

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| Location of Construction: 58 Exchange St | | Owner: J.C. Lee | | Phone: | | Permit No: 971316 | |
| Owner Address: 58 Exchange St | | Lessee/Buyer's Name: | | Phone: | | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED DEC 17 1997 CITY OF PORTLAND </div> |
| Contractor Name: Dead River Co. | | Address: 73 Pleasant Hill Rd | | Phone: 883-9515 | | | |
| Past Use: Retail | | Proposed Use: | | COST OF WORK: \$ _____ PERMIT FEE: \$ 25.00 | | | |
| Proposed Project Description: Install 1 100 gal propane tank | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: _____ Type: _____ | | Zone: B-3 CBL: 31-I-2 Zoning Approval: <i>OK 12/15/97</i> 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"/> | |
| | | Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | | | |
| | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> | | Signature: _____ Date: _____ | | | |
| Permit Taken By: Sherry Pinard | | Date Applied For: December 11, 1997 | | | | 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 | |

- 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..

Richard Connolly 883-9515 call for pickup

PERMIT ISSUED WITH REQUIREMENTS

Condition: Tank must be removed.

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 <i>DEAD RIVER COMPANY BY [Signature]</i> | | ADDRESS: | DATE: <i>12/11/97</i> | PHONE: |
| Richard Connolly | | December 11, 1997 | | PHONE: |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | | | | |

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *12/15/97*

D.A.

CEO DISTRICT 2

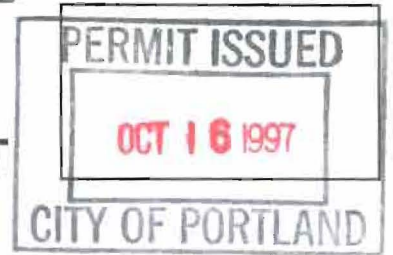
A. Roul



FILL IN AND SIGN WITH INK

971112

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 58 Exchange St Use of Building Mix Use Date 15 October 1997

Name and address of owner of appliance Old Port Arms P.O. Box 3879 Ptld, ME 04104

Installer's name and address Pine State Plumbing & Heating, Inc. P.O. Box 6308 Scarborough, ME 04070
Telephone 883-1200

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Rinnai

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # _____
- Gas # PNT 1197
- Other _____

Type of Chimney:

- Masonry Lined
Factory built N/A
- Metal
Factory Built U.L. Listing # N/A
- Direct Vent
Type Sealed unit UL# N/A

Type of Fuel Tank

- Oil
- Gas

Size of Tank N/A

Number of Tanks N/A

Distance from Tank to Center of Flame N/A feet.

Cost of Work: 42,000.00

Permit Fee: 230.00

Approved

Fire: [Signature]
Ele.: [Signature]
Bldg: [Signature]

Approved with Conditions

- See attached letter or requirement

Signature of Installer [Signature]

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

031-J-002

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 707 Chandler Wharf

PROPERTY OWNERS NAME

Last: Smith First: William

Applicant Name: Caron & Walts
Mailing Address of Owner/Applicant (If Different): P.O. NBox 2400
So. Portland, Me. 04106

PORTLAND Date Permit Issued: 11-6-97 6305 TOWN COPY If Double Fee Charged

\$ 12 FEZ

L.P.I. # 0124

[Signature]
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: Walter J. Walsh

Date: 11-6-97

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: Completed No sign-off

Date Approved: 9-13-00

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 _____

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 # 0, 1, 5, 2, 6

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

| Number | Column 2 Type of Fixture |
|--------|---|
| | Hosebibb / Sillcock |
| | Floor Drain |
| | Urinal |
| | Drinking Fountain |
| | Indirect Waste |
| | Water Treatment Softener, Filter, etc. |
| | Grease / Oil Separator |
| | Dental Cuspidor |
| | Bidet |
| | Other: _____ |
| | Fixtures (Subtotal) Column 2 |

| Number | Column 1 Type of Fixture |
|--------|---|
| | Bathtub (and Shower) |
| | Shower (Separate) |
| | Sink |
| | Wash Basin |
| | Water Closet (Toilet) |
| | Clothes Washer |
| | Dish Washer |
| | Garbage Disposal |
| | Laundry Tub |
| 1 | Water Heater |
| | Fixtures (Subtotal) Column 1 |

| | |
|-------|---|
| 1 | Fixtures (Subtotal) Column 2 |
| 0 | Total Fixtures |
| 1 | Fixture Fee |
| \$ | Transfer Fee |
| \$ | Hook-Up & Relocation Fee |
| \$ 20 | Permit Fee (Total) |
| \$ 12 | |

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

TOWN COPY

plus fee

\$32

31-J-002