

**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>000987</b>
Owner Address:		Lessee/Buyer's Name:		Business Name:		
Contractor Name:		Address:		Phone:		Permit Issued:  <b>SEP - 6 2000</b>
Past Use:		Proposed Use: <b>RETAIL</b>		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: <b>7F</b> / Type: <b>7B</b> Signature: <i>Hoffen</i> <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		
Proposed Project Description:		Zone: <b>B-3</b>		CBL: _____		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"/>
Permit Taken By:		Date Applied For:		<b>Zoning Appeal</b> <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  <b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review  <b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied  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..

**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

## PROPERTY ADDRESS

Town or Plantation	
Street Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND 7434 TOWN COPY

Date Permit Issued: 9/16/00 \$ 214.00  If Double Fee Charged

[Signature] L.P.I. # 01124

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 Inspectors 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

<b>This Application is for</b> 1. <input 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 _____	<b>Plumbing To Be Installed By:</b> 1. <input 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 # _____
--	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  <b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebabb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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>OR</b> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			<b>Permit Fee (Total)</b>	

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**