

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

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	03-1066	Issue Date:	RECEIVED SEP 10 2003	CBL:	423 A005025
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Location of Construction:	25 Wellstone	Owner Name:	Winters Mark H &	Owner Address:	25 Wellstone	Phone:	207-872-5561
Business Name:	n/a	Contractor Name:	H T Winters	Contractor Address:	57 Bay Street Winslow	Phone:	2078725561
Lessee/Buyer's Name:	n/a	Phone:	n/a	Permit Type:	Alterations - Dwellings	Zone:	RS

Past Use:	Condominium	Proposed Use:	Condominium / Convert storage room into bathroom	Permit Fee:	\$57.00	Cost of Work:	\$4,000.00	CEO District:	2
Proposed Project Description:	Convert storage room into bathroom			FIRE DEPT:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION:	Use Group: R3 Type: SB		

Permit Taken By:	gg	Date Applied For:	09/02/2003	Signature:	Signature: <i>JMB</i> 9/9/03	Date:	
				<b>Zoning Approval</b>			

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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>approved</i> <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"/>	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: <i>JMB 9/9/03</i>	Date:	Date: <i>JMB</i>

**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 \_\_\_\_\_

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Business Name:	n/a	Contractor Name:	H T Winters	Contractor Address:	57 Bay Street Winslow	Phone	(207) 872-5561
Lessee/Buyer's Name	n/a	Phone:	n/a	Permit Type:	Alterations - Dwellings		

Proposed Use:	Condominium / Convert storage room into bathroom	Proposed Project Description:	Convert storage room into bathroom
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 09/09/2003

**Note:** 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval. **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Jeanine Bourke      **Approval Date:** 09/09/2003

**Note:** 1) Separate permits are required for any electrical or plumbing work. **Ok to Issue:**   
 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

# 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>25 Wellstone Dr. Unit # 25</u>	
Total Square Footage of Proposed Structure <i>existing</i>	Square Footage of Lot <i>existing</i>
Tax Assessor's Chart, Block & Lot Chart# <u>493</u> Block# <u>A 005025</u> Lot# <u>25</u>	Owner: <u>Mark Winters</u> Telephone: <u>207 872-5561</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HT Winters Co</u> <u>59 Bay St</u> <u>Winslow, ME 02896</u> Fee: \$
Current use: <u>Storage</u> / <u>COND</u>	Cost Of Work: \$ <u>4000.</u>
If the location is currently vacant, what was prior use: _____	
Approximately how long has it been vacant: _____	
Proposed use: <u>Bath Room</u>	DEPT OF BUILDING INSPECTION CITY OF PORTLAND, ME SEP 2 2003 RECEIVED Received by _____
Project description: _____	
Contractor's name, address & telephone: <u>HT Winters Co</u> <u>59 Bay St</u> <u>Winslow ME</u>	
Who should we contact when the permit is ready: <u>Mark Winters</u>	
Mailing address: <u>59 Bay St</u> <u>Winslow ME 04501</u>	
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207 872-5561</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: Mark Winters Date: 9/27/03

This is NOT a permit, you may not commence ANY work until the permit is issued.  
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

