

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

Location of Construction:		Owner:		Phone:		Permit No:	
Owner Address:		Lessee/Buyer's Name:		Phone:		000138	
Contractor Name:		Address:		Phone:		Permit Issued:	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A-3 Type: 3B	
Proposed Project Description:		Signature:		Signature:		Zone: CBL:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval:	
Permit Taken By:		Date Applied For:		Signature:		Date:	
						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"/>	

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..

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

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

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

087-A-001

PROPERTY ADDRESS

Town or Plantation: PORTLAND
 Street Subdivision Lot #: 257 E BATES ST. (316304 BELLAVILLE AVE.)

PROPERTY OWNERS NAME

OCTOBER CORPORATION

Last: _____ First: _____
 Applicant Name: BOULOS PROPERTY MGMT
 Mailing Address of Owner/Applicant (if Different): ONE CAPITAL PLAZA PORTLAND, ME 04101

PORTLAND 7384 TOWN COPY
 Date Permit Issued: 12/1/00 \$ 11816.00 If Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01127

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: [Signature] Date: 12/1/00

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: [Signature] Date Approved: 1/30/00

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 RESTAURANT

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 # 5480

JAYELLIS - PLUMBER 782-0727

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>15</u>	Fixtures (Subtotal) Column 1
			<u>17</u>	Fixtures (Subtotal) Column 2
			<u>30</u>	Total Fixtures
			<u>186</u>	Fixture Fee
				Transfer Fee
			<u>176.00</u>	Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation _____
Street Subdivision Lot # _____

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different) _____

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 _____

#1

PORTLAND Date Permit Issued: 05/12/00

7293 TOWN COPY \$ 12400 # Double Fee Charged

L.P.I. # 01124

Local Plumbing Inspector Signature: _____

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: Carrie Bonds Date Approved: 4/27/00

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
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- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
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- 3. MFG'D. HOUSING DEALER/MECHANIC
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LICENSE # _____

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	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input 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
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<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
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> Fixtures (Subtotal) Column 2
		<input type="checkbox"/> Total Fixtures
		<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Surcharge Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
		<input type="checkbox"/> Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE