB TO BE  
Ready 6-25-01 (NB)

6-25-01: PLB ROUGH-IN PASSED: FLOODING DRAINS, 2<sup>nd</sup> FLOOR TUB, PRESS  
ON DOMESTIC SUPPLY. (NB)

6-16-01 - Sump needs to be single receptacle - 20 amp - OK issue CO (TM&DC)

Fax CO to 508-698-9671 / 775-4949 Dave McGovern  
Attn: Lisa

Page - 759-8178 Gordic

Permit # 01-0397  
CBL 427-C-13

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



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 91-95 Arcadia St CBL 427 C013001

Issued to Nadja Griskivich/Mullen, Robert Date of Issue 08/16/2001

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. 01-0397, 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

Single Family  
Use Group R3  
Type 5 B Boca 1999

Limiting Conditions:

None

This certificate supersedes  
certificate issued

Approved:

8/16/01 *Tammy Mullen*  
(Date) Inspector

*G. Samuel*  
Inspector of Buildings

*SKW = E.O.T.*

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.

TO: Inspections

FROM: Jay Reynolds, Development Review Coordinator

DATE: August 14, 2001

RE: C.O. for # 91 Arcadia Street  
(CBL 427C011001) (2001-0027)

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After an inspection of 91 Arcadia Street, I have the following comments:

All 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: O:\drc\91arcadia1.doc

# ELECTRICAL PERMIT

City of Portland, Me.

*POSS. 91-95 ARCADIA*



*2IF*  
*U.W.*

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 6/15/01  
Permit # 1610  
CBL# 427 CA1

LOCATION: 84-86 Arcadia METER MAKE & # \_\_\_\_\_  
CMP ACCOUNT # \_\_\_\_\_ OWNER A.L.A.M  
TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

OUTLETS	Receptacles	Switches	Smoke Detector	TOTAL	EACH FEE
32	24	6	59	.20	11.80
FIXTURES	Incandescent	Fluorescent	Strips	.20	
SERVICES	Overhead	Underground	TTL AMPS <800	1	15.00
	Overhead	Underground	>800		25.00
Temporary Service	Overhead	Underground	TTL AMPS		25.00
					25.00
METERS	(number of)	1		1	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	1	2.00
	Insta-Hot	Water heaters	Fans		2.00
	Dryers	✓ Disposals	✓ Dishwasher	3	2.00
	Compactors	Spa	✓ Washing Machine	1	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
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
					37.80

INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME M.M.M. Electric MASTER LIC. # 02779  
ADDRESS 69 Willow LIMITED LIC. # \_\_\_\_\_  
TELEPHONE 7672411

SIGNATURE OF CONTRACTOR Guy Maizano



# PLUMBING APPLICATION

427-C-011 <sup>FL</sup> S.W.

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 95-95 Woodland

## PROPERTY OWNERS NAME

Last: ALRM First: \_\_\_\_\_  
Applicant Name: Peter Walabone  
Mailing Address of Owner/Applicant (if Different): 16 Jordan Ave. S. Portland

PORTLAND PERMIT # 7742 STATE COPY  
Date Permit Issued: 6 20 01 \$ 8200  # Double Fee Charged  
Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 9124

## 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.

Peter Walabone  
Signature of Owner/Applicant Date

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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 # <u>02161</u>

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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.	2	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2	Fixtures (Subtotal) Column 2
12	Total Fixtures
	Fixture Fee
	Transfer Fee
	Hook-Up & Relocation Fee
	Permit Fee (Total)