

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

PERMIT ISSUED

Permit No: 06-0038	Issue Date: JAN 13 2006
Owner Address: 62 ANGLERS RD	CEB#: 342 B052001

Location of Construction: 0 RUBY LN Business Name: Down East Energy Lessee/Buyer's Name:	Owner Name: COPPERSMITH PAULA Contractor Name: City of Portland 172 Main Street South Portland Phone: 207-799-5585 Zone: Tanks - Dwellings
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Past Use:
 Single Family Home

Proposed Use:
 Single Family Home/ install a 500 UG tank

Proposed Project Description:
 install a 500 UG tank

Permit Taken By:
 Idobson

Date Applied For:
 01/06/2006

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..	<p>Special Zone or Reviews</p> <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: 01/13/06	<p>Zoning Appeal</p> <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: 01/13/06
<p>Historic Preservation</p> <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: 01/13/06		

FIRE DEPT: Approved Denied

INSPECTION:
 Use Group: NFPA / State Code
 Type: TANK
 Signature: [Signature]
 PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: [Signature]
 Date:

Permit Fee: \$30.00
Cost of Work: \$30.00
CEO District: 5

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	ADDRESS	DATE	PHONE

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Permit No:	Date Applied For:	CBL:
06-0033	01/06/2006	342 B052001

Location of Construction: 0 RUBY LN	Owner Name: COPPERSMITH PAULA	Owner Address: 62 ANGLERS RD	Phone:
Business Name:	Contractor Name: Down East Energy	Contractor Address: 172 Main Street South Portland	Phone (207) 799-5585
Lessee/Buyer's Name	Phone:	Permit Type: Tanks - Dwellings	

Proposed Use: Single Family Home/ install a 500 UG tank

Proposed Project Description: install a 500 UG tank	
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Dept: Zoning Status: Approved Reviewer: Tammy Munson Approval Date: 01/13/2006
 Note: Ok to Issue:

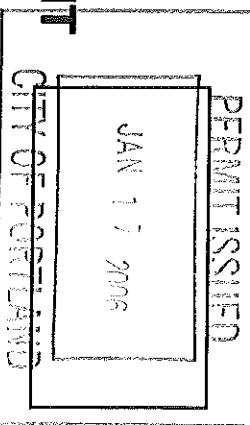
Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 01/13/2006
 Note: Ok to Issue:

1) The installation must comply with the State of Maine Gas Regulations.



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 _____ Use of Building Private Date 1/16/06

Name and address of owner of appliance Vict Karchalis 12 Ruby Ln

Installer's name and address Scott D'Amico 13 Maine St Telephone 799-5585

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: _____

U.I. Approved Yes No

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

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # 207 1445
- Other _____

Approved

Fire: _____

Ele.: _____

Bldg.: _____

Signature of Installer

[Signature]

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

Type of Chimney:

- Masonry Lined
- Factory built _____

Metal

Factory Built U.I. Listing # _____

Direct Vent

Type _____ U.I.# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank 500 ULC

Number of Tanks 1

Distance from Tank to Center of Flame _____ feet

Cost of Work: \$ 2

Permit Fee: \$ 30.00

Approved with Conditions

See attached letter or requirement

Inspector's Signature _____ Date Approved _____

[Signature]

<u>DAY OF INSTALL</u>
<u>DATE</u>
<u>TIME</u>

<u>APPOINTMENT</u>	
<u>DATE</u>	<u>TIME</u>
<u>SALES REP</u>	

2/8

PROPANE INSTALLATION FORM

<u>NAME:</u>	Nick Kamberliss	<u>ACCOUNT#</u>	
<u>ADDRESS:</u>	129 Ruby Ln	<u>PHONE#</u>	939-7206
<u>DIRECTIONS:</u>	Per flag 1st floor on Right, Garage door Alpha Ave		
<u>QUOTE: (Y/N)</u>		<u>LABOR:</u>	
		<u>PART:</u>	
		<u>OIL CUSTOMER?</u>	

WORKORDER#(S) _____ JOB DESCRIPTION _____ TICKETS _____

<u>TANK SIZE</u>	500	<u>TRENCH REQ</u>	yes	<u>TRENCH DUG BY</u>	cust
<u>HOT WORK</u>	<input checked="" type="checkbox"/>	<u>INST</u>		<u>SHOP</u>	
<u>WALK SAFE</u>	<input checked="" type="checkbox"/>	<u>HOOK</u>		<u>CUST</u>	
<u>** UNSAFE COND.</u>	<input checked="" type="checkbox"/>	<u>INSTALL LOCATON</u>		<u>REQUIRE CONVERSION</u>	
<u>ELECTRIC GRD.</u>	<input checked="" type="checkbox"/>	<u>ASBESTOS</u>		<u>BASE</u>	<u>OTHER</u>
<u>CRAWL SPACE *</u>	<input checked="" type="checkbox"/>	<u>CONFINED</u>		<u>ELECTRIC WIRES</u>	
<u>LADDER WRK *</u>	<input checked="" type="checkbox"/>	<u>WATER</u>		<u>ANIMALS</u>	
<u>REMOVAL REQUIRED</u>	<input checked="" type="checkbox"/>	<u>DESCRIPTION:</u>	set 500 w/c tank, Run w/h line Headed for slab		
<u>PIPE SIZE</u>	3/8	<u>TOTAL BTU LOAD</u>		<u>FURTHEST APPLIANCE</u>	
	1/2				
	5/8				
	1/2BI				
	3/4BI				
	1BI				
	TRAC				
<u>VENTING REQUIRED</u>					
<u>PARTS/EQUIPMENT:</u>					
<u>NOTES: ** (SIDING/TILE/ETC)</u>					
<u>DISCUSSED W/ CUST:</u>					
<u>SPECIAL TOOLS:</u>					
<u>#TECHS</u>					

