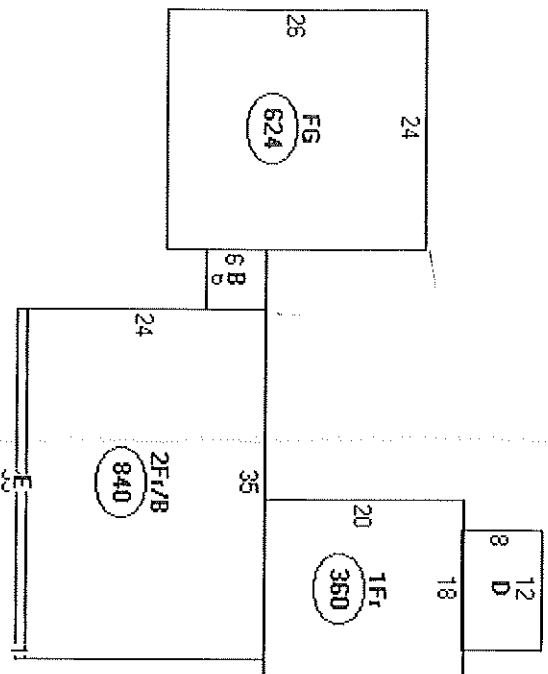


11/13/01 Feeding / setback insp. as plans indicate
14' from stockade - No pins identified - owner and
neighbor verified line. OK to pour. JB

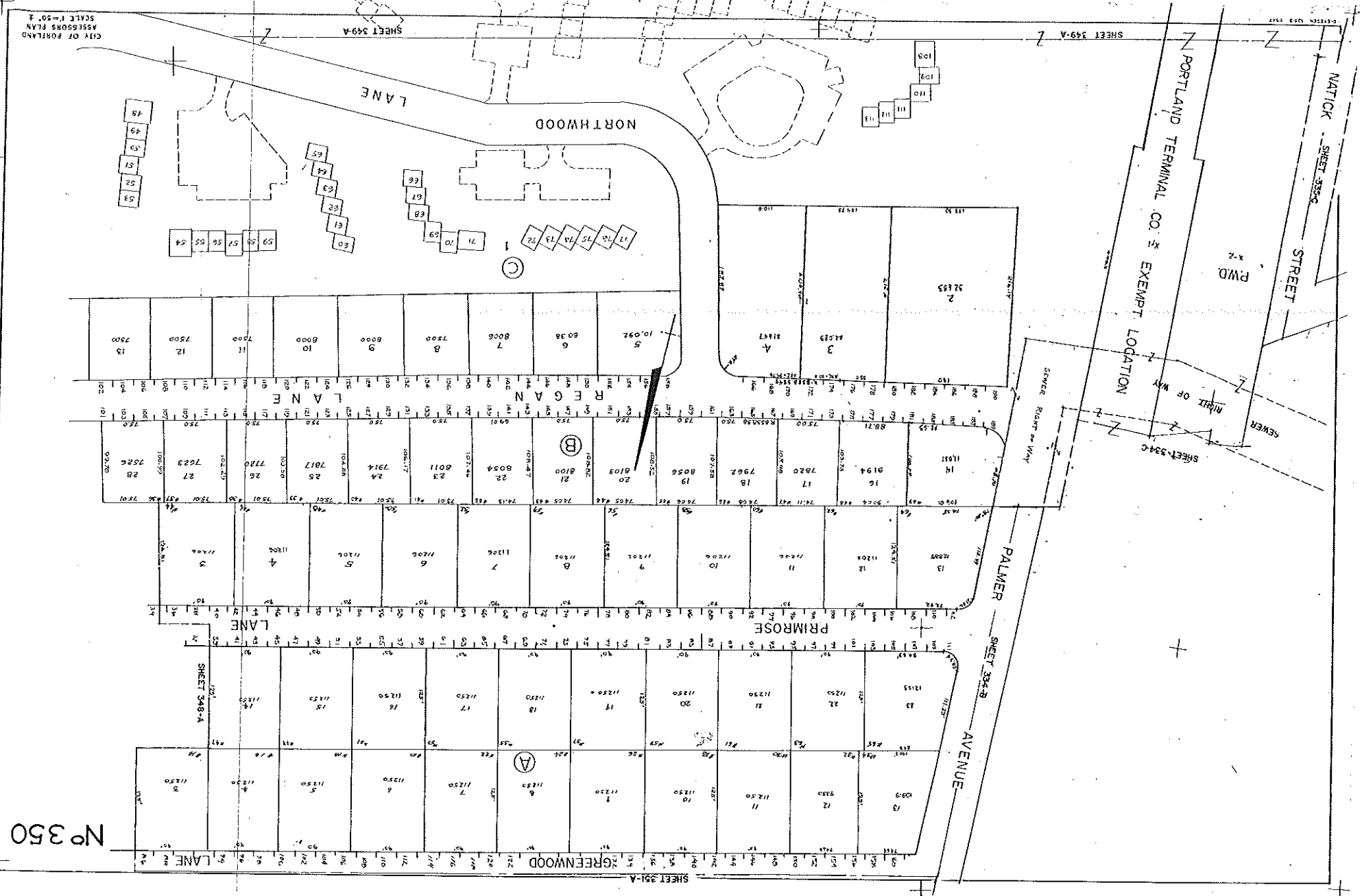
1/30/02 - Still needs ops light to be connected
to Splits on exterior
Also on train of LVCS private

3/2/02 Final insp above issues corrected. OK to issue e/o for



Descriptor/Area

- A: 2F1/B
840 sqft
- B: 1F1/B
36 sqft
- C: 1F1
360 sqft
- D: w/D
96 sqft
- E: FOH
35 sqft
- F: F6
624 sqft



All Purpose 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.

