

PERMIT ISSUED

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

Permit No: 01-1451 Issue Date: NOV 2 1 2001 CBL: 0001001

Location of Construction: 1806 Washington Ave Owner Name: Smith Howard P
Business Name: Contractor Name: Dardano, David
Owner Address: 1806 Washington Ave
Contractor Address: 38 West Lyme Avenue Portland

Lessee/Buyer's Name: Phone: Alterations - Dwellings
Past Use: single family Proposed Use: single family
call 878-3922 or 831-2137
Permit Fee: \$0.00 Cost of Work: \$0.00 CEO District: 2
Zone: E-3

Proposed Project Description: exact replacement deck 216 s.f.
FIRE DEPT: Approved Denied
INSPECTION: Use Group: E-3 Type: 5B
Signature: T. Johnson
Date: BOCA 1999

Permit Taken By: jodinea Date Applied For: 1/16/2001
Signature: *[Signature]*
Action: Approved Denied
Signature: *[Signature]* Date: *[Date]*

Zoning Approval

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	<input type="checkbox"/> Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland	<input type="checkbox"/> Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation	<input checked="" type="checkbox"/> Historic Preservation <input 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
2. Building permits do not include plumbing, septic or electrical work.	<input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivided <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied <input type="checkbox"/> Denied	<input type="checkbox"/> Denied <input type="checkbox"/> Denied
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.	Date: 1/16/01	Date: 1/21/01	Date: 1/16/01

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 _____

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:		Square Footage of Lot	
Total Square Footage of Proposed Structure <i>216 SF</i>		<i>1500 SF</i>	
Tax Assessor's Chart, Block & Lot Chart# <i>352</i> Block# <i>C</i> Lot# <i>001</i>	Owner: <i>Howard Jeter Smith</i>	Applicant name, address & telephone: <i>David Dreaons Portland, 831-2137- 878-3422</i>	Telephone: <i>797-6090</i>
Lessee/Buyer's Name (If Applicable)	Cost Of Work: \$ _____		Fee: \$ <i>RE-APPLICATION FEE WAIVED</i>
Current use: <u><i>Single Family</i></u>			
If the location is currently vacant, what was prior use: _____			
Approximately how long has it been vacant: _____			
Proposed use: _____			
Project description: <u><i>Replace Riser Deck with new JS.</i></u>			
Contractor's name, address & telephone: _____			
Who should we contact when the permit is ready: <u><i>David Dreaons</i></u>			
Mailing address: <u><i>38 W. Lynn Ave. Portland ME 04103</i></u> Phone: <u><i>831-2137 878-3422</i></u>			

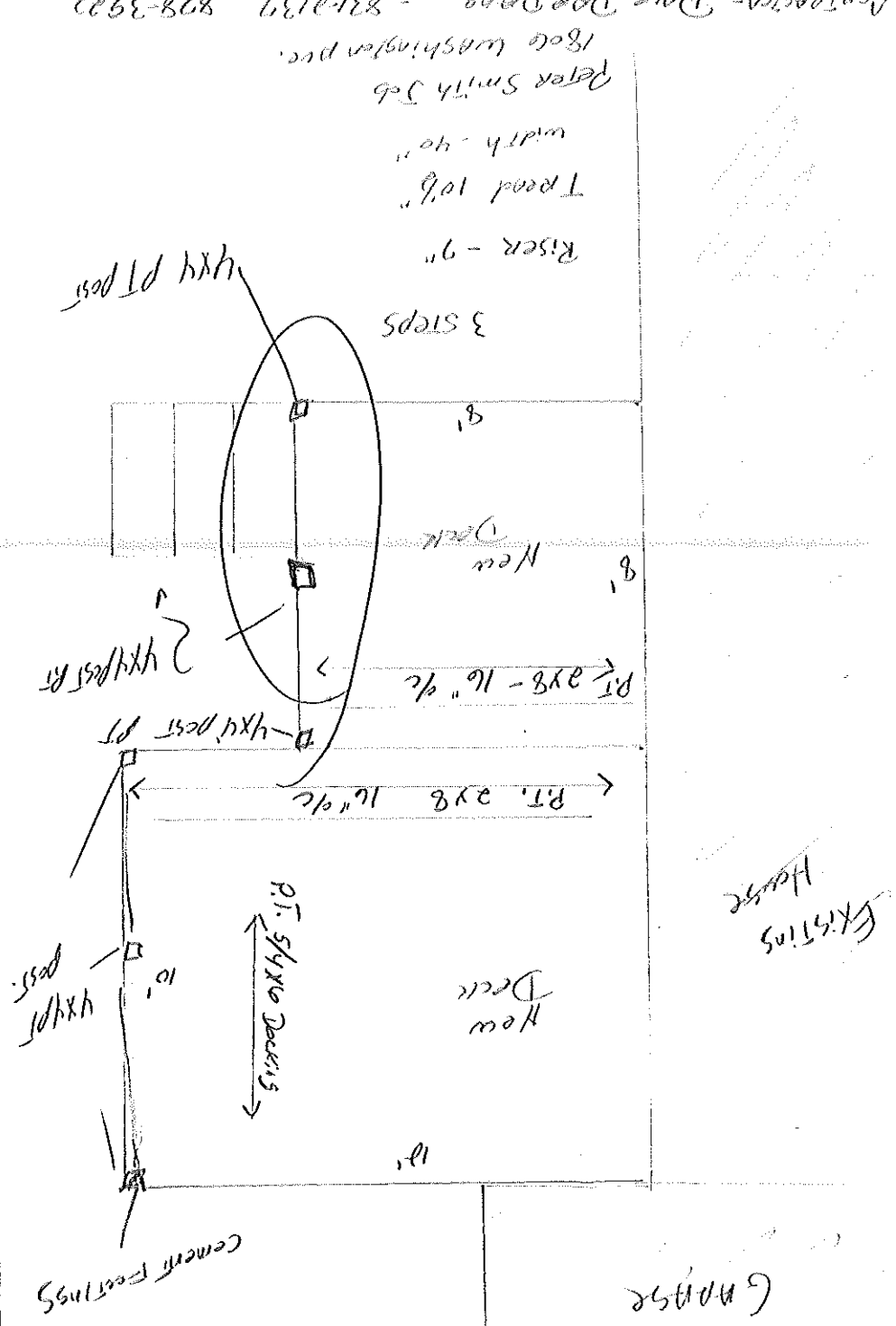
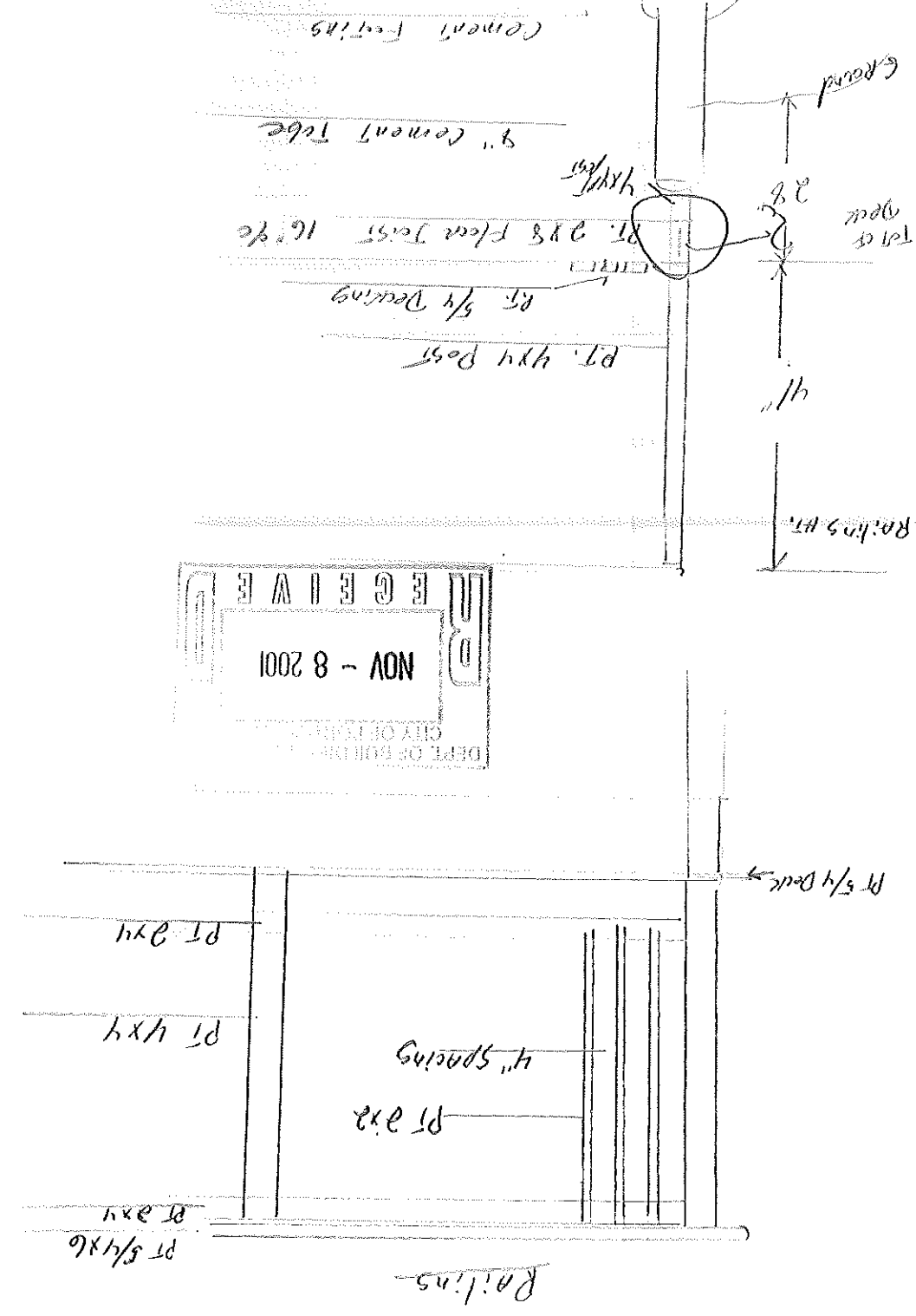
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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

