

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: 03-1214	Issue Date: OCT 27 2003	CBL: 41 431 M002001
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Location of Construction: 14 Arcadia St	Owner Name: Joy Wilfred L &	Owner Address: 14 Arcadia St	Phone: 774-4803
Business Name: n/a	Contractor Name: David Lebel	Contractor Address: 15 Pine Lane Cumberland Fore	Phone: 2077814282
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Additions - Dwellings	Zone: RS

Past Use: Single Family	Proposed Use: Single Family / Addition	Permit Fee: \$426.00	Cost of Work: \$45,000.00	CEO District: 2
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FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB BOCA 1999
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Proposed Project Description: Construct a 22' x 25' Addition / Master bedroom and bath.	Signature: JMB 10/27/03
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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: gg	Date Applied For: 10/02/2003	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"/> Date: _____	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: JMB
	<i>approved</i>		

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

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 14 Arcadia St

PROPERTY OWNERS NAME

Last: Joy First: Leo
Applicant Name: William E Aceto
Mailing Address of Owner/Applicant (If Different): 14 Longspur Way, Falmouth Me

2003-8411-360

PORTLAND
Date Permit Issued: 12/11/03
Local Plumbing Inspector Signature: [Signature]
L.P.I. # 360

8716 TOWN COPY
\$ 310.00 Double Fee Charged

431 M002

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.

William E. Aceto 12-11-03
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 # <u>06173</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<u>0, 1</u> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<u>0, 1</u> Wash Basin
	<input type="checkbox"/> Indirect Waste	<u>0, 1</u> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<u>0, 1</u> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	<u>0, 4</u> Fixtures (Subtotal) Column 1
		<u>0, 4</u> Fixtures (Subtotal) Column 2
		Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)
		<u>35</u>

DEPT. OF BUILDINGS PER FEE CITY OF PORTLAND

RECEIVED

DEC 11 2003
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ck 2279 30 10 40

12/17/03 - Close in - OK - Not setback
insp. - discussed w/builder -

12/18/03 - ~~Setback~~ Setbacks - OK - sides fine -
front OK - able to verify depth of
wall in crawl space - OK to proceed. m.

2/10/04 Final inspection all work complete. OK to close
permit for