Form# P 04 DISPLAY THIS CARE	ON PRINCIPAL FROM	ITAGE OF WORK
Please Read Application And Notes, If Any, Attached	OF PORTLAN	DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME Permit Number: 041819 DEC 1 5 2004
This is to certify that Harris Richard S Jr/Francoeu	onstruct	
has permission to repair damages to foundation	11 7' x 20 ction	RECEIVED
AT 39 Greenleaf St	<b>.</b> 012	2 M001001
provided that the person or persons, of the provisions of the Statutes of I the construction, maintenance and u this department.	ine and of the sances	g this permit shall comply with all of the City of Portland regulating s, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	fication inspec n must n and w n permis in procu re this I ding or t thereo ed or constant in the section IR NOTICE IS REQUIRED.	A certificate of occupancy must be procured by owner before this build- ing or part thereof is occupied.
OTHER REQUIRED APPROVALS		
Fire Dept Health Dept		
Appeal Board		1. Lat
Other DepartmentName		Director - Building & Inspecting Services
PENA	LTY FOR REMOVING THIS CA	RD C
		_
		•

PLUMBING	G APPLICATI	ON	++ 1		Department of Human Sciences Division of Health Engineering		
	RTY ADDRESS						
Town or Plantation	$(\uparrow \downarrow \downarrow \downarrow \downarrow \downarrow)$	L <u>, a. 6 6 6 6 6 6 6 6</u>	1 CARO	ann			
Street Subdivision Lot #	1 G. NOPA LA	4	# <sup>6</sup> 048320 78,00				
PROPERT				Par 1 - 201			
Hall S	First:	110	Issued:	e	$\begin{array}{c} & \square & \square & \square \\ \square & \square & \square & \square & \square & \square \\ \square & \square &$		
Last	First: A MAR	· · · · · · · · · · · · · · · · · · ·		rSignature			
Mailing Address of	FORST LAND	mairp	013	n n	cc (		
Owner/A	submitted is correct to the	<b>best</b> of my	I have inspected th	e installation autho	tion Required		
knowledge and understand Plumbing Inspectors to den	-	on for the local	compliance with the		Rules.		
Signature of Ov	vner/Applicant/	Date	Local Plumbing Inspector Signature Date				
		PERMI	T INFORMATION				
This Application is for	ту	pe of Structure	e To Be Served:	Plum	bing To Be Installed By:		
1. 🗌 NEW PLUMBING	1. SINGLE	FAMILY DWEL					
2. $\mathbb{R}$ RELOCATED $\mathcal{L}^{+}$ PLUMBING $\mathcal{L}^{+}$ $\mathcal{R}$ $\mathcal{P}$ $\mathcal{L}^{+}$			NOBILE HOME	2. 🗌 OIL BURNERMAN			
			LING 3.				
a repeated and	4. 🗋 OTHER	- SPECIFY					
				LICENSI			
Hook-Up & Piping Re Maximum of 1 Hoo		Number	Column 2 Type of Fixture	, Number	Column 1 Type of Fixture		
HOOK-UP. to p	ublic sewer in	н	osebibb / Sillcock	5	Bathtub (and Shower)		
is not regulated the local Sanita	ere the connection and inspected by ry District	F	loor Drain		Shower (Separate)		
	ΩD		rinal	3	Sink		
HOOK-UP: to a	<b>OR</b>		rinking Fountain	1 5	Wash Basin		
wastewater disp	n <b>existing su</b> bsurface osal <b>system</b> .	Ir	ndirectWaste	3	Water Closet (Toilet)		
PIPING RELOC lines, drains, an	ATION: of sanitary d piping without	 W	ater Treatment Softener, Filter, etc.		Clothes Washer		
new lixtures.	new fixtures.		rease / Oil Separator	1	Dish Washer		
		. D	ental Cuspidor		Garbage Disposal		
Y	OR		idet		Laundry Tub		
UK			ther:		Water Heater		
	TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	12	Fixtures (Subtotal) Column 1		
					Fixtures (Subtotal) Column 2		
SEE PERMIT FEE SCHEDULE				Total Fixtures			
			uree		Fixture Fee		
					Transfer Fee		
			7/62		Hook-Up & Relocation Fee		
Page 1 of 1 HHE-211 Rev <b>6.94</b>			3012 1/		Permit Fee (Total)		

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9/29/05 durie a/m

Citra of Doutload Maine			- Pe	rmit No: D	ERTOPANII	ING INCORCTION	
City of Fortiand, Mame - Bunding of Use Fernint Application					RTLAND, ME MOOLOOL		
0	. ,	3, Fax: (207) 874-87		04-1819	1		
ocation of Construction:	Dwner Name:			r Address:	DEC 1	Phone:	
<b>39</b> Greenleaf St	Harris Richard			enrith Rd	DLC		
lusiness Name:	Contractor Name			actor Address:		Phone	
	Francoeur Cor	Francoeur Construction LLC		PO Box 408 Westbroo BECEN/12 2078542424			
essee/Buyer's Name	Phone:			it Type:		Zone:	
			Alte	erations - Con	nmercial		
'ast Use:	Proposed Use:		Perm	nit Fee:	Cost of Work:	CEO District:	
3 Family building	3 Family Build	ding / repair damages		\$57.00	\$3,500.00	) 1	
	to foundation	wall 7' x 20' section	FIRE	DEPT:	Approved INS	PECTION:	
						Group: 1/7 Type:	
				L	J Demed		
						REPAR 1	
roposed Project Description:						12/14/14	
epair damages to foundation v	wall 7' x 20' section		Signa	ture	Sign	nature:	
		'EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
						_	
			Actio	on: Approv	Approved	w/Conditions Denied	
		Signature: Date:					
ermit Taken By:	Date Applied For:	Zoning Approval					
ldobson	12/1312004						
1. This permit application do	bes not preclude the	Special Zone or Revie	ews	Zonir	ng Appeal	Historic Preservation	
Applicant(s) from meeting		Shoreland		Variance		Not in District or Landmark	
Federal Rules.							
2. Building permits do not in	aluda nlumbing	Wetland		Miscella	neous	Does Not Require Review	
septic or electrical work.	iciude plumbing,				neous		
•	if more is not started	Flood Zone		Conditio	mal Haa	Requires Keview	
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							
		Subdivision		tnterpretation		Approved	
permit and stop all work.	undute a building				ation		
r · · · · · · · · · · · · · · · · · · ·							
		Site Plan			a	Approved w/Conditions	
			_				
		Maj Minor MM		Denied		Denied	
		late:		late:		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

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