Location of Construction:	4101 Tel: (207) 874-8703	3, Fax: (207) 874-87		7002 431 E017001
30 Windsor Ter	Cairns Rosem	ary Kannay	Owner Address: 30 Windson Ter	Phone:
Business Name:	Contractor Name		Contractor Address:	Λ
	M & M Build		16 Tenney Street Yarmouth	2078460774
Lessec/Buyer's Name	Phone:	Wantersonniss.	Permit Type:	Zone:
			Additions - Dwellings	R-3
Past Use:	Proposed Use:		Permit Fee: Cost of Work	: CEO District:
Single Family	Single Family		\$226.00 \$29,00	
				INSPECTION:
			T anied	Use Group: F 3 Type: 5/5
				Use Group: R-3 Type:575 BOLA 99
Proposed Project Description			1 // // // // /	
Construct 18' x 14' Famil	ly Room and 12' x 14' Bedroo	om/Bath	Signature:	Signature:
			PEDESTRIAN XCTIVITIES DIST	RICT (P.A.D.)
			Action: Approved Appr	oved w/Conditions Denied
			Signature:	Date:
Permit Taken By:	Date Applied For:		Zoning Approval	
gg	08/15/2002			
	ion does not preclude the	Special Zone or Revi	ews Zoning Appeal	Historic Preservation
Applicant(s) from m Federal Rules.	eeting applicable State and	Shoreland	☐ Variance	Not in District or Landman
Building permits do septic or electrical w	not include plumbing, ork.	☐ Wetland /	Miscellaneous	Does Not Require Review
within six (6) months	void if work is not started s of the date of issuance.	Good Zone	Conditional Use	Requires Review
permit and stop all w	y invalidate a building ork	Subdivision	☐ Interpretation	Approved
		Site Plan	☐ Approved	Approved w/Conditions
		Maj Mmor MM	Denied	Denied /
		Date: 9 1962	Date:	Date: 9/3/82
		(1		/ /
	÷	CERTIFICATI	OM	
hereby certify that I am th	ne owner of record of the nar		ne proposed work is authorized b	y the owner of record and that
nave been aumorized by i	the owner to make this application	cation as his authorized	I agent and I agree to conform to	all applicable laws of this
risaiction. In addition, H	a permit for work described	In the application is is	sued. I certify that the code office	ial's authorized representative
ch permit.	once an areas covered by sur	en permit at any reasor	nable hour to enforce the provisi	on of the code(s) applicable to
IGNATURE OF APPLICANT		ADDRESS	DATE	PHONE
ESPONSIBLE PERSON IN C	HARGE 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 a inspection procedure and additional fees from a Work Order Release" will be incurred if the probelow. Pre-construction Meeting: Must be sche receipt of this permit. Jay Reynolds, Development also be contacted at this time, before any site work single family additions or alterations.	a "Stop Work Order" and "Stop rocedure is not followed as stated eduled with your inspection team upon to Review Coordinator at 874-8632 must
Footing/Building Location Inspection:	Prior to pouring concrete
MA Re-Bar Schedule Inspection:	Prior to pouring concrete
MA Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use. N	to any occupancy of the structure or NOTE: There is a \$75.00 fee per tion at this point.
Certificate of Occupancy is not required for certain you if your project requires a Certificate of Occupatinspection If any of the inspections do not occur, the	ncy. All projects DO require a final
phase, REGARDLESS OF THE NOTICE OR C	IRCUMSTANCES.
CERIFICATE OF OCCUPANICES MUST BEFORE THE SPACE MAY BE OCCUPIED	
12/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	9-13-02 Date /13/02
Signature of applicant/designee	Date /13/62
Signature of Inspections Official	Date
CBL: 43 (-E-17 Building Permit #: 02-09	927

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

rne City, payment arrangements	must be ma	de before permits of a	ny kind a	re accepted.
Location/Address of Construction: 30	WINDS	or terrace	Portl	AND ME
Total Square Footage of Proposed Structu 840 SqF+		Square Footage of L	nergent plane granning and an allower and an	24 035
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 431 と - 01フ・001	Owner: ROSEMA	1.10.		Telephone: 774 · /93/
Lessee/Buyer's Name (If Applicable)	telephone:	name, address & ARY CAIRNS INDSORTEN LAWOME	Cos	st Of 19400 (rk: \$ 9960)
Current use:			entransia en la companya en la comp	7,000
If the location is currently vacant, what wo	xs prior use: _	_sipeyand		
Approximately how long has it been vaca				
Proposed use: 1400 14 (o Project description: 04 18 × 1		Residen	ey ba	th shedio
Contractor's name, address & telephone:	Mon	M Bulpers - Ney St YA	BOB N	ARCOUX The MC
Who should we contact when the permit is Malling address: Port Aru o We will contact you by phone when the permit is eview the requirements before starting and a \$100.00 fee if any work starts before	s ready:(C Sor +er M & ermit is ready v work with a	OWNER OW	nd plck u p work or	call
THE REQUIRED INFORMATION IS NOT INCLUENIED AT THE DISCRETION OF THE BUILDING/FORMATION IN ORDER TO APROVE THIS PER	PLANNING D	JBMISSIONS THE PERMI EPARTMENT, WE MAY R	T WILL BE A	AUTOMATICALLY DDITIONAL
ereby certify that I am the Owner of record of the narve been authorized by the owner to make this applic saliction. In addition, if a permit for work described in the law the authority to enter all areas covered by the permit.	this conline the - !	aumonzea agenr, i agree ro	o contorm to	all applicable laws of this

