

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

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| Location of Construction: 1 Monument Way, 3rd Fl | | Owner: Monument Way, Inc., Thomas Tureen | | Phone: 773-0225 | | Permit No: 981456 | |
| Owner Address: 1 Monument Way, 2nd Fl Pld 04101 | | Lessee/Buyer's Name: | | Phone: | | BusinessName: | |
| Contractor Name: Matthew Alcorn Builder | | Address: 61 Pleasant Pld 04101 | | Phone: XXXX 828-2006 | | Permit Issued: PERMIT ISSUED DEC 30 1998 CITY OF PORTLAND | |
| Past Use: Office | | Proposed Use: Same | | COST OF WORK: \$ 5000 | | PERMIT FEE: \$ 45.00 | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: B Type: 3B BOCA 96 Signature: <i>[Signature]</i> | |
| Proposed Project Description: Interior Renovations (Add wall) | | | | Signature: | | Zone: CBI: 037-P-011 | |
| | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | Zoning Approval: <i>[Signature]</i> | |
| | | | | Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> | | 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"/> | |
| Permit Taken By: UE | | Date Applied For: December 24, 1998 | | Signature: | | Date: | |

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 ISSUED WITH REQUIREMENTS

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

December 26, 1998

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

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

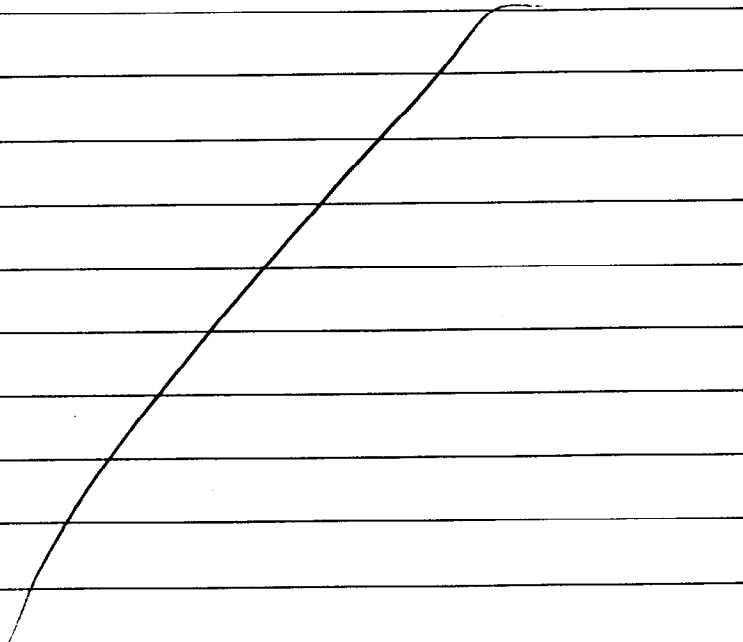
Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT *[Signature]*

COMMENTS

1/7/98 Pre Construction by phone. Will call back for Framing &
rough plumbing. DC
8/3/99 Completed Project. All done



981456
27-F-11

| | Type | Inspection Record | Date |
|-------------|-------|-------------------|-------|
| Foundation: | _____ | _____ | _____ |
| Framing: | _____ | _____ | _____ |
| Plumbing: | _____ | _____ | _____ |
| Final: | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |

PLUMBING APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-3826

AMDC

PROPERTY ADDRESS

| | |
|---|-----------------------|
| Town Or Plantation | XX Portland |
| Street Subdivision Lot # | 34 City Center |
| PROPERTY OWNERS NAME | |
| Monument Way Inc. | |
| Last: | First: |
| Applicant Name: | Tim Darling P & H |
| Mailing Address of Owner/Applicant (If Different) | 27 Vannah Ave Ptld |

PORTLAND PERMIT # 6731 STATE COPY

Date Permit Issued: 1/13/99 \$ FEE Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature

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 Inspector to deny a Permit.

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.

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 checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | 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 _____ | 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 # 071160 |

027-F-011

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|-------------------------------------|--|-------------------------------------|-----------------------|
| | Number | Type of Fixture | Number | 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. | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | 0, 1 | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | | Sink |
| | | Drinking Fountain | 0, 1 | Wash Basin |
| Number of Hook-Ups & Relocations | | Indirect Waste | 0, 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| Hook-Up & Relocation Fee | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| OR TRANSFER FEE [\$6.00] | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 | |
| | | | Fixtures (Subtotal) Column 2 | |
| | | | Total Fixtures | |
| | | | Fixture Fee | |
| | | | Transfer Fee | |
| | | | Hook-Up & Relocation Fee | |
| | | | Permit Fee (Total) | |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE