

**City of Portland, Maine - Building or Use Permit Application**

Permit No:		Issue Date:		CBL:	
Location of Construction: 82 Yale St <i>Lot #10</i>		Owner Name: Westcott & Payson II		Owner Address: 240 Harvard St	
Business Name: n/a		Contractor Name: Chris Ballard		Contractor Address: 7 Terra Way Falmouth	
Lessee/Buyer's Name: n/a		Phone: n/a		Phone: 2078383800	
Past Use: Vacant Land		Proposed Use: Build new 1715 sq. Ft. Single Family Colonial with 2 car garage.		Permit Fee: \$1,194.00	
				Cost of Work: \$122,000.00	
				CEO District: 4	
Proposed Project Description: Build new 1715 sq. Ft. Colonial with 2 car garage.		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>BOCA 1999</i> Signature: <i>AMB 9/20/04</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____	
Permit Taken By: <i>EG</i>		Date Applied For: 08/17/2004		<b>Zoning Approval</b>	

<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	Special Zone or Reviews <input type="checkbox"/> Shoreland <i>n/a</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Panel 7 zone X</i> <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i># 2004-0168</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/> <i>ok with conditions</i> Date: <i>8/31/04</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	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: _____
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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

9/29/04 Footings Setbacks OK.

10/04/04 BACKFILL inspection. Tile/FABRIC/Jill material OK. GAVE OK. TO BACKFILL JN

12/16/04 Close in inspection. on site w/ CHRIS BAILLARD. checked plumbing, <sup>(test on)</sup> Framing and electrical. OK. to close in JN

3/7/05 Final. On site w/ CHRIS BAILLARD. All work complete O.K. to issue C/O. I also checked the 11x12 additional deck. C/O will be temporary JN



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 82 Yale St Lot # 10

CBL 438 A010001

Issued to Westcott & Payson II/Chris Ballard

Date of Issue 03/07/2005

**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. 04-1188 , 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

Single Family Colonial w/ 2 Car garage and rear deck

APPROVED OCCUPANCY

Use Group R3 Type 5B  
Boca 1999

**Limiting Conditions:**

This is a temporary certificate and shall expire on June 30, 2005. All exterior site work must be complete by that time **for** issuance of permanent c/o.

**This certificate supersedes  
certificate issued**

Approved:

(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

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Porter  
Street Subdivision Lot: 82 York Lot 10

## PROPERTY OWNERS NAME

Last: Bullard First: T

Applicant Name: Tina T

Mailing Address of Owner/Applicant (If Different): 70

2004-8744926

FORM 10  
Date Permit Issued: 11/19/09 \$ 119.00  Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0926

438 A10

### Caution: Inspection Required

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

Signature of Owner/Applicant: [Signature] Date: 11-19-09

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

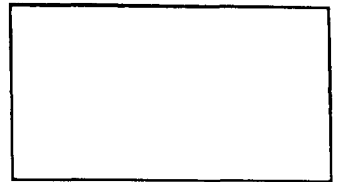
<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE# <u>12721</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>	2	Hosebibb/ Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	4	Sink
		Drinking Fountain		Wash Basin
<p><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Grease / Oil Separator	3	Water Closet (Toilet)
		Dental Cuspidor	1	Clothes Washer
		Bidet	1	Dish Washer
		Other: _____	1	Garbage Disposal
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			2	Fixtures (Subtotal) (112)
			15	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			96	Permit Fee (Total)



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL Portland Vale of Lot 10 Use of Building single Date 11-19-07  
 Name and address of owner of appliance Cris Ballard  
438 A10  
 Installer's name and address Jim Jackson 30 Bolton St Portland  
 Telephone 831-1810

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: West McLean  
 U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # 2731
- Solid Fuel # \_\_\_\_\_
- Oil # \_\_\_\_\_
- Gas # PNT 1104
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank \_\_\_\_\_

Number of Tanks \_\_\_\_\_

Distance from Tank to Center of Flame \_\_\_\_\_ feet.

Cost of Work: \$ 3,500

Permit Fee: \$ 57.00

### Approved

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

### Approved with Conditions

- See attached letter or requirement

Signature of Installer Jim Jackson Inspector's Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

White - Inspection    Yellow - File    Pink - Applicant's    Gold - Assessor's Copy