

Location of Construction:		Owner: <i>1117</i>		Phone:		Permit No: <b>001343</b>
Owner Address:		Lessee/Buyer's Name:		Phone:		
Past Use: <i>OFFICE</i>		Proposed Use: <i>ADFE</i>		COST OF WORK: \$ <i>40,000</i>		Permit Issued:  <i>NOV 22 2000</i>
Proposed Project Description:  <i>INTER. RENOVATIONS</i>		FIRE DEPT. <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		PERMIT FEE: \$ <i>64.00</i>		
Permit Taken By:		Date Applied For: <i>NOV 10 2000</i>		INSPECTION: Use Group: <i>B</i> Type: <i>20</i>		Zone: CBL:
				Signature: <i>[Signature]</i>		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
				Action: Approved <input checked="" type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		
				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..

**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

**PERMIT ISSUED WITH REQUIREMENTS**

- Approved
- Approved with Conditions
- Denied

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

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

**PERMIT ISSUED WITH REQUIREMENTS**

COMMENTS

W/ space finished - apprais done  
per Owners w/lt more. - R/W 9/20  
1/10/58.

Inspection Record

Type

Foundation:

Framing:

Plumbing:

Final:

Other:

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	27 Pearl St

2003 8004

Date Permit Issued: 112103 \$ 84.00  If Double Fee Charged

Above L.P.I.# 0641

029 F 016

## PROPERTY OWNERS NAME

130 Limited Liability Co

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: Darling P & H Inc

Mailing Address of Owner/Applicant (If Different): 27 Jannah Ave Portland, ME 04103

## 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 Inspectors to deny a Permit

[Signature] Date 1/2/03

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

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Commercial</u></p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input checked="" type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE# <u>421160</u></p>
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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
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 2em;">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	3	Shower (Separate)
<p style="text-align: center; font-size: 2em;">OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	01	Urinal	<del>1</del>	Sink
	61	Drinking Fountain	03	Wash Basin
		Indirect Waste	03	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	01	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	01	Fixtures (Subtotal) Column 1
			111	Fixtures (Subtotal) Column 2
			02	<b>Total Fixtures</b>
			13	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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TOWN COPY