

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

| | | |
|-----------------------|----------------------------|---------------------|
| Permit No: 02-0329 | Issue Date: APR 19 2002 | CBL: 428 F011001 |
|-----------------------|----------------------------|---------------------|

| | | | |
|--|---|--|----------------------|
| Location of Construction: 165 Sherwood St | Owner Name: Dubail Edward J Kw Vet & | Owner Address: 165 Sherwood St | Phone: 774-5464 |
| Business Name: | Contractor Name: Keller, Jerre | Contractor Address: 267 Maine Avenue Portland | Phone: 2073299854 |
| Lessee/Buyer's Name | Phone: | Permit Type: Additions - Dwellings | Zone: R-5 |

| | | | | | |
|----------------------------|--------------------------------|-------------------------|------------------------------|--------------------|---------------------|
| Past Use: Single Family | Proposed Use: Single Family | Permit Fee: \$128.00 | Cost of Work: \$15,000.00 | CEO District: 2 | 10,000 ⁺ |
|----------------------------|--------------------------------|-------------------------|------------------------------|--------------------|---------------------|

| | | |
|---|---|--|
| Proposed Project Description: Construct 10' x 18' Addition/Bath <i>Check out @ 5/20/03</i> | FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i> | INSPECTION: Use Group: <i>R3</i> Type: <i>SB</i> <i>BOLCA 1999</i> |
| | Signature: | Signature: <i>TM</i> |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | |
| Action: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied | | |
| Signature: | | Date: |

| | | |
|-------------------------|---------------------------------|------------------------|
| Permit Taken By: gad | Date Applied For: 04/08/2002 | 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"/> Date: <i>5/11/02</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 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 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 |

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2002-8403

PROPERTY ADDRESS

Town or Plantation: _____
 Street Subdivision Lot #: 165 SHERWOOD ST
 Last: DUBAIL First: EDWARD
 Applicant Name: _____
 Mailing Address of Owner/Applicant (If Different): 165 SHERWOOD ST, PORTLAND ME 04103

PORTLAND Date Permit Issued: 12/15/02
 8292 TOWN COPY \$ 54.00 FEE Charged
 L.P.I. # 07312
 Signature: *James Burke*
 Local Plumbing Inspector Signature

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.

Edward Dubail 12-18-02
 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

| | | |
|---|--|--|
| 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 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 # 01575 |

| 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. | | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | 2 | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | | Sink |
| | | Drinking Fountain | 2 | Wash Basin |
| OR TRANSFER FEE [\$6.00] | | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 8 | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | 8 | Fixtures (Subtotal) Column 2 |
| | | | 8 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

54
1/4
54

ELECTRICAL PERMIT

City of Portland, Me.



37

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 1/16/02

Permit # 2003 4039

CBL# 408 FOII

LOCATION: 165 SHERWOOD ST METER MAKE & # GE 71 237 408
 CMP ACCOUNT # _____ OWNER ED DUBAIL
 TENANT _____ PHONE # 774-5464

| | | | | | | | TOTAL EACH FEE | | | |
|------------------------------|----|------------------|---|---------------|---|-----------------|-------------------|-------|-------|--|
| OUTLETS | 12 | Receptacles | 6 | Switches | 2 | Smoke Detector | | .20 | 20.00 | |
| FIXTURES | 6 | Incandescent | | Fluorescent | | Strips | | .20 | | |
| SERVICES | 3 | Overhead | | Underground | | TTL AMPS <800 | | 15.00 | | |
| | 1 | Overhead | | Underground | | 100 Amp >800 | | 25.00 | 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 | | |
| | | | | Cook Tops | | Wall Ovens | | 2.00 | | |
| APPLIANCES | | Ranges | | Water heaters | | Fans | | 2.00 | | |
| | | Insta-Hot | | Disposals | | Dishwasher | | 2.00 | | |
| | | Dryers | | Spa | | Washing Machine | | 2.00 | | |
| | | Compactors | | | | | | 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 | | 45.00 | |

CONTRACTORS NAME RW Goodgens Electric
 ADDRESS 23 RATH WAY North Yarmouth ME.
 TELEPHONE 829-4633 - 838-8628

MASTER LIC. # MS40088859
 LIMITED LIC. # _____

SIGNATURE OF CONTRACTOR Russell W Goodgens

Set backs ok AR

9/24/02. ok to backfill

discuss Egress window dimensions requirements
w/ Edward Dubail, owner (D)

12/19/02 - Met on site to discuss
Plumbing. Need hangers on second
floor joist - need ledger on bsmt
joists, 1 Rafter too close to
Chimney.

1/21/03 - no phily teston

Hangers installed ok, ledger ok, Chimney clear
ok

1/27/03 Teston with lines ok (D)

3/24/03 close in inspection. OK. to proceed. Will call for final gr

5/20/03 Final - all ok
ok to Close (D)