Signature of applicant: <u><i>David Dreaons</i></u>	Date: <u><i>11-16-01</i></u>
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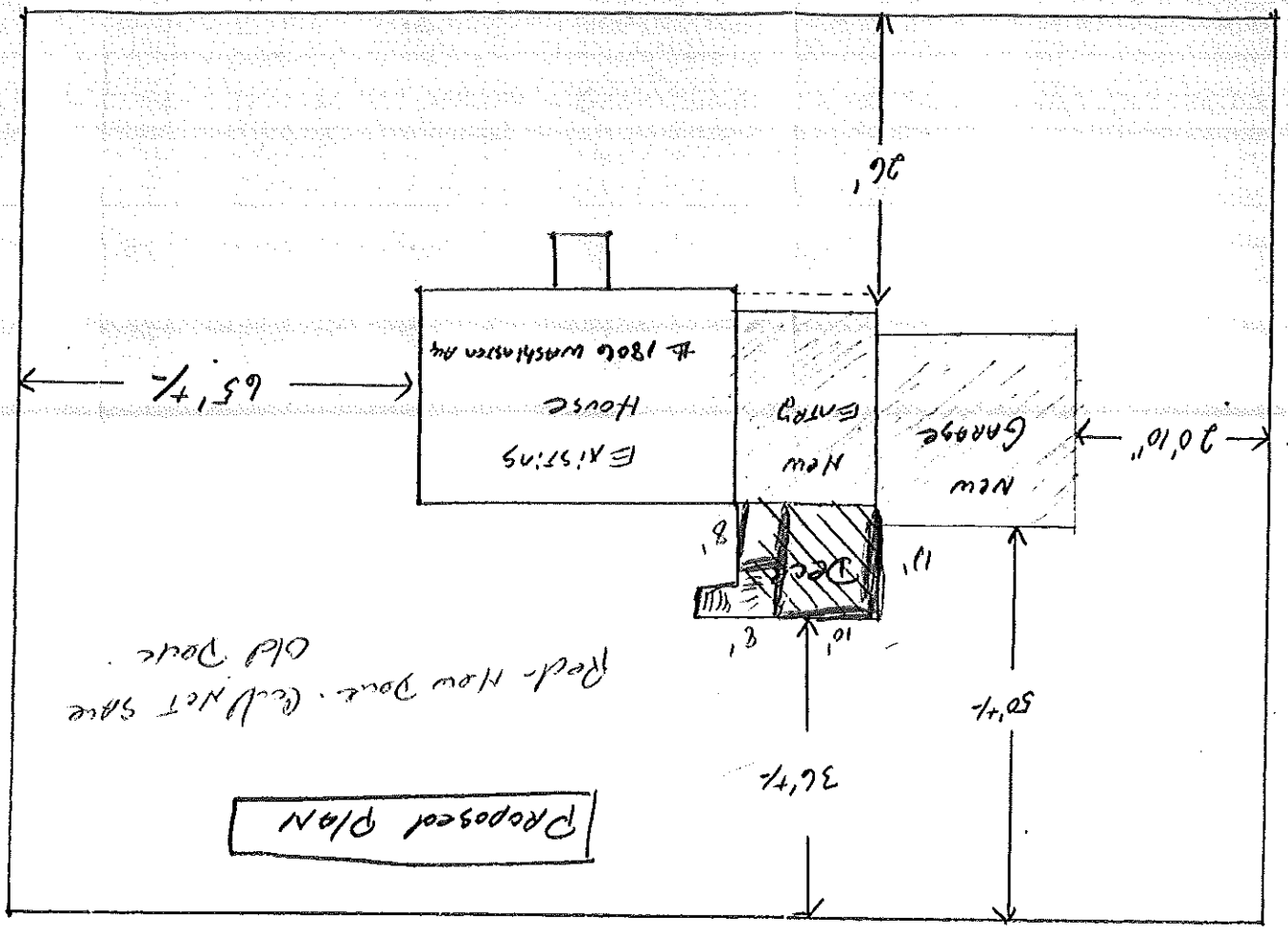
This is not a permit, you may not commence ANY work until the permit is issued