Signature of applicant. Denucy OF RULLING MEPECTION Date: This is NOT a permit, you may not commence ANY work until the permit is If you are in a Historic District you may be subject to additional permitting and Planning Department on the 4th floor of City Hall

CreatedBy 99		09/13/2002	09/10/2002		09/05/2002	Comment Date	C8t 431 E01700	Status Open	Permit Nbr 02-0927	Pmt	Delete
CreateDate 0	Name Itmm	Name Imm rec'd all of the above info - ok to issue	Spoke w/builder regarding the hold this for more than a week	Name Imm	Need more info - need to kno	Comment	Ol Territory Nbr	Permit Type	Location of Construction	Text93 43908	Schedule Add Eind
08/16/2002 ModBy Itnm	Follow Up Date	Follow Up Date to issue.	Spoke w/builder regarding the above - he told me he would submit info and I told him hold this for more than a week.	Name Imm Follow Up Date	Need more info - need to know beam size, headers, landing size, egress windows, use,		2 Estimated Cost \$	Additions - Dwellings	30 Windsor Ter	Constr Type	ind Images Erint Permit
ModDate	6		submit info and I told		size, egress windows,	Add Delet	\$29,000.00 Date	<u>2</u>	A	e New Num1	Print C of O Pri
09/13/2002	Completed	Completed	him we could not	Completed	use, and handrails	Save	Date Closed		Appl. Date 08/15/2002	n! 20927	Print Insp Taxes Due Close

Pronx of the state Existing

Story

Story 16 x 50 7. CAIRNS Lotzo

TAMMY MUNDSOL

COPE ENDOJCEMENT

1. CLIRLS RESIDENCE

3 WILDSON TEAR.

2. HEADER SIZE

2x8

DOORS WILL DOWS

3, LLOING

3'0x 3'0

4

THEO PLIL ON EXT. WALL - STRIP WELL IS
ELCOSED, HALD ALIL AT 32" FROM POINT

5 BEAM IS
BOLTED

2 - 2×10 micro LLus TAPAUGIL

FEARSS WINDOW ON JUD FLOW FRONT ELEVATION IND FLOOR ROOM IS OPEN FRONT TO BLCK

6

Close			uc.			J. Barriera and S. Salanda and S. Sa	
Application ID Number: 2-0927 Delete Save Closs Department: Zoning Status: Approved with Conditions Reviewer Tammy Munson	Comments: Approval: Date 09/13/2002 Given On bate 08/23/2002	✓ OK to Issue Permit Name Tammy Munson Pate 09/13/2002 Pate 2	Conditions Section: 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.	Greate Date: 08/16/2002 By 99 Update Date: 09/13/2002 By Imm

Delete Save Close	Reviewer Tammy Munson Approval Date 09/13/2002	Given On Date 08/23/2002 Date 09/13/2002 Date 2	Add New Condition Delete Condition	09/13/2002 By Imm	
2-0927	Status: Approved with Conditions	Name Tammy Munson B	Conditions Section: Add New Condition Frem Design spec's on laminate beams MUST be submitted to this office	O8/16/2002 By gg Update Date:	
Application ID Number:	Department: Building Comments:		Conditions Section: Design spec's on laminate bear	Create Date: 08/16/20	

.

Tami Munson

Portland Code Enforcement For: Cairns Residence 30 Windsor Terrace

Tami

Oct, 2005

The attached quoted from Structures is the only diversion from approved plans that will be made. Please give me a call if any further information or documentation is required.

Thank you

loei

Joel R York Designs In Time 846/1666

> Contact: Joel York 846-1666 ryork2@maine.rr.com

	ALOND ISM	DIE.				
Box 347 Alfred Road Business Park		MEYA00	JOB NAME:	JOEL YORK	arone#	433096
Bidactori, M. Canto			SHIP TO:		QUOTE DATE: 10/14/2005	10/14/2005
STRUCTURES OUT-OF-SMICE 800-341-9612	YARMOUTH, ME04096	(E04096	30 Windsor Terace Joel 846-1666		.	
The state of the s	DAVID COHEN		PORTLAND, ME	45	96	-
PREPARED BY: CHECKED BY:	CUSTOMER PO#	PRICE PROJECTED				
DATE ORDERED: ORDER TAKEN	DELIVERY DATE:	10/21/2005				
				**		
ROOF TRUSS DESIGNED PER	PER BOCA/ANSI96	96 CODE				
PROFILE LABL CITY OVRALL NET	T PITCH IN TOP BOT	TYPE OVERHANG LEFT RIGHT	C LOADING CANTILEVER	SPC	BRG SIZE	UNIT TOTAL PRICE
001 15 18-00-00 18-00-00	5	SCISSO 01-00-00 01-00-00 P	50-10-0-10 00-00-00 00-00-00	24	00-H-08 00-H-08 90-H-08 00-H-08	
			ROOF	OF TRUSS SUB	SUB-TOTAL:	-
GO NOTES TO COSTOMER:		PLAN DATE:		ans	SUB-TOTAL	
		SPECIAL INSTRUCTIONS FOR DESIGN: 8" Heals Reg'd	FOR DESIGN:	DISC	DISCOUNTS	
				GRAND TOTAL	TOTAL	
TRUSS SYMBOLS CONCEPTUAL ONLY NOT FOR DESIGN	ES* MAXIMUM UNLO	ADING TIME IS 1 HOUR	WE"VE GOT "UNBEATABLE" MFG. LEAD TIMES. 3 DAY STOCK, 5 DAY QUICK QUOTE, 10 DAY CUSTOM!!! TAKE	"UNBEATABLE" MFG. LEAD TIMES. Y QUICK QUOTE, 10 DAY CUSTOM!	IFG. LEAD TO 10 DAY CUS	TOMIII TAKE
				US WE LOVE	7	