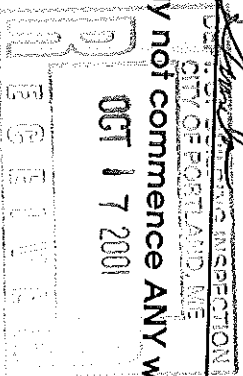
Location/Address of Construction: <u>72 PRIMROSE LANE, PORTLAND ME.</u>		Total Square Footage of Proposed Structure <u>620 SF</u>		Square Footage of Lot <u>11,206 SF</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>350</u> Block# <u>3</u> Lot# <u>8</u>		Owner: <u>MR & MRS DAVID SAMATHA</u> <u>72 PRIMROSE LANE</u> <u>PORTLAND ME</u>		Telephone: <u>797-4055</u>	
Lessee/Buyer's Name (if Applicable) <u>N/A.</u>		Applicant name, address & telephone: <u>MR & MRS DAVID SAMATHA</u> <u>72 PRIMROSE LN,</u> <u>PORT ME 04103</u>		Cost Of Work: <u>\$15,000</u> Fee: \$ 200 <u>14.00</u>	
Current use: <u>SINGLE FAMILY RES.</u>					
If the location is currently vacant, what was prior use: <u>N/A.</u>					
Approximately how long has it been vacant: <u>N/A.</u>					
Proposed use: <u>1 CAR GARAGE</u>					
Project description: <u>624 SQ. FOOT (2) CAR GARAGE.</u>					
Contractor's name, address & telephone: <u>BENNETT HOMES</u> <u>(632-2445) 193 ROCHESTER ST WESTBROOK ME 04092</u>					
Who should we contact when the permit is ready: <u>MAIL</u>					
Mailing address: <u>MR & MRS DAVID SAMATHA</u> <u>72 PRIMROSE LANE XEMA, 1</u> <u>PORTLAND, ME 04103</u> Phone: <u>797-4055</u>					

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 have 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 or any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: [Signature] Date: 10/17/01

This is not a permit, you may not commence ANY work until the permit is issued



[Signature] 10/17

Application ID Number: 1-1306

Delete Review Save Close

Department: Zoning Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 72 Primrose Lane

Approval Date: 10/26/2001

[Empty text box]

Given On Date: 10/26/2001

OK to Issue Permit Name: [Empty] Date: 10/26/2001 Date 2: [Empty]

Conditions Section: Add New Condition From Default List Add New Condition Delete Condition

This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.

Create Date: 10/26/2001 By: jodinea Update Date: 10/26/2001 By: mes

PLUMBING APPLICATION

-350-B-008

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: **Portland**
 Street: **72 PRIMROSE LANE**
 Subdivision Lot #: **72 PRIMROSE LANE**
PROPERTY OWNERS NAME

Last: **SWANE** First: **DAVID**

Applicant Name: **CAROL A WAITE**

Mailing Address of Owner/Applicant (if Different): **P.O. BOX 2400 SO. PORTLAND, ME. 04116-2400**

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 Inspector to deny a Permit.

Signature of Owner/Applicant

Date

Local Plumbing Inspector Signature

Date Approved

PORTLAND
 Date Permit Issued: **8 15 98**

6540 TOWN COPY
 \$ 111.00 FEE
 H Double Fee Charged

Local Plumbing Inspector Signature

D. Samuel

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	Type Of Structure To Be Served: 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 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 # 01529
--	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		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. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	Total Fixtures
				Fixtures Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TRANSFER FEE \$6.00

OR

TOWN COPY

Plus \$20 city fee ====\$32.00 total

ELECTRICAL PERMIT

City of Portland, Me.

20024043



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 1/15/02
 Permit # 50024043
 CBI # 3508008

LOCATION: 72 DEWROSE

METER MAKE & #

OWNER DAVID SMAHA

TENANT

PHONE #

2-CAR GARAGE

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector	TOTAL EACH FEE
6		3		20
FIXTURES	Incandescent	Fluorescent	Strips	20
4				
SERVICES	Overhead	Underground	TTL AMPS	15.00
	Overhead	Underground	<800	25.00
			>800	25.00
Temporary Service	Overhead	Underground	TTL AMPS	25.00
METERS	(number of)			25.00
MOTORS	(number of)			1.00
RESID/COM	Electric units			2.00
HEATING	oil/gas units	Interior	Exterior	1.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens	5.00
	Insta-Hot	Water heaters	Fans	2.00
	Dryers	Disposals	Dishwasher	2.00
	Compactors	Spa	Washing Machine	2.00
MISC. (number of)	Others (denote)			2.00
	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
INSPECTION:	MINIMUM FEE/COMMERCIAL 45.00		TOTAL AMOUNT DUE	
	Will be ready <u>1/17/02</u>		MINIMUM FEE	35.00
		or will call		35

CONTRACTORS NAME MARC'S ELECTRIC MASTER LIC. # 16207
 ADDRESS 527 BACKSTREET RD. FALMOUTH
 TELEPHONE 797-7788 LIMITED LIC. #

SIGNATURE OF CONTRACTOR Marc Jago

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 12-14-05
 Permit # 064003
 CBL# 350 B 008

LOCATION: 79 Farmrose Lane METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Rudy SERRANTE PHONE # 207-939-8053

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

CONTRACTORS NAME ADI SECURITY MASTER LIC. # ME60017614
 ADDRESS 18 Clinton Drive, Wells, ME LIMITED LIC. # _____
 TELEPHONE 800-888-1144 ✓# 45135
 SIGNATURE OF CONTRACTOR _____

White Copy - Office Yellow Copy - Applicant