01-1431



Ⓢ NOTE: Remove EXISTING Breezeway + Garage
 And Build New Breezeway + Garage

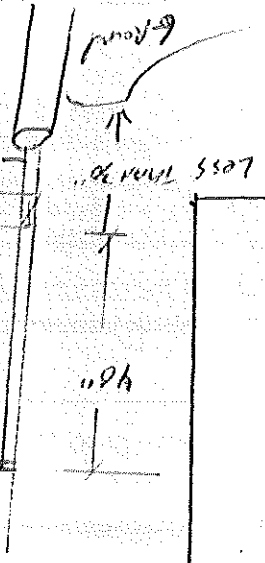
OWNER
 Peter Smith
 1806 Washington Ave EXT
 Portland, ME 04103
 797-6090



Proposed Plan

Red - New Deck - Red XIT space
 Old Deck

3/4" Railings
 2x8 - 16" c/c
 1/4" PT. Post
 Comment Tab 8



Washington Ave EXT

150' +/-

Continental Office

150' +/-

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 9/5/01
 Permit # 1868
 CBL# 352-C.001

LOCATION: 1801 Washington Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Retex Smith PHONE # _____

						TOTAL EACH FEE		
OUTLETS	45	Receptacles	20	Switches	5	Smoke Detector	20	14-
FIXTURES	20	Incandescent	2	Fluorescent		Strips	20	4.40
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				Exterior		2.00
HEATING		oil/gas units		Interior		Wall Ovens		5.00
APPLIANCES		Ranges		Cook Tops		Fans		2.00
		Insta-Hot		Water heaters		Dishwasher		2.00
		Dryers		Disposals		Washing Machine		2.00
		Compactors		Spa				2.00
MISC. (number of)		Others (denote)				Pools		3.00
		Air Cond/win				Thermostat		5.00
		HVAC		EMS				10.00
		Signs						5.00
		Alarms/res						15.00
		Alarms/com						2.00
		Heavy Duty/(CRKT)						25.00
		Circus/Carriv						5.00
		Alterations						15.00
		Fire Repairs						1.00
		E Lights						20.00
		E Generators						
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		35.00
		Will be ready		or will call	<input checked="" type="checkbox"/>	MINIMUM FEE		35.00

CONTRACTORS NAME Faul Taha MASTER LIC. # 04927
 ADDRESS 60 Old Orchard Rd, Saco LIMITED LIC. # _____
 TELEPHONE 882-7154

SIGNATURE OF CONTRACTOR Faul Taha