10/14/2005 2:37 PAGE 2/2 RightFAX

XATJABLĄ

Form # P 04 DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK Y OF PORTLAND Please Read Application And NOITZEER Notes, if Any, PERMIT Attached Permit Number: 020927 Cairns Rosemary Kenney/M This is to certify that_ И Build Construct 18' x 14' Family R and 12 has permission to 4' Bed m/Bath AT 30 Windsor Ter 431 E017001 provided that the person or persons, m or corporation accepting this permit shall comply with all of the provisions of the Statutes of M ne and of the dinances of the City of Portland regulating the construction, maintenance and u of buildings and structures, and of the application on file in this department. ication inspec n must Apply to Public Works for street line gi and wr n permis n procu A certificate of occupancy must be and grade if nature of work requires be e this t dina cr t thereo procured by owner before this buildsuch information. d or d nosed-in. ing or part thereof is occupied.

OTHER REQUIRED PROVIES ISSUED Fire Dept. Health Dept. SEP 1: 3 2002 Appeal Board _ Other _

☑ FOR REMOVING THIS CARD

Director - Building & Inspection Services

R NOTICE IS REQUIRED.

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.

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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" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take pla	ice upon receipt of your building permit.
Y Footing/Building Location Inspec	
Re-Bar Schedule Inspection:	Prior to pouring concrete
Y Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electr	ical: 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.
huse, ALGARDLESS OF THE NOTICE	Cocupancy. All projects DO require a final cur, the project cannot go on to the next COR CIRCUMSTANCES. ES MUST BE ISSUED AND PAID FOR, PIED Date Date Date
'	



Good. Solid. Logix.™

Code Enforcement Div. City of Portland Attn: Mike Nugent

August 29, 2005

Re: Cairns Residence

Dear Mr. Nugent;

We have reviewed the construction drawings for the Cairns residence prepared by Joel York of Designs in Time. After reviewing these plans we find the Insulated Concrete Form construction details to be consistent with those conveyed in the Logix Product Manual with the exception of two as seen below.

- 1. deck attachment should show cast in place anchor bolts as apposed to ramset fasteners.
- 2. the footings should be dimensioned to meet local codes.

Make the above changes and follow the installation procedures outlined in our install guide to ensure a quality Logix project.

If there are any questions please contact Bill Gaines (506)476-5649

Yours truly,

Bill Gaines Terr. Manager/Tech Support Logix Yours truly,

BILL GAINES
Territory Manager/tech support
Logix ICF



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BILL GAINES
Territory Manager/tech support
Logix ICF

City of Doubland 34	to a The FEED		PER	WIT ISSUE	.05	
City of Portland, Ma 389 Congress Street, 04	ine - Building or Use 101 Tel: (207) 874-870	e Permit Applicatio 3. Fax: (207) 874-875	n Permit No: 1	Issue Date:	CBL: 431 E01	17-18-1
Location of Construction:	Owner Name:	5,1 ax. (201) 614-61	Owner Address:	The state of the s		1/001
30 Windsor Ter	Cairns Rosen	nary Kenney	Tarana Caranasa	The state of the s	Phone:	
Business Name:	Contractor Nam		Contractor Address:	FPORTL	AND71-1931	THE STATE OF THE S
	M & M Build		16 Tenney Street Yar	rmouth	Phone	
Lessee/Buyer's Name	Phone:		Permit Type:	moutu	20784607	
			Additions - Dwelling	70		Zone:
Past Use:	Proposed Use:					R-3
Single Family	Single Family		1 1	st of Work:	CEO District:	
y	Onigie Paintry	•	\$226.00	\$29,000.00	2	
				proved INSPEC	CTION:	
	1		'/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nied Use Gro	oup: K-3	Type:575
			<i> </i>	1	2011	aa
Proposed Project Description:		·		}	Dup: R-3 BOCA	//
Construct 18' x 14' Family	Room and 12' x 14' Redro	om/Rath	U V	1	am	
	MAC IN A ST DOGIO	III D UIII	Signature: PEDESTRIAN ACTIVIT	Signatur	re:	
			PEDESTRIAN ACTIVIT	ies district (P	'.A.D.)	
			Action: Approved	Approved w/6	Conditions 🔲 I	Denied
			Signature:		Date:	
ermit Taken By:	Date Applied For:	T	<u> </u>		Date:	······
gg	08/15/2002		Zoning Ap	proval		
1. This permit application	does not preclude the	Special Zone or Revie	ws Zoning A	peal	Historic Preser	vation
Applicant(s) from meet Federal Rules.	ting applicable State and	Shoreland	☐ Variance	1	Not in District	or Landmark
 Building permits do no septic or electrical work 	t include plumbing, k.	☐ Wetland	☐ Miscellaneou	s (Does Not Requ	ire Review
Building permits are vowithin six (6) months o	f the date of issuance.	Good You	Conditional L	Jse [Requires Revie	w
False information may permit and stop all wor		Subdivision	[] Interpretation	[Approved	
		Site Plan	Approved	[Approved w/Co	onditions
		Maj ☐ Mnor ☐ MM	Denied	[_ Denied	1
		Date: 9 13/62	Date:	Dat	. 9/13/8	2
					TT	
		•			,	
1		CERTIFICATIO				
ereby certify that I am the ave been authorized by the isdiction. In addition, if a all have the authority to enter permit.	permit for work described	cation as his authorized Lin the application is iss	agent and I agree to con	nform to all app	licable laws of	this
•						
GNATURE OF APPLICANT		ADDRESS		DATE	PHONE	;
				_ * * * * * * * * * * * * * * * * * * *	1110110	'

