

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 75 Craigie St		Owner: Palais, Alan		Phone:		Permit No: 950213	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: BRC Carpentry RFD 1 Box 465		Address: Hebron, ME 0.238 966-3686		Phone:		Permit Issued: MAR 10 1995	
Past Use: 1-fam		Proposed Use: 1-fam w/int revo		COST OF WORK: \$ 500.00		PERMIT FEE: \$ 25.00	
Proposed Project Description: Make Interior Renovations as per plans		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 83 Type 5B 000197		CITY OF PORTLAND	
		Signature:		Signature:		Zone: R-3 CBL 1st-C-006	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: OK - for remnant 1-family 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 map <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Greslin		Date Applied For: 09 March 1995		Signature:		Date:	
<p>1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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.</p> <p>No debris removal necessary</p>							
<p align="center">CERTIFICATION</p> <p>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 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 provisions of the code(s) applicable to such permit</p>							
SIGNATURE OF APPLICANT Benjamin Clough		ADDRESS:		DATE: 9 Mar 95		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:			
<p>White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector</p>							
						<p>CEO DISTRICT 5</p> <p><i>MA. WIT</i></p>	

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 283-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 75 Chaise St

PROPERTY OWNERS NAME

Last: Porter First: Julia

Applicant Name: Gordon O. Porter

Mailing Address of Owner/Applicant (if different): 50 S. Pine St. 04251

PORTLAND 5342 TOWN COPY

Date Permit Issued: 3.9.95 \$ 112.50 FEE Double Fee Charged

LPI # 0124

Local Plumbing Inspector Signature: _____

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 Inspector to deny a Permit.

Signature of Owner/Applicant: Donald Cooper Jr. Date: 3-5-95

Caution: Inspection Required

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

Signature of Local Plumbing Inspector: Markend Wang Date I Inspected: 3-24-95

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 # 12247

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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. Number of Hook-Ups & Relocations: _____ Hook-Up & Relocation Fee: \$ _____ OR TRANSFER FEE (\$6.00): _____		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	0.1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	0.1	Dish Washer
		Dental Cuspidor	0.1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
		Total Fixtures		
		Future Fee		
		Transfer Fee		
		Hook-Up & Relocation Fee		
		Permit Fee (Total)		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE-211 Rev. 7/93

TOWN COPY

\$12.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTION SERVICES
ELECTRICAL INSTALLATIONS

Date March 10, 1995
Receipt and Permit number 6479

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 Portland Electrical Ordinance the National Electrical Code and the following specifications:

LOCATION OF WORK: 75 Craigie St.

OWNER'S NAME: Allan Palais ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 10	2.00
FIXTURES: (number of) Incandescent 4 Fluorescent _____ (not strip) TOTAL 4	.80
Strip Fluorescent _____ ft.	
SERVICES: Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes 100	15.00
METERS: (number of) 1	1.00
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of) Ranges _____ Water Heaters _____ Cook Tops _____ Disposals _____ Wall Ovens _____ Dishwashers _____ Dryers _____ Compactors _____ Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS: (number of) Branch Panels _____ Transformers _____ Air Conditioners Central Unit _____ Separate Units (windows) _____ Signs 20 sq. ft. and under _____ Over 20 sq. ft. _____ Swimming Pools Above Ground _____ In Ground _____ Fire/Burglar Alarms Residential _____ Commercial _____ Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ Over 30 amps _____ Circus, Fairs, etc. _____ Alterations to wires _____ Repairs after fire _____ Emergency Lights, battery _____ Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE: 18.80

INSPECTION:
Will be ready on _____, 19____; or Will Call ☒
CONTRACTOR'S NAME: Anderson Elec. Henderson MS-6479
ADDRESS: P.O. Box 131 Oxford, Me 04270
TEL: 207-743-2924
MASTER LICENSE NO.: 16839
LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:

John Anderson

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

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Location of Construction: 5 Craigie St		Owner: Palais, Alan		Phone:		Permit No: 950213	
Address:		Lease/Buyer's Name:		Phone:		Business Name:	
Inspector Name: AC Capponi RFD 1 Box 465		Address: Hobron, ME 04238 966-3686		Phone:		Permit Issued: MAR 10 1995	
Proposed Use: 1-2.33 w/let redo		COST OF WORK: \$ 500.00		PERMIT FEE: \$ 25.00		CITY OF PORTLAND Zone: R-3 CBL-87-C-006 Zoning Approval: K - Remain 1- (A) Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm	
FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 1/3 Type 5B		Signature: <i>[Signature]</i>			
Signature:		Signature:		Date:			
Project Description: Interior Renovations as per plans				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Taken By: Mary Greuk		Date Applied For: 09 March 1995					

This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
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 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.

Asbestos removal necessary

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, I certify that the code official's authorized representative shall have the authority to enter all covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT Benjamin Clough ADDRESS: _____ DATE: **9 Mar 95** PHONE: _____

VISIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **5**

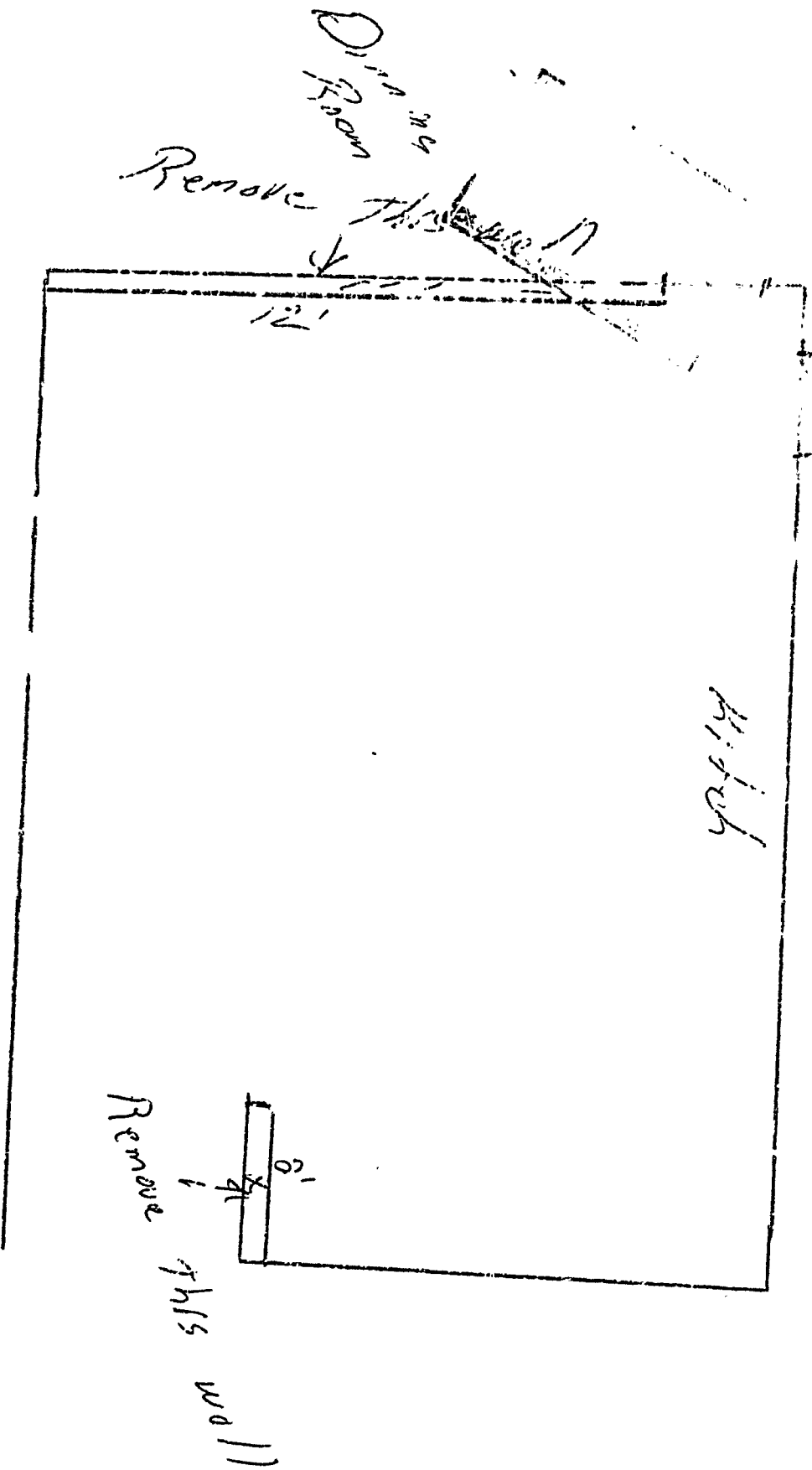
[Signature]

COMMENTS

Checked walls removed in kitchen
 Closed in. Inspected 3-24-95
 Completed making

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	



Office Study

Width

Dim 11' 6"

Remove this wall

Remove this wall

