

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-109I	Issue Date:	CBL: 027 F011001
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Location of Construction: 34 City Ctr / <i>called 11 Free St</i>	Owner Name: One Monument Way Llc	Owner Address: One Monument Way	Phone: 838-3939
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Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
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Lessee/Buyer's Name	Phone:	Zone: B3
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Past Use: Office Space/Commercial	Proposed Use: Office Space/Commercial	\$54.00	\$54.00	1
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Proposed Project Description: Erect a 36"x20" Wall Sign and a 36"x24" Sidewalk Sign - <i>with a Zoning Issue</i>	FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>U</i> Type <i>N</i> <i>Sign</i>
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Signature	Signature: <i>[Signature]</i> 9/17/03
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PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: <i>D. Andrews</i> Date: <i>9/14/03</i>

Permit Taken By: gad	Date Applied For: 09/03/2003	Zoning Approval
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	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 <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Denied <i>dl for Bldg Sign</i> <i>9/12/03</i> Date	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied <i>to D.A 9/12/03</i> <i>D.A. 9/14/03</i> Date
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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

1/8/04

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PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland ME 04101 One Monument Way
Street Subdivision Lot #	17 FREE ST

PROPERTY OWNERS NAME

Last:	MARK HOLMES PRES HEALT COACHES
First:	

Applicant Name:	PHI Plum + Heating
Mailing Address of Owner/Applicant (If Different)	22 Drake St Portland

2003-8191

PORTLAND Date Permit Issued: 06/11/03	8497	TOWN COPY	\$ 42.00	<input type="checkbox"/> # Double Fee FEE Charged
James Bonke Local Plumbing Inspector Signature		L.P.I. #	0732	

027-F-011

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.

James Holmes
Signature of Owner/Applicant

Date

Caution: Inspection Required

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

A Howe
Local Plumbing Inspector Signature

Date Approved

1/8/04
Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By: 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# 900,04994
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Hook-Up 1 Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			6	Total Fixtures
				Transfer Fee
				Hook-Up & Relocation Fee
			42	Permit Fee (Total)

TOWN COPY

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

27 F 11

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	15-19 Free Street / 346

2003-8238

PORTLAND Date Permit Issued: 11/14/04

8533 TOWN COPY

\$ 240.00 If Double Fee Charged

L.P.I. # 0640

Local Plumbing Inspector Signature: [Signature]

PROPERTY OWNERS NAME

Last: Carr First: Steve

Applicant Name: Steve Carr 220 17H

Mailing Address of Owner/Applicant (if Different): 17 Burnham Rd Scarborough ME 04074

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: _____

Caution: Inspection Required

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

M a I Plumbing Inspector Signature: [Signature] Date Approved: 11/8/04

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Commercial</u>	Plumbing To Be Installed By: 1. <input 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>17848</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: <u>Dog washers</u>		Water Heater
OR TRANSFER FEE [\$6 00]	2	Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			3	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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