DATE

PHONB

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read

Application And Notes, If Any, Attached		e <u>. </u>	RMIN		Permit Number: 020927
This is to certify that	Cairns Rosemary Ke Construct 18' x 14' Fe		Bed m/Bath		
AT 30 Windsor Ter	· · · · · · · · · · · · · · · · · · ·			431 E01	7001
provided that the of the provision the construction this department	s of the Statute n, maintenance	s of None and o	f the anci	ting this	s permit shall comply with a e City of Portland regulatin d of the application on file
Apply to Public Wo and grade if nature such information.		gi and wr n b e this t ti la d or c	nspec must permis n procu ng or i thereo closed-in. IS REQUIRED.] p	certificate of occupancy must be recured by owner before this building or part thereof is occupied.
Health DeptAppeal Board	SEP 1:3 20		MOVING THIS C	Ard CARD	Director - Bluiding & 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:

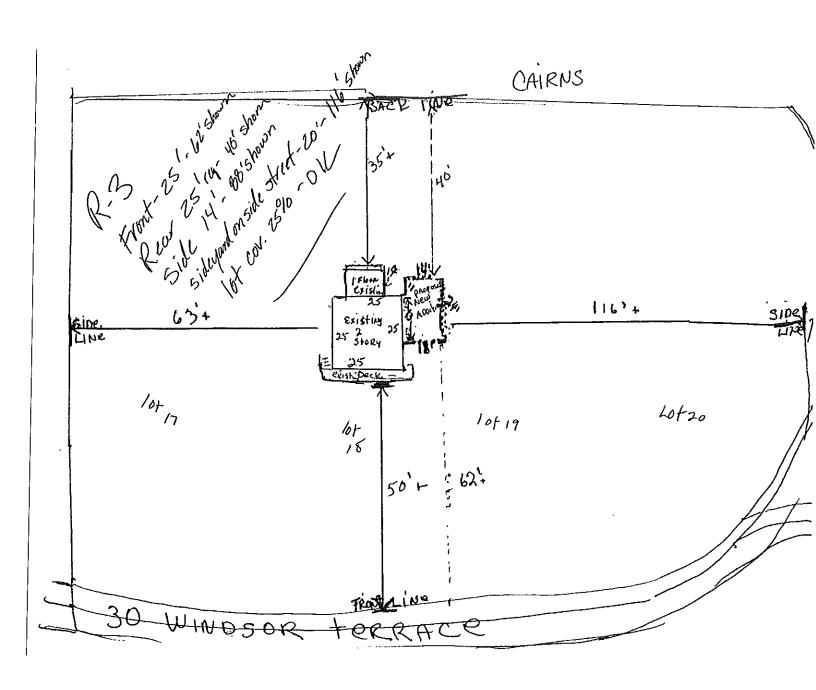
By initializing at each inspection time, you inspection procedure and additional fees for Work Order Release" will be incurred if the below.	om a "Stop Work Order" and "Ston
	scheduled with your inspection team upor oment Review Coordinator at 874-8632 mu work begins on any project other than
Footing/Building Location Inspection	on: Prior to pouring concrete
Re-Bar Schedule Inspection:	Prior to pouring concrete
Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrica	d: Prior to any insulating or drywalling
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Certificate of Occupancy is not required for ce you if your project requires a Certificate of Oc inspection	rtain projects. Your inspector can advise cupancy. All projects DO require a final
If any of the inspections do not occur phase, REGARDLESS OF THE NOTICE O	r, the project cannot go on to the next OR CIRCUMSTANCES.
CERIFICATE OF OCCUPANICES BEFORE THE SPACE MAY BE OCCUPIE	MUST BE ISSUED AND PAID FOR,
Hord la	9-13-02
Signature of applicant/designee	9-13-02 Date /13/62
Signature of Inspections Official	Date
CBL: <u>431-E-17</u> Building Permit #: <u>02</u>	2-0927

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.

