

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

Location of Construction: 380 Congress St.		Owner: [Faded]		Phone: [Faded]		Permit No: <b>991371</b>
Owner Address: [Faded]		Lessee/Buyer's Name: [Faded]		Phone: [Faded]		
Contractor Name: [Faded]		Address: [Faded]		Phone: [Faded]		Permit Issued: <b>DEC 13 1999</b>
Past Use: [Faded]		Proposed Use: [Faded]		Business Name: [Faded]		
		COST OF WORK: \$ [Faded]		PERMIT FEE: \$ [Faded]		Zone: CBL:
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		
Proposed Project Description: [Faded]		Signature: [Faded]		Signature: [Faded]		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"/>
		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: [Faded]		Date Applied For: [Faded]				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

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

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

PERMIT ISSUED  
WITH REQUIREMENTS  
CEO DISTRICT

# PLUMBING APPLICATION

032-C-001

Department of Human Services  
Division of Health Engineering



## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	390 Congress Street

## PROPERTY OWNERS NAME

The Portland Newspapers  
Last: First:

Applicant Name: Thomas R. Kelley

Mailing Address of Owner/Applicant (If Different)  
P.O. Box 1272  
Scarborough, ME 04070

## 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

PORTLAND PERMIT # 7110 STATE COPY  
Date Permit Issued: 12.21.99 \$48  If Double Fee Charged  
FEE  
L.P.I. # 0124  
605 Local Plumbing Inspector Signature

## 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

<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 checked="" type="checkbox"/> OTHER — SPECIFY <u>Office Bldg.</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>01687</u>
---	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Urinal		Sink
		Drinking Fountain	4	Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	7	<b>Fixtures (Subtotal) Column 1</b>
			1	<b>Fixtures (Subtotal) Column 2</b>
			8	<b>Total Fixtures</b>
			\$	<b>Fixture Fee</b>
			\$	<b>Transfer Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$48.00	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

COMMENTS

12/22/99 Close in OK

2/7/00 Final - ok JB

Inspection Record

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