

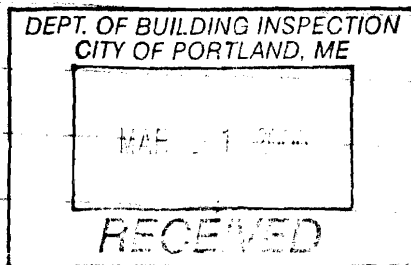
Marge -

In regards to vacancy at 22 Cumberland Ave., Apt. 2 :

The second floor was rented by the same guys who rent the 3rd floor. A bunch of the guys needed to move, so they didn't need 2 floors of rooms anymore. The contact person for both the 2nd & 3rd floors is Dave Wiley.

Thank you -

Dale Carlson
60 Westwood Rd.
Gray Me 04039



PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Porter
Street: 1000 Main St
Subdivision Lot #: 2

PROPERTY OWNERS NAME

Last: Crowen First: Dale

Applicant Name: LEONARD CROWEN

Mailing Address of Owner/Applicant (If Different): 400 Main St

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: 14/10/06

2006 8043

Date Permit Issued: 2/14/06 \$ 540.00 Double Fee Charged

Local Plumbing Inspector Signature: Jan Reed L.P.I. # 9724

014 P 004

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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>105684</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the Local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	8 Fixtures (Subtotal) Column 1
		10 Fixtures (Subtotal) Column 2
		8 Total Fixtures
		Fixtures Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.



Monday - 9:57

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 2/6/08
 Permit # 2008-4091
 CBL# 14 B 4

LOCATION: 22 Cumberland St. METER MAKE & # _____
 CMP ACCOUNT # work order 3-390-210 OWNER Dee Carlson
 TENANT _____ PHONE # 650-8654

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector	.20
FIXTURES	Incandescent	Fluorescent	Strips	.20
SERVICES	Overhead	Underground	TTL AMPS <800	15.00
	Overhead	Underground	TTL AMPS >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
	Dryers	Disposals	Dishwasher	2.00
	Compactors	Spa	Washing Machine	2.00
	Others (denote)			2.00
MISC. (number of)	Air Cond/win			3.00
	Air Cond/cent		Pools	10.00
	HVAC	EMS	Thermostat	5.00
	Signs			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
TRANSFORMER	0-25 Kva			5.00
	25-200 Kva			8.00
	Over 200 Kva			10.00
			TOTAL AMOUNT DUE	
	MINIMUM FEE/COMMERCIAL 55.00		MINIMUM FEE	45.00

CONTRACTORS NAME Landon R. Hixon MASTER LIC. # MS40089595
 ADDRESS 58 Carding Machine Rd. Richmond, Maine 04356 LIMITED LIC. # _____
 TELEPHONE (207) 871-2696

SIGNATURE OF CONTRACTOR Landon R. Hixon
 White Copy - Office • Yellow Copy - Applicant