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

Approved with Conditions:       □       Shoreland         Denied       □       Shoreland         Permit Taken By:       Date Applied For:       •         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       □         Permit TISSUED       Permit TISSUED         PERMIT ISSUED       PERMIT ISSUED         PERMIT ISSUED       Action:         Denied       Approved	Location of Construction:	Owner:		Phone:	Permit No:	
Contractor Name:       Address:       Phone:       Permit Issued:         Past Use:       Proposed Use:       COST OF WORK:       SERMIT FEE:       FEB 2 4         Past Use:       Proposed Use:       Signature:       Signature:       Signature:       Signature:       Cone:       CER::::::::::::::::::::::::::::::::::::	Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	000138	
Signature:       Signature:       Signature:       Zone:       CBL:         Proposed Project Description:       PEDESTRIAN ACTIVITIES DISTRICT (M.D.)       Coning Approval:       Zone:       CBL:         Proposed Project Description:       PEDESTRIAN ACTIVITIES DISTRICT (M.D.)       Coning Approval:       Zone:       CBL:         Proposed Project Description:       PEDESTRIAN ACTIVITIES DISTRICT (M.D.)       Coning Approval:       Special Zone or Review         Signature:       Date:       Date:       Date:       Special Zone or Review         Permit Taken By:       Date Applied For:       *       Signature:       Date:       Subdivision         1.       This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.       Site Plan maj ImnorC       Site Plan maj ImnorC         2.       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       Site Plan maj ImnorC         2.       CERTIFICATION       WITH REQUIREMENTS       Historic Preservation         1.       This permit application as his authorized agent and Lagree to conform to all applicable laws of this jurisdiction. In addition.       Action:         1.       Thereby 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 Thav	Address				Permit Issued:	
Proposed Project Description: Proposed Project Description: Project Description:	Past Use:	•	\$ 3 4 , 1 3 FIRE DEPT. □ A	pproved INSPECTION: mied Use Group <b>A</b> -3 Type: 3	B	
Permit Taken By:       Date Applied For:       *       Special Zone or Revial         1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.       Date:       Special Zone or Revial         2. Building permits do not include plumbing, septic or electrical work.       Date or revial application does not preclude the Applicant(s) from meeting applicable State and Federal rules.       Zoning Appeal         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.       Historic Preservation         I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner or frecord of the named property, or that the proposed work is authorized representative shall have the authority to enter all penied       Action:         I hereby certify that I am the owner of record of the agplication is issued. I certify that the code official's authorized representative shall have the authority to enter all penied       Action:	Proposed Project Description:			Signature: My		
Permit Taken By:       Date Applied For:       Image: Control of the name of preclude the Applicant(s) from meeting applicable State and Federal rules.       Image: Control of the name of preclude the Applicant(s) from meeting applicable State and Federal rules.         1.       This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.       Image: Control of the name		· · · · · ·	Action: Ap Ap Do	pproved pproved with Conditions: enied	Special Zone or Reviews:         □ Shoreland         □ Wetland         □ Flood Zone	
I. 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 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 sisued, I certify that the code official's authorized representative shall have the authority to enter all Center of the named property.	Permit Taken By	Date Applied For		Date:	□ Subdivision □ Site Plan maj □minor□mm □	
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	3. Building permits are void if work is not	t started within six (6) months of the date of iss	suance. False informa-		□ Conditional Use □ Interpretation □ Approved	
authorized by the owner of record and that I have been authorized of the named property, of that the proposed work is authorized by the owner of record and that I have been authorized with Condition 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	-	Mar et al.	1.3			
	authorized by the owner to make this applic if a permit for work described in the applica	d of the named property, or that the proposed w cation as his authorized agent and I agree to co ation is issued, I certify that the code official's	onform to all applicable authorized representative	laws of this jurisdiction. In additione shall have the authority to enter a	$n_{n, j}$ Denied	
SIGNATURE OF APPLICANT   ADDRESS:   DATE:   PHONE:	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 WITH REQUIREMENTS					CEDEBINIT ISSUED WITH REQUIREMENTS	

PLUMBING A	PPLICATI	ON	∎ 097-A-,	00	Department of Human Sciences Division of Health Engineering
	ADDRESS				
Town or Plantation	AUC		×.	Sec. 4 and	
Street	31820	HERLANDI) AVE	PORTLAND		7384 TOWN COPY
PROPERTY	WNERS NAME		Date Permit N 12	1,001	\$ 118 61010 FEE/charge
OCTOBER CORPO			Issued:	H-	L.P.I. # 01131
Applicant ROULTS	First:	WILL F	- Country of the	ector Signature	I
Mailing Address of OLE CZ	PROPERTY VIAL PLAT	A			
Owner/Appl	icant Statement				tion Required
l certify that the information subm knowledge and understand that a Plumbing Inspectors to deny a Pe	ny falsification is reas	Second Second Second Second	compliance with the	e Installation author Maine Plumbing	prized above and found it to be in Rules.
Wheeles Contractor			3 Clanie	Bour	Date App
Signature of Owner//	Applicant	Date	Local Plumbing Ir	nspector Signature	Date App
		PERMI	T INFORMATION		1
This Application is for	Туј	pe of Structur	re To Be Served:	Plun	nbing To Be Installed By:
1.4 NEW PLUMBING	1. 🗆 SINGLE	FAMILY DWE	LLING		ER PLUMBER
2.  RELOCATED PLUMBING			MOBILE HOME		JRNERMAN ). HOUSING DEALER/MECHAI
1 EOMBING	3. D MULTIPL		1		C UTILITY EMPLOYEE
	4. ⊮∃ OTHER ·	- SPECIFY	1. White the the	5. 🗆 PROP	ERTY OWNER
·	JAYEL	15- F.O.	UBER 282-0727	LICENSE	= # <u>5480</u>
Hook-Up & Piping Relocat Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public	sewer in		Hosebibb / Sillcock	ĩ	Bathtub (and Shower)
those cases where t is not regulated and the local Sanitary Di	inspected by	- 19 I	Floor Drain		Shower (Separate)
0			Urinal		Sink
HOOK-UP: to an exi			Drinking Fountain		Wash Basin
wastewater disposal	system.		ndirect Waste	1	Water Closet (Toilet)
PIPING RELOCATIO	<u>DN:</u> of sanitary bing without		Nater Treatment Softener, Filter, etc.		Clothes Washer
new fixtures.			Grease / Oil Separator		Dish Washer
			areade / On Ocparator		
3			Dental Cuspidor		Garbage Disposal
	2				Garbage Disposal Laundry Tub
OI	R		Dental Cuspidor		
	<b>R</b> NSFER FEE [\$6.00]		Dental Cuspidor		Laundry Tub
	NSFER FEE		Dental Cuspidor Bidet Dther: Fixtures (Subtotal)	1	Laundry Tub Water Heater Fixtures (Subtotal)
	NSFER FEE [\$6.00] SEE PEF		Dental Cuspidor Bidet Dther: Fixtures (Subtotal) Column 2	1 7 30	Laundry Tub Water Heater Fixtures (Subtotal) Column 1 Fixtures (Subtotal)
	NSFER FEE [\$6.00] SEE PEF		Dental Cuspidor Bidet Dther: Fixtures (Subtotal) Column 2	130	Laundry Tub Water Heater Fixtures (Subtotal) Column 1 Fixtures (Subtotal) Column 2
	NSFER FEE [\$6.00] SEE PEF		Dental Cuspidor Bidet Dther: Fixtures (Subtotal) Column 2	/ 2 / 2 / 7 30 / 5 0	Laundry Tub Water Heater Fixtures (Subtotal) Column 1 Fixtures (Subtotal) Column 2 Total Fixtures

PLU	MBING APPLICAT	ION		·, × :	Department of Human Sciences Division of Health Engineering	
Town or Plantation	PROPERTY ADDRESS	an a		+1		
Street	1					
Subdivision Lot #	ROPERTY OWNERS NAM	ELENETRA	PORTLAND Date Permit 051	a) 1	93 TOWN CUPY S I I A 400 Double Fee S I I A 400 FEE Charged	
ast:	First:		Issued LocalPlumoing/Insector	Signature	L.P.I. # 0113	
Applicant Name:	11 412 2 3	1. S.				
Mailing Address of Owner/Applicant (If Different)						
(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		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.				
Flumbing inspe	actors to deny a Permit.	-	- acting to	Douche	- 1/27/00	
Siç	gnature of Owner/Applicant	Date	e Local Plumbing Ir	nspector Signatur	Date Approve	
		PERM	IT INFORMATION			
This Applica	tion is for Ty	ype of Structu	ure To Be Served:	Plur	nbing To Be Installed By:	
	umbing 1. 🗆 single	E FAMILY DWI	ELLING	1. 🗆 MAST	ER PLUMBER	
. 🗆 RELOCA PLUMBI	1. I N 2. I N	IODULAR OF	MOBILE HOME		URNERMAN	
PLUMBI	NG 3. 🗆 MULTIF	PLE FAMILY D	WELLING	Shere have been a second	'D. HOUSING DEALER/MECHANI	
4. 🗆 OTHER – SPECIFY			1			
	·				E # \ <u></u>	
	& Piping Relocation um of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.         OR         HOOK-UP: to an existing subsurface wastewater disposal system.         PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			Hosebibb / Sillcock		Bathtub (and Shower)	
			Floor Drain		Shower (Separate)	
			Urinal	1	Sink	
		1	Drinking Fountain		Wash Basin	
					Water Closet (Toilet)	
			Water Treatment Softener, Filter, etc.		Clothes Washer	
			Grease / Oil Separator		Dish Washer	
			Dental Cuspidor		Garbage Disposal	
T	OR	┥	Bidet		Laundry Tub	
			Other:		Water Heater	
	TRANSFER FEE [\$6.00]	5- <sup>37</sup> .	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
					Fixtures (Subtotal)	
	SEE PE	RMIT FEE S	CHEDULE	40.00	Column 2 Total Fixtures	
		CALCULATI		1	Fixture Fee	
'	<u></u>			•	Surchan Transfer Fee	
					Hook-Up & Relocation Fee	
Page 1 of 1 HHE-211 Rev.					Permit Fee (Total)	

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