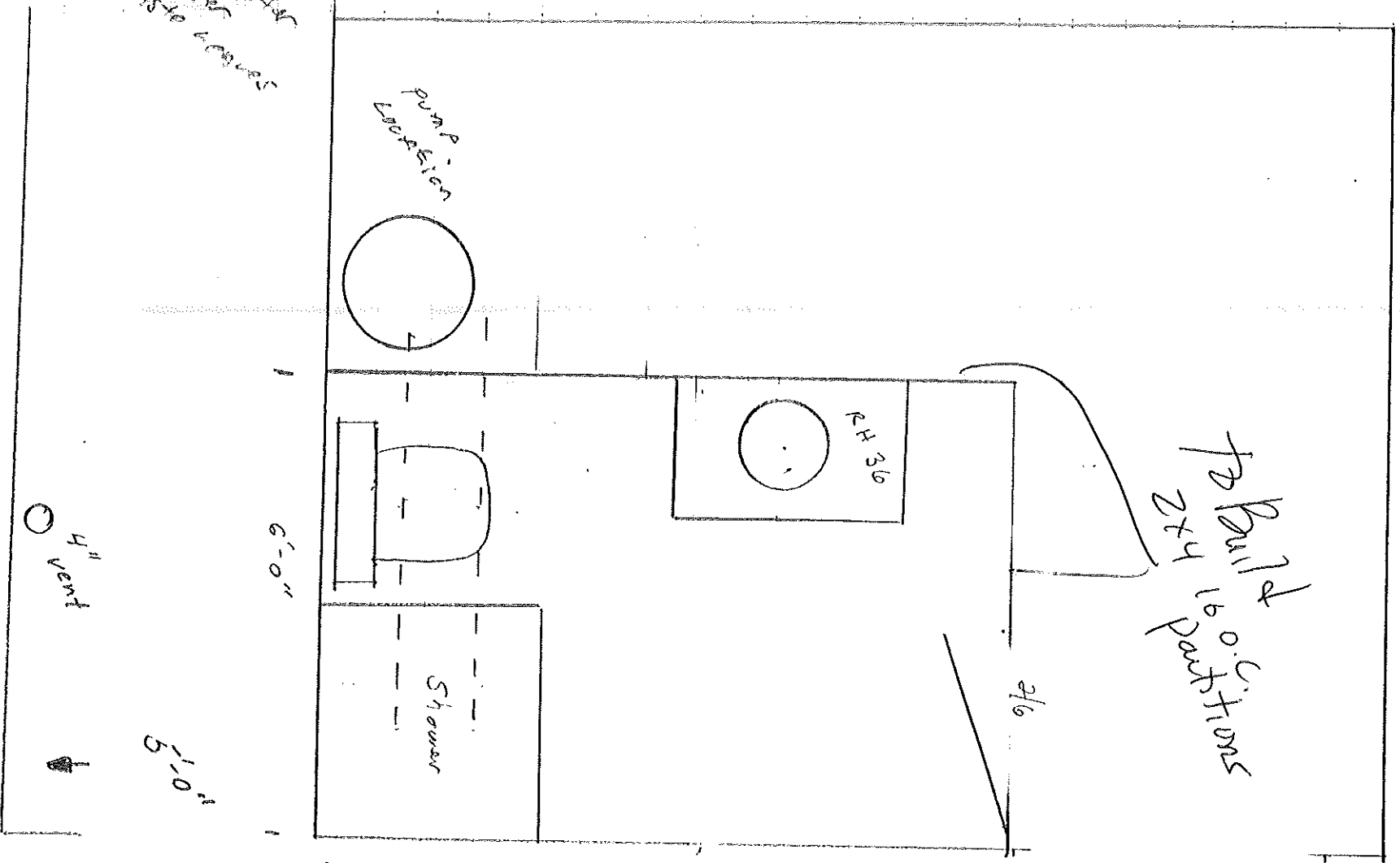
7/14/03

Basement Bathroom  
BS Well store or partition, we

14'-4"

9'-0"

Hot water  
Heater  
waste lines



Double doors

Family Room

36"x36" shower

Shower door

Fan + light

36" vanity

mirror

lights

tile floor

cut floor for pump

+ plumbing

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

PERMIT ISSUED

Permit Number: 031066

SEP 13 2003

Please Read Application And Notes, If Any, Attached

This is to certify that Winlers Mark H & /H T Winlers

has permission to Convert storage room into building room

CITY OF PORTLAND

AT 25 Wellstone

423 A005025

provided that the person or persons, firm or corporation accepting this permit shall comply with all the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification and work permit must be obtained or processed-in. If NOT REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

PENALTY FOR REMOVING THIS CARD

*Deanne Burke* 9/3/03  
Director - Building & Inspection Services

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or ~~874-8693~~ to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

DR Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. ~~Jay Reynolds, Development/Review Coordinator at 874-8692~~ must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

NA Footing/Building Location Inspection: Prior to pouring concrete

NA Re-Bar Schedule Inspection: Prior to pouring concrete

NA Foundation Inspection: Prior to placing ANY backfill

NA Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

NA Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: ~~There is a \$75.00 fee per~~ inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase. REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

NA CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Daveanna Queters Signature of applicant/designee Date 9/11/03  
Maure Banker Signature of Inspections Official Date 9/11/03

CBL: 423-A-5 Building Permit # D3-1066

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation: Parishad ME  
 Street: 555 Williams Dr  
 Subdivision Lot #: \_\_\_\_\_  
**PROPERTY OWNERS NAME**  
 Last: WATERS First: MARIE  
 Applicant Name: BOLROSCIOS P & H  
 Mailing Address of Owner/Applicant (If Different): PO BOX 395 DANFORTH ME 04903

### 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: 8-27-03

## PERMIT INFORMATION

**This Application is for:**

1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING

**Type of Structure To Be Served:**

1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING  
 4.  OTHER - SPECIFY \_\_\_\_\_

**Plumbing To Be Installed By:**

1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFGD. HOUSING DEALER/MECHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER  
 LICENSE # 027204

### Caution: Inspection Required

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

PORTLAND 6601  
 Date of Permit Issued: 8/27/03  
 Local Plumbing Inspector Signature: \_\_\_\_\_  
 L.P.I. # 02690  
 \$ 30.00 FEE Charged  
423-A-0055-1 2003-18305

Local Plumbing Inspector Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain	01	Shower (Separate)
		Urinal		Sink
		Drinking Fountain	01	Wash Basin
		Indirect Waste	01	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	01	Water Heater
		Fixtures (Subtotal) Column 2	04	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2	00	Fixtures (Subtotal) Column 2
		<b>Total Fixtures</b>		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixture Fee	
Transfer Fee	01
Hook-Up & Relocation Fee	
<b>Permit Fee (Total)</b>	<b>01</b>

CLX 7011 3-  
~~3-10-03 TOWN COPY~~  
 33  
 40