Localian (A. L.)	musi pe ma	de before	permits of o	any kind	are acc	cepted.
Location/Address of Construction: 30	WINDS	sor te	RRACE	Por	HANG	ME
Total Square Footage of Proposed Structu 840 Sq F+	ire		optage of I		_	24,035
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 431 & -017:001	Owner:	rey X	10		Telep	<u>sa F+</u> hone: 4 .1931
Lessee/Buyer's Name (If Applicable)	Applicant r telephone: Rosen	name, add	ress &	\(\text{V}	Cost Of Ork: \$	29,000
Current use:	Port	-bano	ME	Fe	9e: \$	2760
If the location is currently vacant, what was	prior use:	_si de	yard	!		
Approximately how long has it been vacan						
Proposed use: Project description: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	m + 1 Jewi ready:	MACE DEY S WHER PACE O 410 You must Plan Revise blocked up.	3 come in ar ewer. A sto PHONE:	BOB A RMo	up the porder will	ermit and be issued
NFORMATION IN ORDER TO APROVE THIS PERM nereby certify that I am the Owner of record of the name are been authorized by the owner to make this applicati isdiction. In addition, if a permit for work described in this all have the authority to enter all areas covered by this parmit.	ill. ad property, or to ion as his/her a	hat the owne	or of record au	thorizes th	e propose	NAL d work and that I
Ignature of applicant. Demucy	Paul	10 1 1	Date:	DEPT OF	RUIL MNG	Menerorous
This is NOT a permit, you may not co you are in a Historic District you may b Planning Departme	commence be subject ent on the	ANY wo	ork until t	Ppe	H PORTE	TORTO, ME

Detelo	Schedule Add	Hind Imogres Print Permit	Pint Coto Pinj Insp	loxes Que Close
Prmt		908 Const Type	New Palumi	20927
Permit Nbr. 02-0927	tocation of Constructs		Appl. Pale	08/15/2002
	Permit)	trends	A. Issue Dote	09/13/2002
20170		2 Innued Cost	29,000.00	
Comment Cole	Comment		Add Dela Sov	
se a 09/05/2002	Need more info - need to size Left messsage w/ov	know beam stze, headers, landing s mer to have builder cail to discuss th	ize, egress windows, use, and l	nandrails
	Name tmm	Follow Up Date	Completed	
09/10/2002	Spoke w/bullder regarding hold this for more than a v	g the above - he told me he would s	submit info and I told him we c	ould not
	noid this for thore than a /	week.		
	Name imm	Follow Up Date	Completed	
09/13/2002	rec'd all of the above info	- ok to issue.		
	Name Imm	Follow Up Daile ==	Completed	
Createdby gg	CreoteDale	08/16/2002 ModBy tmm	ModPole 09/	3/2002



THAMY MUNSON

CODE ENDOYCEMENT

1. CHIRLS RESIDENCE 3 WINDSOR TEAR.

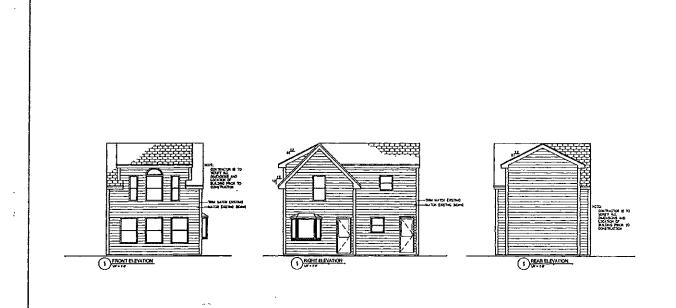
2. HELDEN SIZE 2X8 DOORS
2X8 WINDOWS

3, 64016 3'0x3'0

4 HLAD PLIL ON EXT. WALE - STRIP WELL IS
ELCOSED, HAND PLIL AT 32" FROM POINT

BEAM IS 2 - 2×10 MICRO LAWS THRUCK

G FEMISS WINDOW ON JUD FLOWN FRONT BLEUKTION IN PROPERTY TO BLEK

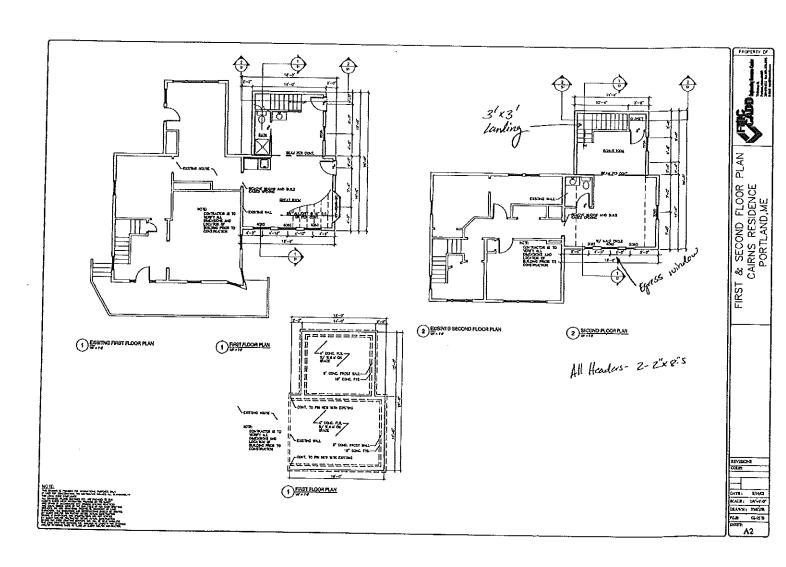


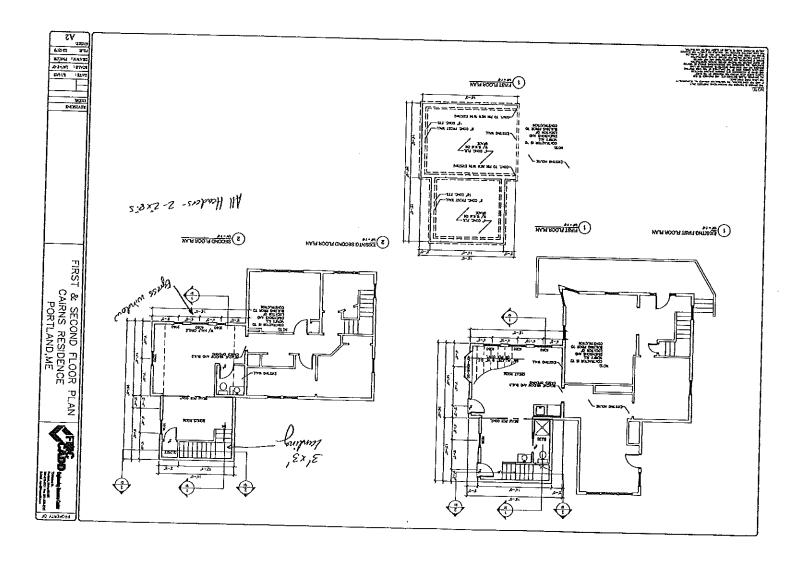
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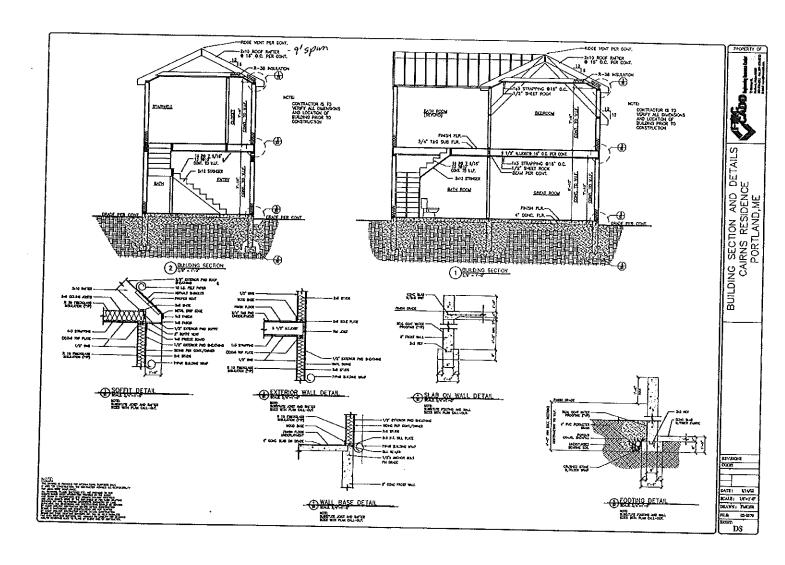
EXTERIOR ELEVATIONS CAIRNS RESIDENCE PORTLAND,ME