ELECTRICAL PERMIT

City of Portland, Me.

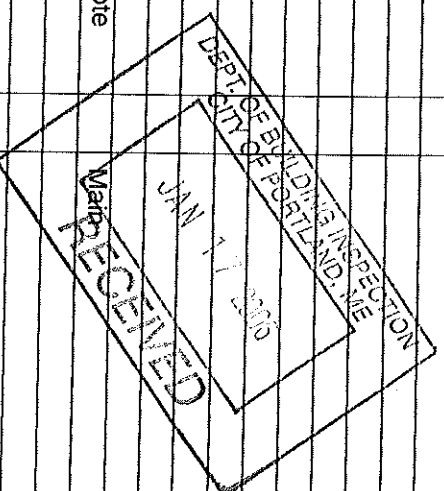


To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date JAN 18 2006
 Permit # 2006-7047
 CBL# 342-B-52

LOCATION: LOT 12 Ruby Lane METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER DANA DESSER
 TENANT _____ PHONE # _____

				TOTAL EACH FEE
OUTLETS	Receptacles	Switches	Smoke Detector	20
	Incandescent	Fluorescent	Strips	20
SERVICES	Overhead	Underground	TTL AMPS	15.00
	Overhead	Underground	<800	>800
	Overhead	Underground		25.00
Temporary Service	Overhead	Underground	TTL AMPS	25.00
METERS	(number of)			25.00
MOTORS	(number of)			1.00
RESID/COM	Electric units	Interior	Exterior	2.00
HEATING	oil/gas units	Ranges	Wall Ovens	2.00
APPLIANCES	Ranges	Insta-Hot	Fans	2.00
	Dryers	Water heaters	Disposals	2.00
	Compactors	Others (denote)	Spa	2.00
MISC. (number of)	Air Cond/win		Washing Machine	2.00
	Air Cond/cent			2.00
	HVAC	EMS	Pools	3.00
	Signs		Thermostat	5.00
	Alarms/res			10.00
	Alarms/com			5.00
	Heavy Duty(CRKT)			15.00
	Circus/Carry			2.00
	Alterations			25.00
	Fire Repairs			5.00
	E Lights			15.00
	E Generators			1.00
PANELS	Service	Remote		20.00
TRANSFORMER	0-25 Kva			4.00
	25-200 Kva			5.00
	Over 200 Kva			8.00
	MINIMUM FEE/COMMERCIAL 45.00		TOTAL AMOUNT DUE	10.00
			MINIMUM FEE	35.00
				35.00



CONTRACTORS NAME PAPE ELECTRIC INC MASTER LIC. # 10626
 ADDRESS 173 Summit St Portland LIMITED LIC. # _____
 TELEPHONE 776-3776
 SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town of Portland
 Plantation 1
 Street Euclid Ave
 Subdivision Lot # Lot # 11
PROPERTY OWNERS NAME
 Last: Desjardins First: Marie
 Applicant Name: REBECCA LY MARIE ST.
 Mailing Address of Owner/Applicant (if Different): 1301 LeSueur Ave Portland ME 04106

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.

Signature of Owner/Applicant _____

Date 12/12/05

Local Plumbing Inspector Signature _____

Date Approved _____

PORTLAND PERMIT # 5647 TOWN COPY

Date Permit Issued: 12/12/05

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 0603

\$ 1148 Fee Changed Double Fee

342-E-02

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

PERMIT INFORMATION

This Application is for

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 _____	Plumbing To Be Installed By: 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>6776051</u>
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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
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.					
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.					
OR					
TRANSFER FEE [§6.00]					
RECEIVED DEPT. OF BUILDING INSPECTION DEPT. OF PORTLAND, ME DEPT. OF SEWATER DEC - 2 2005					
			Hosebibb / Sillcock	1	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	1	Sink
			Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener	1	Clothes Washer
			Grease / Oil Separator	1	Dish Washer
			Dental Cuspidor	1	Garbage Disposal
			Bidet	1	Laundry Tub
			Other:	1	Water Heater
			Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 2
			Total Fixtures		
			4/2		Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
					Permit Fee
					(Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY