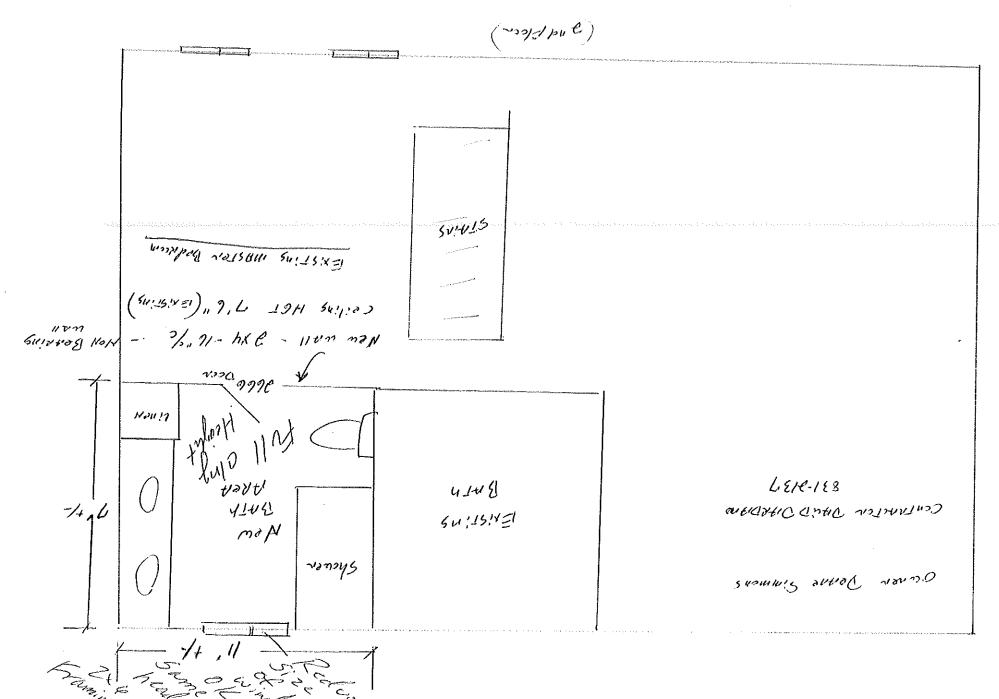
PHONE	DATE	ADDRESS	RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	RESP
*** Controlled	madata i propintati	Polywania	ATT DE OE A POLICANT	SICN
the owner of record and that all applicable laws of this all's authorized representative on of the code(s) applicable to	posed work is authorized by the and I agree to conform to all I certify that the code official hour to enforce the provision	CERTIFICATION umed property, or that the projection as his authorized ager d in the application is issued, uch permit at any reasonable	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.	I here I have jurisd shall such
*				
Date: 12/01/85	Date:	Date: 12 1 65		
□ Denied /	Denied	Maj Minor MM		
Approved w/Conditions	Approved	Site Pran		
Approved	Interpretation	Subdivision	False information may invalidate a building permit and stop all work	
Requires Review	Conditional Use	☐ Flood Zonc	Building permits are void if work is not started within six (6) months of the date of issuance.	ώ
Does Not Require Review	Miscellaneous	☐ Wetland	Building permits do not include plumbing, septic or electrical work.	i>
Historic Preservation District or Landmar	Zoning Appeal Variance	Special Zone or Reviews Shoreland	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	۲.
	Zoning Approval		Permit Taken By: Date Applied For: 11/28/2005	Permi
Date:	Signature:	Sign		
DISTRICT (P.A.D.) Approved w/Conditions Denied	TRIAN ACTIVITIES I			
enature:	re:	Signatu	Proposed Project Description: install a bathroom in an exisiting space on second flr.	Propo
1 3	Themen.			***************************************
INSPECTION: Use Group: /2-3 Type: SB	82	bathroom in an exisiting space on second fir.	bathroom in au second fir.	
CEO District: 0 5	Permit Fee: Cost of Work: \$129.00 \$12,000.00		amily Home	Past Use: Single I
Zone:	Additions - Dwellings	Perm	Lessee/Buyer's Name	Lesse
1213	Contractor Address:			Busin
Phone:	Owner Address: 5 OVERSET RD DEC -	ANE J & SHERYL J	RD	5 O ¹
ISS JEW , F022001	Permit No: Issae Date:	Building or Use Permit Application	Maine . , 04101	City 389

Other Appeal Board Health Dept. Fire Dept this department. the construction, maintenance and u of the provisions of the Statutes of provided that the person or persons AT -5 OVERSET RD has permission to This is to certify that Form # P 04 Application And Notes, If Any, Attached such information. and grade if nature of work requires Apply to Public Works for street line Please Read OTHER REQUIRED APPROVALS DISPLAY install a bathroom in an exis SIMMONS DEANE I & SE I S PENALTY FOR REMOVING THIS CARD CARD ed or Josed-in JR NOTICE IS REQUIRED. fication of buildings and re this n and w ine and of the SIL IX 2 2 space 9 0 PRINCIPAL en perm Iding or econ inspe TORTIDE outpu RECTION n mus on procu rt there gances of the City of Portland regulating ectures, and of the application on file in epting this permit shall comply with all FRONTAGE 393 F022001 ing or part thereof is occupied. A certificate of occupancy must be procured by owner before this build-Permit Mumber: 0517185 Director - Building & PERMIT ISSUED 2 Inspection Services PURILAND YORK 103

(1-2010) (1-2011)



NAME OF THE PARTY OF THE PARTY

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 3 0	OVUSET Rd POSTLAND, ME
Total Square Footage of Proposed Structure	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: DeAne + Sheey & Simmens Telephone:
393 F 22	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Cost Of Work: \$ 12,000
5.4	1
	Peature, m6
	831-2137 Cof O Fee: \$
Current Specific use: Proposed Specific use:	
Project description: Add A hathacan	HOXT TO FXISTING ON 2 nd 12/11
Remove closer to make Roc	Recom For bATH Recom. FAPRex 7'x10'
Contractor's name, address & telephone	COECTION COECTION
Who should we contact when the permit is ready. Mailing address: P	hone: 83/-2137 PEPT OF BUILDING INS.
PORTLAND, INTE OHO3	`@ - - -
Please submit all of the information outlined in the Commercial the Failure to do so will result in the automatic denial of your permit.	Please submit all of the information outlined in the Commercial Application Checklist CENTER Failure to do so will result in the automatic denial of your permit.
In order to be sure the City fully understands the full scope of the project, the Planning and Developm request additional information prior to the issuance of a permit. For further information visit us on-ling www.portlandmaine.gov. stop by the Building Inspections office from 315 City U.11 and 1074 or of the www.portlandmaine.gov. stop by the Building Inspections office from 315 City U.11 and 1074 or of the way.	In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office from 315 City U. 11 or 1
hereby certify that I am the Owner of record of the name	I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I had
been authorized by the owner to make this application as h in addition, if a permit for work described in this application authority to enter all areas covered by this permit at any rea	been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.
Signature of applicant: Dy Ruller	Date: //- 28-05

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

City of Portland, Me. ELECTRICAL PERMIT



National Electrical Code and the following specifications: in accordance with the laws of Maine, the City of Portland Electrical Ordinance, To the Chief Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations

TENANT

CMP ACCOUNT # LOCATION:

PHONE # OWNER WETER MAKE & # Simmon CBL# Date Permit # 0

Smoke Detector Strips Strips TTL AMPS <800 >800 TTL AMPS Wall Ovens Fans Dishwasher Washing Maching

SIGNATURE OF CONTRACTOR

White Copy - Office

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Yellow Copy - Applicant