

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: 03-0180	Issue Date: MAR 11 2003	CBL: 431 A018001
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Location of Construction: 11 Island St	Owner Name: Leland Douglas A &	Owner Address: 11 Island St CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: Burkhardt, Robert	Contractor Address: 74 Hawthorne Street Portland	Phone 2077738736
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-3

Past Use: single family	Proposed Use: single family - interior renovations	Permit Fee: \$93.00	Cost of Work: \$9,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: R-3 Type: SB <i>BOCA 99</i>	

Proposed Project Description: interior renovations	Signature:	Signature:
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:	Date:	

Permit Taken By: tm	Date Applied For: 03/11/2003	Zoning Approval	
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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 checked="" 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"/> Date: <i>[Signature]</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 Date:	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 Date:
	<i>Interior renovations only.</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

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.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

_____ **Footing/Building Location Inspection:** Prior to pouring concrete

_____ **Re-Bar Schedule Inspection:** Prior to pouring concrete

_____ **Foundation Inspection:** Prior to placing ANY backfill

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

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.**

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



Signature of applicant/designee

Date

3/11/03

Signature of Inspections Official

Date

CBL: 431-A-18 Building Permit #: 03-0180

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

Current Owner Information

Card Number 1 of 1
 Parcel ID 431 A018001
 Location 11 ISLAND ST
 Land Use SINGLE FAMILY

Owner Address LELAND DOUGLAS A & SALLY J LELAND TRUSTEES LELAND
 REVOCABLE LIVING T
 11 ISLAND ST
 PORTLAND ME 04103

Book/Page 18222/094
 Legal 431-A-18
 ISLAND ST 7-11
 4750 SF

Valuation Information

Land	Building	Total
\$36,330	\$66,470	\$102,800

Property Information

Year Built 1910	Style Old Style	Story Height 1.5	Sq. Ft. 1271	Total Acres 0.109		
Bedrooms 3	Full Baths 1	Half Baths	Total Rooms 6	Attic None	Basement Full	

Outbuildings

Type	Quantity	Year Built	Size	Grade	Condition
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Sales Information

Date	Type	Price	Book/Page
10/01/2002	LAND + BLDING	\$232,975	18222-94
07/03/2000	LAND + BLDING	\$200,000	15574-111

Picture and Sketch

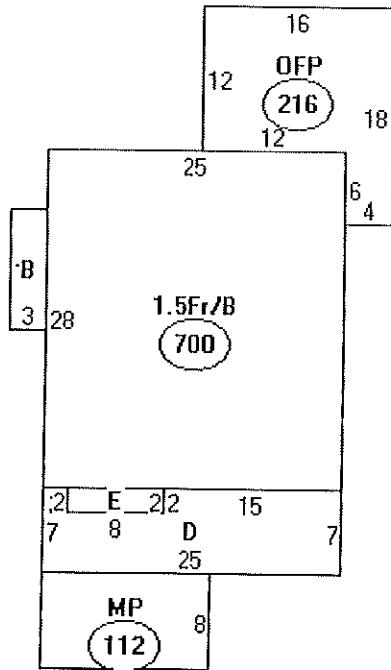
[Picture](#) [Sketch](#)

[Click here](#) to view Tax Roll Information.

Any information concerning tax payments should be directed to the Treasury office at 874-8490 or [e-mailed](#).

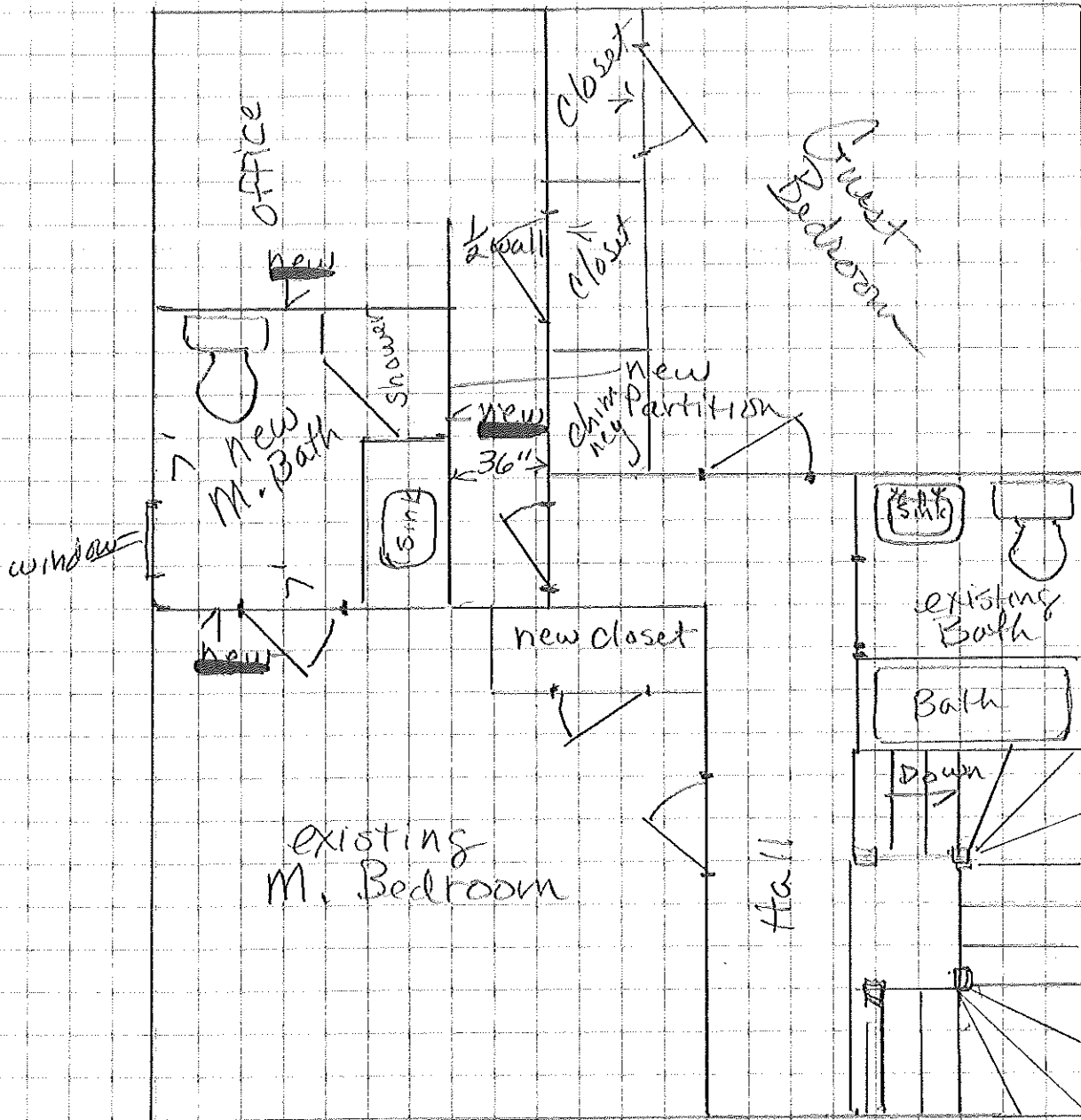
New Search!





- Descriptor/Area
- A: 1.5Fr/B
700 sqft
 - B: FBAY
30 sqft
 - C: OFF
216 sqft
 - D: OFF
159 sqft
 - E: FBAY
16 sqft
 - F: MP
112 sqft

9 Island Ave. Port. Me.
2nd Fl. of Main House
Doug Leland



2x4 Construction on Partitions
16" O.C. non Bearing walls

existing porch

window



Sink

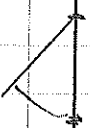
existing kitchen



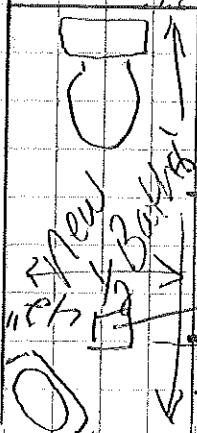
ext. De.