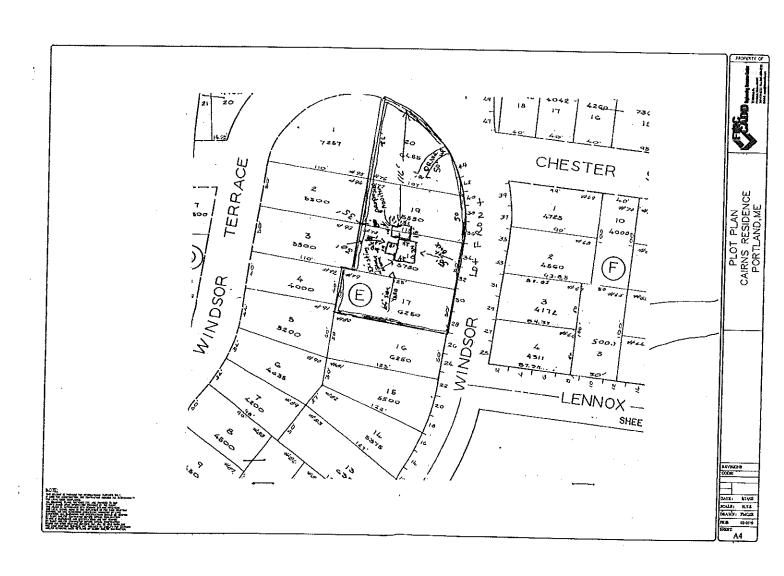
REVERSE CODE

MATE: \$4402 SCALE: LIVELED DRAWN: PALCEE FEE: QCCN SCENE A1





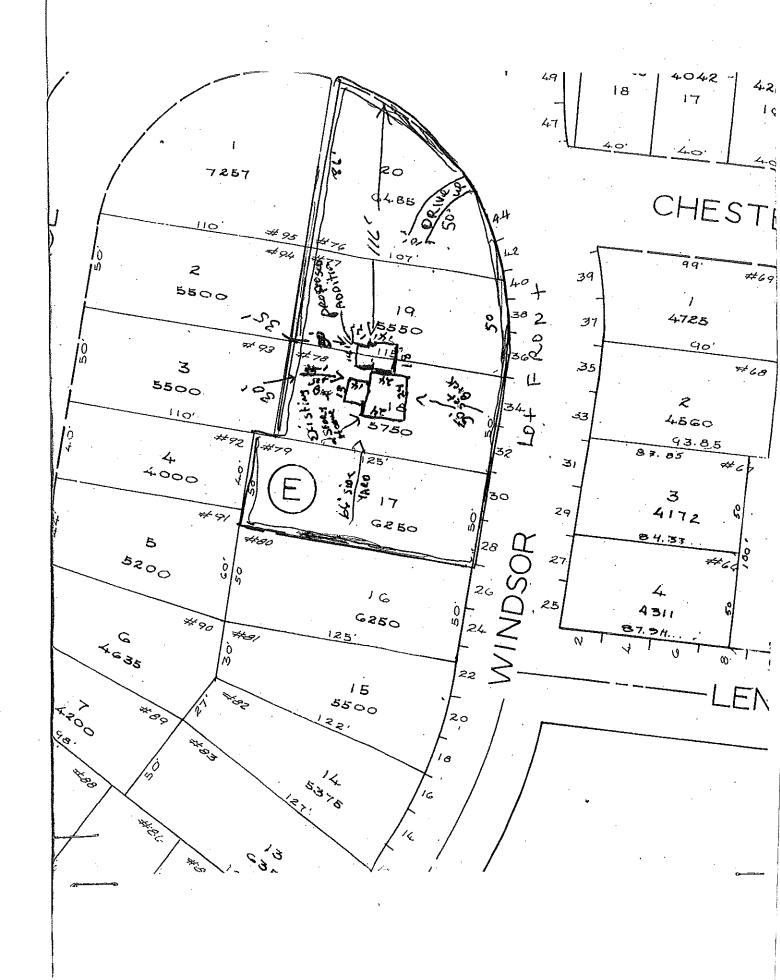




Tami Munson

Portland Code Enforcement

Contact: Joel York 846-1666 ryork2@maine.rr.com



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Foundation Inspection:	Prior to placing ANY backfill
Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
use. 1	to any occupancy of the structure or NOTE: There is a \$75.00 fee per otion at this point.
Certificate of Occupancy is not required for certain you if your project requires a Certificate of Occupations do not occur, the phase, REGARDLESS OF THE NOTICE OR C	e project cannot go on to the next
Signature of Inspections Official CBLO 5 1 32 Building Permit #:	JST BE ISSUED AND PAID FOR; Date Date 131 £ 01

PLUMBING APP				Department of Health and Human Se Division of Environmental Health
Town or Plantation Street Subdivision Lot # PROPERTY OWNE	My Jew.	PORTLAND Date 1 2	PERM	1 7 30 00 50
Mailing Address of Owner/Applicant (If Different) Owner/Applicant Owner/Applicant	Statement	Perpit J J J J J J J J J J J J J J J J J J J	E O	L.P.I. # O 7 9 FEE Charged
I certify that the information submitted is knowledge and understand that any falsit Plumbing Inspectors to deny a Permit.	ication is reason for the Local	I have inspected th compliance with th	e installation aut	horized shove and found it to be to
Signature of Owner/Applican	t Dale	Local Plumbing I	nspector Signatu	re Date Appro
	PERMIT	INFORMATION		
2. RELOCATED PLUMBING 3. D	Type of Structure SINGLE FAMILY DWELL DESCRIPTION MULTIPLE FAMILY DWEL OTHER – SPECIFY	ING DBILE HOME	1.	mbing To Be Installed By: TER PLUMBER BURNERMAN D. HOUSING DEALER/MECHANI LIC UTILITY EMPLOYEE PERTY OWNER
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Alvert	Column 2	LICENS	E# 0, 7, 8, 3, 4
HOOK-UP: to public sewer in those cases where the connois not regulated and inspecte the local Sanitary District.	dby I I	Type of Fixture sebibb / Sillcock	Number	Type of Fixture Bathtub (and Shower)
OR		Floor Drain Urinal		Shower (Separate)
HOOK-UP: to an existing sub		Drinking Fountain		Sink
wastewater disposal system.		Indirect Waste		Wash Basin
PIPING RELOCATION: of sai lines, drains, and piping withonew fixtures.	nitary	r Treatment Softener, Filter, etc.	2	Water Closet (Toilet) Clothes Washer
		ase / Oil Separator	1 1	Dish Washer
	Roof	Drain ,		Garbage Disposal
OR	Bide			Laundry Tub
TRANSFER F	Othe	r:		Water Heater
[\$6.00]	FI	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SE	E PERMIT FEE SCHEI FOR CALCULATING F	DULE EE		Fixtures (Subtotal) Column 2 Total Fixtures Fixture Fee
Page 1 of 1 HHE-211 Rev. 08/05	, T-	OWN COPY /42	Ja .	Transfer Fee Hook-Up & Relocation Fee Permit Fee (Total)

TELEPHONE __

SIGNATURE OF CONTRACTOR

White doby - Office

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 Mcu	11100
Permit # OCe	4410
CBL# <u>~131</u>	E 017

