

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

Location of Construction: 100 Commercial /St		Owner: Phoenix Mutual		Phone:		<b>Permit No: 960878</b> <b>PERMIT ISSUED</b> <b>SEP - 5 1996</b> <b>CITY OF PORTLAND</b>	
Owner Address:		Leasee/Buyer's Name: Thomas College Suite 403		Phone:			<b>Permit Issued:</b> <b>SEP - 5 1996</b>
Contractor Name: Benchmark		Address: 650 Main St So. Ptld, ME 04106		Phone: 874-2963			
Past Use: Office		Proposed Use: College Classroom		<b>COST OF WORK:</b> \$ 14,800.00 <b>PERMIT FEE:</b> \$ 95.00 <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: Type:			
Proposed Project Description:  Change Use/Make Interior Renovations  Suite 403				<b>PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		Zone: <u>B-7</u> CBL: 030-C-001 Zoning Approval: <u>875P</u> <u>OK 9/3/96</u> <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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 03 September 1996					

1. This permit application doesn't 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..

1-30 YC

30-3184/15003

**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 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 Jamie Cook ADDRESS: \_\_\_\_\_ DATE: 03 September 1996 PHONE: \_\_\_\_\_

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- 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: 9/3/96

J. Andrus

CEO DISTRICT 2

A.R.

# PLUMBING APPLICATION

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

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	100 COMMERCIAL ST.
<b>PROPERTY OWNERS NAME</b>	
COWAN COMPANY SUITE 4103	
Last:	First
Applicant Name:	AIRTEMP
Mailing Address of Owner/Applicant (If Different)	11 Wallace Avenue South Portland, Maine 04106

Date Permit Issued:	9/2/96	FEE	\$	Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. #	0124	

## 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

1. ☒ NEW PLUMBING  
2. ☐ RELOCATED PLUMBING

### Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING  
2. ☐ MODULAR OR MOBILE HOME  
3. ☐ MULTIPLE FAMILY DWELLING  
4. ☒ OTHER — SPECIFY OFFICE

### Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER  
2. ☐ OIL BURNERMAN  
3. ☐ MFG'D. HOUSING DEALER / MECHANIC  
4. ☐ PUBLIC UTILITY EMPLOYEE  
5. ☐ PROPERTY OWNER

LICENSE # 106018

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number Type of Fixture		Column 1 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.		Hosebibb / Silcock		Bathtub (and Shower)	
OR		Floor Drain		Shower (Separate)	
HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain		Wash Basin	
Number of Hook-Ups & Relocations		Indirect Waste		Water Closet (Toilet)	
Hook-Up & Relocation Fee		Water Treatment Softener, Filter, etc.		Clothes Washer	
OR		Grease / Oil Separator		Dish Washer	
TRANSFER FEE [\$6.00]		Dental Cuspidor		Garbage Disposal	
		Bidet		Laundry Tub	
		Other:		Water Heater	
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
		4		4	
		5		5	
		Total Fixtures		Total Fixtures	
		Fixture Fee		Fixture Fee	
		Transfer Fee		Transfer Fee	
		Hook-Up & Relocation Fee		Hook-Up & Relocation Fee	
		Permit Fee (Total)		Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE