

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 080862
PERMIT ISSUED
JUL 19 2008
CITY OF PORTLAND

This is to certify that YOUNG MAREE E /Ronald Beaumont

has permission to 324 320 sq ft deck w/ wheel chair

AT 69 MONARD

437 A088001

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is loaded or service is resumed in 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
7/16/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-0862	Issue Date:	CBL: 437 A088001
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Location of Construction: 69 MONA RD	Owner Name: YOUNG MAREE E	Owner Address: 69 MONA RD	Phone:
Business Name:	Contractor Name: Ronald Beaumont	Contractor Address: P.O. Box 385 Old Orchard	Phone: 2075901892
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: R3

Past Use: Single Family Home	Proposed Use: Single Family Home - ³⁴⁴ 320 sq ft deck w/ wheel chair lift	Permit Fee: \$80.00	Cost of Work: \$6,000.00	CEO District: 4
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Proposed Project Description:
320 sq ft deck w/ wheel chair lift
344

FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <i>N/A</i> Signature:	INSPECTION: Use Group: <i>12.3</i> Type: <i>SB</i> <i>IRC 2003</i> Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

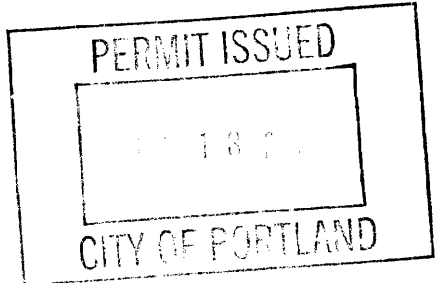
Permit Taken By: Idobson	Date Applied For: 07/15/2008	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 checked="" type="checkbox"/> Shoreland Survey <i>Shows property is well beyond 75' setback from wetland.</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>panel 7 Zone X.</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/> <i>OK w/cond. hair</i> Date: <i>7/15/08</i>
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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 <i>ABU</i> Date: _____
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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

7-30-08

Ck - concrete & deep, lagged to fill, 10.500

11-24-08

ck - Final - deck & steps also electrical for 10.500

10.500

Dec. 10, 2008

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 _____
 Permit # 2084826
 CBL# 437-A-88-

LOCATION: 69 Mona Road Portland, ME METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Maree Young
 TENANT _____ PHONE # 689-5737

						TOTAL EACH FEE	
OUTLETS	Receptacles	Switches	Smoke Detector			.20	
FIXTURES	Incandescent	Fluorescent	Strips			.20	
SERVICES	Overhead	Underground	TTL AMPS <800			15.00	
	Overhead	Underground	TTL AMPS >800			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	
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00	
	Insta-Hot	Water heaters	Fans			2.00	
	Dryers	Disposals	Dishwasher			2.00	
	Compactors	Spa	Washing Machine			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 55.00	MINIMUM FEE <u>45.00</u>

CONTRACTORS NAME Andrew Lambert MASTER LIC. # 15772
 ADDRESS _____ LIMITED LIC. # _____
 TELEPHONE 318-3671

SIGNATURE OF CONTRACTOR [Signature]
 White Copy - Office • Yellow Copy - Applicant