ENANT				PHONE:	(1) #	E&#_ OSEMARY C, S&3-6630</th><th>TIRNS</th></tr><tr><th></th><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th></th><th>·</th><th></th><th>~~A1 P4.A1</th></tr><tr><th>OUTLETS</th><th>26</th><th>Receptacles</th><th>12</th><th>Switches</th><th># 2</th><th>Smoke Detector</th><th>DTAL EACH FEI</th></tr><tr><td>FIVTUDEA</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td>- -20 -</td></tr><tr><td>FIXTURES</td><td>18</td><td>Incandescent</td><td>2</td><td>Fluorescent</td><td>1</td><td>Strips</td><td>.20</td></tr><tr><td>SERVICES</td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>SERVICES</td><td><u> </u></td><td>Overhead</td><td></td><td>Underground</td><td></td><td>TTL AMPS <800</td><td>15.00</td></tr><tr><td></td><td></td><td>Overhead</td><td></td><td>Underground</td><td></td><td>>800</td><td>25.00</td></tr><tr><td>Temporary Service</td><td> </td><td>Output -</td><td>1_</td><td></td><td></td><td></td><td></td></tr><tr><td>Temporary Service</td><td>-</td><td>Overhead</td><td></td><td>Underground</td><td></td><td>TTL AMPS</td><td>25.00</td></tr><tr><td>METERS</td><td>┼</td><td>(number of)</td><td><u> </u></td><td></td><td></td><td></td><td>25.00</td></tr><tr><td>MOTORS</td><td>+ -</td><td>(number of)</td><td><u> </u></td><td></td><td></td><td></td><td>1.00</td></tr><tr><td>RESID/COM</td><td>+-</td><td>Electric units</td><td><u> </u></td><td></td><td></td><td></td><td>2.00</td></tr><tr><td>HEATING</td><td>-</td><td>oil/gas units</td><td><u> </u></td><td></td><td></td><td></td><td>1.00</td></tr><tr><td>APPLIANCES</td><td>-</td><td>Ranges</td><td><u> </u></td><td>Interior</td><td></td><td>Exterior</td><td>5.00</td></tr><tr><td></td><td></td><td>Insta-Hot</td><td></td><td>Cook Tops</td><td></td><td>Wall Ovens</td><td>2.00</td></tr><tr><td></td><td>+</td><td>Dryers</td><td></td><td>Water heaters</td><td><u> </u></td><td>Fans</td><td>2.00</td></tr><tr><td></td><td>1</td><td>Compactors</td><td></td><td>Disposals</td><td></td><td>Dishwasher</td><td>2.00</td></tr><tr><td></td><td></td><td>Others (denote)</td><td></td><td>Spa</td><td>1</td><td>Washing Machine</td><td>2.00</td></tr><tr><td>AISC. (number of)</td><td></td><td>Air Cond/win</td><td></td><td></td><td></td><td></td><td>2.00</td></tr><tr><td></td><td></td><td>Air Cond/cent</td><td></td><td></td><td>i</td><td></td><td>3.00</td></tr><tr><td></td><td></td><td>HVAC</td><td></td><td>EMS</td><td></td><td>Pools</td><td>10.00</td></tr><tr><td></td><td></td><td>Signs</td><td></td><td>LIVIO</td><td></td><td>Thermostat</td><td>5.00</td></tr><tr><td></td><td></td><td>Alarms/res</td><td>- </td><td></td><td></td><td></td><td>10.00</td></tr><tr><td></td><td></td><td>Alarms/com</td><td></td><td></td><td></td><td>Marie Commencer comment to the local</td><td>5.00</td></tr><tr><td></td><td></td><td>Heavy Duty(CRKT)</td><td></td><td></td><td></td><td>DEPT. OF BUILD</td><td>15.00 15.00 15.00 100 100 100 100 100 100 100</td></tr><tr><td></td><td></td><td>Circus/Carny</td><td>-+</td><td></td><td></td><td>CITY OF POI</td><td>371 4NF, OD VON</td></tr><tr><td></td><td></td><td>Alterations</td><td>-+</td><td></td><td></td><td></td><td>25:00</td></tr><tr><td></td><td></td><td>Fire Repairs</td><td></td><td></td><td></td><td>MAY 1</td><td>3.00 </td></tr><tr><td></td><td></td><td>E Lights</td><td></td><td></td><td>- +</td><td></td><td>05000</td></tr><tr><td></td><td></td><td>E Generators</td><td>-</td><td></td><td></td><td>TO SE</td><td>1.00</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>-+</td><td></td><td>V-20.00J</td></tr><tr><td>ANELS</td><td></td><td>Service</td><td>1</td><td>Remote</td><td>-+</td><td>Main</td><td>20-a-l</td></tr><tr><td>RANSFORMER</td><td></td><td>0-25 Kva</td><td>-</td><td></td><td>-+</td><td></td><td>5.00</td></tr><tr><td rowspan=2></td><td></td><td>25-200 Kva</td><td>_</td><td></td><td></td><td></td><td>8.00</td></tr><tr><td></td><td>Over 200 Kva</td><td></td><td></td><td>- +</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>-</td><td>TOTAL AMOUNT DUE</td><td>10.00</td></tr><tr><td></td><td></td><td>MINIMUM FEE/COM</td><td>MEF</td><td>RCIAL 45.00</td><td></td><td>MINIMUM FEE 35.0</td><td>$\frac{1}{2}$</td></tr></tbody></table>
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LIMITED LIC. #

Yellow Copy - Applicant