

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: 010561  
Issue Date: 2 5 2001  
CBL: 423 A006001

Location of Construction: 765 Ocean Ave  
Owner Name: *Madeleine Spaulding*  
Contractor Name: *408-7058*  
Business Name: *no contractor/self*  
Phone: *n/a*  
Owner Name: *Meghan Herguth*  
Contractor Name: *no contractor/self*  
Business Name: *no contractor/self*  
Phone: *n/a*

Lessee/Buyer's Name: *n/a*  
Permit Type: *Alterations - Dwellings*  
Zone: *R-3*

Past Use: *Single Family Two*  
Proposed Use: *Same: Build 3rd Floor Dormer 16' X 9'. Call Meghan Herguth at 671-9797 when ready.*

Permit Fee: \$54.00  
Cost of Work: \$5,000.00  
CEO District: 2

INSPECTION: *PERMIT ISSUED WITH REQUIREMENTS Type 53*  
Use Group: *PERMIT ISSUED WITH REQUIREMENTS Type 53*

Proposed Project Description: *Build 16' X 9' 3rd Floor Dormer*

Signature: *Len Markey*  
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  
Action:  Approved  Approved w/Conditions  Denied  
Date: *05/18/2001*

Permit Taken By: *cih*  
Date Applied For: *05/18/2001*  
Zoning Approval

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	Special Zone or Reviews <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"/> <i>ok w/ STAs can be done</i> Date: <i>05/18/01</i>	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
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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: \_\_\_\_\_

PERMIT ISSUED WITH REQUIREMENTS

# ELECTRICAL PERMIT

## City of Portland, Me.



*ROUGH-IN ONLY*

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 7/10/01  
 Permit # 1672  
 CBL# 423 A006

LOCATION: 765 Ocean Ave.

METER MAKE & #

CMP ACCOUNT # \_\_\_\_\_  
 TENANT \_\_\_\_\_

OWNER TODD MIRANDA  
 PHONE # 415-6503 (CELL)

OUTLETS	Receptacles	30	Switches	15	Smoke Detector	5	TOTAL EACH FEE
FIXTURES	Incandescent		Fluorescent		Strips		.20
SERVICES	Overhead		Underground		TTL AMPS	<800	15.00
	Overhead		Underground			>800	25.00
Temporarily 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						1.00
APPLIANCES	Ranges		Interior		Exterior		5.00
	Insta-Hot		Cook Tops		Wall Ovens		2.00
	Dryers		Water heaters		Fans		2.00
	Compactors		Disposals		Dishwasher		2.00
	Others (denote)		Spa		Washing Machine		2.00
MISC. (number of)	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
PANELS	Service		Remote				20.00
TRANSFORMER	0-25 Kva				Main		4.00
	25-200 Kva						5.00
	Over 200 Kva						8.00
	MINIMUM FEE/COMMERCIAL	45.00			TOTAL AMOUNT DUE		35.00
INSPECTION:	Will be ready _____				MINIMUM FEE	35.00	35.00
					or will call <input checked="" type="checkbox"/>		Late Fee 100.00

CONTRACTORS NAME MARC'S ELECTRIC MASTER LIC. # 16207  
 ADDRESS 527 BACKSTAP RD, FAL. LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 797-7722 pg-232-233

SIGNATURE OF CONTRACTOR Marc Gagne