2x4 construction
1/2" o.c.
non-bearing

EXISTING ROOM
DINING ROOM



new



Fridge

new Partition Wall



vent

exhaust to outside

9 Island Ave
Port. Me.

Doug Heland

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>9 Island Isle ^{St Ave} Port</u>		
Total Square Footage of Proposed Structure <u>interior Renovation</u>	Square Footage of Lot <u>4,750</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>431</u> Block# <u>A</u> Lot# <u>018</u>	Owner: <u>Doug + Sally Leland</u>	Telephone: _____
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Robert Burkhardt</u> <u>74 Hawthorne St. Portland.</u> <u>773 8736</u>	Cost Of Work: \$ <u>9500</u> Fee: \$ <u>93</u>
Current use: <u>residence</u>		
If the location is currently vacant, what was prior use: <u>residence</u>		
Approximately how long has it been vacant: _____		
Proposed use: _____		
Project description: <u>add master Bath / add 1/2 bath off kitchen remodel</u> <u>Kitchen - misc.</u>		
Contractor's name, address & telephone: <u>Robert Burkhardt 74 Hawthorne St. Port.</u> <u>773 8736</u>		
Who should we contact when the permit is ready: <u>Robert Burkhardt</u>		
Mailing address: _____		
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: 773 8736		

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>Robert Burkhardt</u>	Date: <u>2/25/03</u>
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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

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Permit Number: 030180

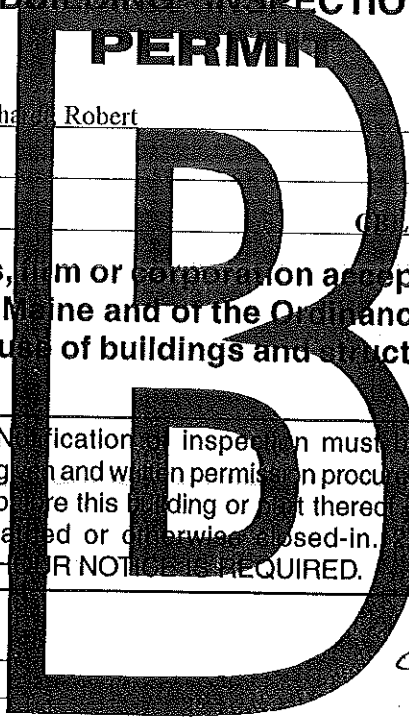
Please Read Application And Notes, If Any, Attached

This is to certify that Leland Douglas A & /Burkhardt Robert

has permission to interior renovations

AT 11 Island St City 431 A018001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of 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 inspection must be given and when permission procured before this building or part thereof is altered or otherwise closed-in. HOUR NOTICES REQUIRED.

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

OTHER REQUIRED APPROVALS
PERMIT ISSUED

Fire Dept. _____
Health Dept. _____
Appeal Board MAR 11 2003
Other _____

[Signature]
Director - Building & Inspection Services

Department Name
CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

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 4-3-03
 Permit # 2003-4284
 CBL# 431 A 018

LOCATION: 11 Island st METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Douglas A Leland
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	8	Receptacles	6	Switches	Smoke Detector	14	.20	2.80
FIXTURES	5	Incandescent		Fluorescent	Strips	5	.20	1.00
SERVICES		Overhead		Underground	TTL AMPS	<800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground	TTL AMPS		25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior	Exterior		5.00	
APPLIANCES		Ranges		Cook Tops	Wall Ovens		2.00	
		Insta-Hot		Water heaters	Fans		2.00	2.00
		Dryers	*	Disposals	Dishwasher		2.00	4.00
		Compactors		Spa	Washing Machine		2.00	
		Others (denote)					2.00	
MISC. (number of)		Air Cond/win					3.00	
		Air Cond/cent					10.00	
		HVAC		EMS	Pools		5.00	
		Signs			Thermostat		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	
							5.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
TOTAL AMOUNT DUE								
MINIMUM FEE/COMMERCIAL 45.00						MINIMUM FEE	35.00	35.00

CONTRACTORS NAME Peter L Doris MASTER LIC. # 04821
 ADDRESS 135 Bolton street LIMITED LIC. # _____
 TELEPHONE 225-0888

SIGNATURE OF CONTRACTOR _____
CL Doris White Copy - Office • Yellow Copy - Applicant

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: 9 School St. Street
 Street Subdivision Lot #: Portland Me. 04105

PROPERTY OWNERS NAME

Last: Leland First: Doug & Sally

Applicant Name: Carol Doyle

Mailing Address of Owner/Applicant (If Different): 44 Francis Pl.

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

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

2003 803

PERMIT Date Permit Issued: 02/26/03 0261 TOWN COPY \$ 78.00 Double Fee FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 369

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. MFG'D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # 8167

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
OR		Dental Cuspidor	1	Garbage Disposal
		Bidet	1	Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

OK 1640

TOWN COPY

76
10/88

76