

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: 020188	Issue Date: 11/11/01	CBL: 406 C033001
----------------------	-------------------------	---------------------

Location of Construction: 267 Ray St	Owner Name: Cyr Deborah	Owner Address: 267 Ray St	Phone: 2077977706
Business Name: n/a	Contractor Name: Mackenzie, Stephen	Contractor Address: 74 Gertrude Ave Portland	Phone: 2077977706
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Single Family	Proposed Use: Single Family / Install a Wiel McLain direct vent, gas tank heating system	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install Heating System		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>Heating</i> Type:	
		Signature:	Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 03/04/2002	Zoning Approval	
-------------------------------	--	------------------------	--

<ol style="list-style-type: none"> 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 <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: _____	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 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: _____
--	---	---	--

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.

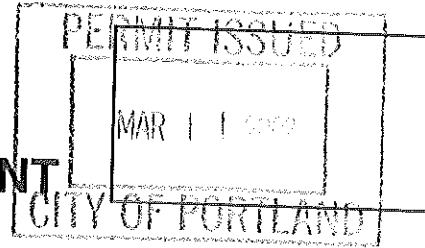
 SIGNATURE OF APPLICANT ADDRESS DATE PHONE

 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



406 C 033

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 267 RAY ST Use of Building Home Date 3/4/2002
Name and address of owner of appliance Jim & Debra Cyr 267 RAY ST.

Installer's name and address Steve Mackenzie 74 Gertrude Ave. Portland, ME
Telephone 2977706

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Wiel/ McLain

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PN T 1542
- Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type Scaled combustion U.L.# _____

Type of Fuel Tank

- Oil
- Gas

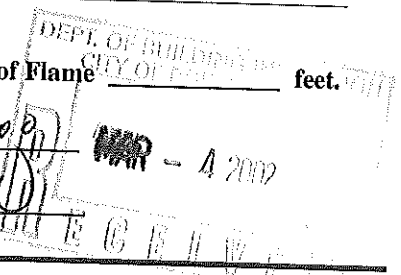
Size of Tank _____

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost of Work: \$ 4,000.00

Permit Fee: \$ 30.00



Approved

Fire: _____
Ele.: _____
Bldg.: _____

Approved with Conditions

- See attached letter or requirement

Signature of Installer [Signature]

Inspector's Signature _____

Date Approved _____

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 2/7/02
 Permit # 20074103
 CBL# 406 C033

LOCATION: 207 Ray St Portland METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Deb Cyr
 TENANT Deb Cyr PHONE # 207-797-4726

TOTAL EACH FEE

Category	Sub-category	Quantity	Unit Price	Total
OUTLETS	Receptacles	5	.20	1.00
	Switches	3	.20	0.60
	Smoke Detector		.20	0.20
FIXTURES	Incandescent			
	Fluorescent	1	.20	0.20
	Strips			
SERVICES	Overhead			
	Underground			
	TTL AMPS	<800	15.00	15.00
		>800	25.00	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		5.00	
	Exterior			
APPLIANCES	Ranges		2.00	
	Cook Tops		2.00	
	Wall Ovens		2.00	
	Insta-Hot		2.00	
	Water heaters		2.00	
	Fans		2.00	
	Dryers		2.00	
	Disposals		2.00	
	Dishwasher		2.00	
	Compactors		2.00	
	Spa		2.00	
	Washing Machine		2.00	
MISC. (number of)	Others (denote) - spa		2.00	2.00
	Air Cond/win		3.00	
	Air Cond/cent		10.00	
	HVAC	EMS	5.00	
	Thermostat		10.00	
	Signs		5.00	
	Alarms/res		15.00	
	Alarms/com		2.00	
	Heavy Duty(CRKT)		25.00	
	Circus/Carnv		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
TOTAL AMOUNT DUE				
MINIMUM FEE/COMMERCIAL 45.00				
MINIMUM FEE				35.00
				350.00

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME Jame Cyr MASTER LIC. # Home Owner
 ADDRESS 207 Ray St Portland LIMITED LIC. # _____
 TELEPHONE 207-797-4726

SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	267 RAY ST.

PROPERTY OWNERS NAME

Last: CYR First: JAMES

Applicant Name: Martin & Sons, PLLC
 Mailing Address of Owner/Applicant (if Different): 38 Westbrook Ave #3 Westbrook, ME 04092

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

PORTLAND Date Permit Issued: 3/4/07 8003 TOWN COPY \$ 214.00 Double Fee FEE Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640
406 033

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

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY _____

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 1227271

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

24
10
34



CITY OF PORTLAND, MAINE
Department of Building Inspections

March 4 2002

Received from John McKee - Murray

Location of Work: Garage

Cost of Construction \$ _____

Permit Fee \$ 30.00

Building (1L) _____ Plumbing (1S) _____ Electrical (1Z) _____ Site Plan (U2) _____

Other _____

CBL: 406 C033

Check #: 555 Total Collected \$ 30.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

[Handwritten signature]