

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

Location of Construction: 151 Middle Street		Owner: Tim Soley	Phone: N/A	Permit No: <b>991155</b>
Owner Address: N/A	Lessee/Buyer's Name: ** Art Sparkz, 151 Middle St., Portland, ME 04101	Phone: 749-1768	Business Name: Kim Liggett	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>NOT ISSUED</b>                   OCT 26 1999   <b>CITY OF PORTLAND</b> </div>
Contractor Name: Mike Monaghan	Address: 111 Commercial St. Portland, ME	Phone: 775-2683		
Past Use:  Mixed/restaurant & commercial	Proposed Use:  Same	COST OF WORK: \$ 20,000	PERMIT FEE: \$ 144.00	Zoning Approval:  <b>Special Zone or Reviews:</b> <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"/>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <b>A/B</b> Type: <b>313</b> <b>BOCAGC</b>	
Proposed Project Description: Interior renovation of handicapped access bath and other interior renovations.		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	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  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	Date:	
Permit Taken By: <b>ub</b>	Date Applied For: <b>10-25-99</b>			

- 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..

\*\*\*\*\* CALL for Pick Up  
 Kim Liggett 838-7747  
 OR  
 Mike Monaghan 775-2683

**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

10-25-99

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT**  
 ub

COMMENTS

1/7/94 work completed (DC)

991155  
28-K-2

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

# PLUMBING APPLICATION

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

028-K-002

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	66 PEARL ST
<b>PROPERTY OWNERS NAME</b>	
Last:	Soley Brothers Limited
First:	
Applicant Name:	John Bellino
Mailing Address of Owner/Applicant (if Different)	980 RIVERSIDE ST. PORT. ME 04103

PORTLAND  
 Date Permit Issued: 11.17.99  
 Local Plumbing Inspector Signature: *[Signature]*  
 L.P.I. # 0124

707524 TOWN COPY  
 \$24 FEE  
 # Double Fee Charged

## 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: *[Signature]*

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: *[Signature]*

Date Approved: 11/17/99

## PERMIT INFORMATION

<b>This Application is for</b>  1. <input checked="" type="checkbox"/> NEW PLUMBING  2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b>  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 <u>Commercial</u>	<b>Plumbing To Be Installed By:</b>  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>02415</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
\$ Hook-Up & Relocation Fee		<b>Fixtures (Subtotal) Column 2</b>	4	<b>Fixtures (Subtotal) Column 1</b>
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			4	<b>Total Fixtures</b>
			\$ 24.	<b>Fixture Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 24.	<b>Permit Fee (Total)</b>