

**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: <b>991155</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name: <b>749-1768</b>	
Contractor Name:		Address:		Phone:		Permit Issued: <b>OCT 26 1999</b>	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <b>A3/B</b> Type: <b>3B</b> <b>BOCA96</b>	
				Signature: _____		Signature: <i>[Signature]</i>	
Proposed Project Description:				PEDESTRIAN ACTIVITIES DISTRICT (A.D.)		Zoning Approval:	
				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:		Date Applied For:		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..

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**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

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

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

**PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT**

# 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 #	60 HEARN ST
<b>PROPERTY OWNERS NAME</b>	
Solely Investors Limited	
Last:	First:
Applicant Name:	John Bellino
Mailing Address of Owner/Applicant (if Different)	980 Riverside St. Port Air 04103

PORTLAND  
Date Permit Issued: 11.17.99  
L.P.I. # 01.24

7075 24 TOWN COPY  
\$24 FEE  Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]*  
Date Approved: 11/17/99

## 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>024115</u>
---	---	---

	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1		
		Number	Type of Fixture	Number	Type of Fixture	
	<b>OR</b> 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.		Hosebibb / Sillcock		Bathtub (and Shower)	
			Floor Drain		Shower (Separate)	
				Urinal	1	Sink
				Drinking Fountain		Wash Basin
				Indirect Waste	1	Water Closet (Toilet)
				Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer	
			Dental Cupidor		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>	
					<b>Fixtures (Subtotal) Column 2</b>	
				4	<b>Total Fixtures</b>	
				\$ 24	<b>Fixture Fee</b>	
				\$	<b>Hook-Up &amp; Relocation Fee</b>	
				\$ 24	<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE