



Certificate of Occupancy

LOCATION 25 Temple Street 032-H-005

Issued to Pizza Galli

Date of Issue May 25 2000

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 000487, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Ground floor hair salon

Hair salon use group B type 2B

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

6/30/00
(Date) *[Signature]*
Inspector

[Signature]
Inspector of Building

[Handwritten mark]

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

COMMENTS

5-24-00 Inspected w/ MAZ - plumbing ok all else
existing JB OK for C.O. JB

Inspection Record

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

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

032-H-005

#2

Town or Plantation: Portland
Street Subdivision Lot #: _____

Last: Pizza Gallie First: _____
Applicant Name: Fournier Bros.
Mailing Address of Owner/Applicant (If Different): 85 Oakdale St.

PORTLAND Date Permit Issued: 5/16/00
7292 TOWN COPY \$ 24 Double Fee FEE Charged
L.P.I. # 0124

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.

Paul Gallie 5/16/00
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.

Jeannie Bourke 6-1-00
Local Plumbing Inspector Signature Date Approved

| | | |
|---|--|--|
| This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 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</u> | Plumbing To Be Installed By: 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>15498</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. OR HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Silcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | <u>0,4</u> | Sink |
| | | Drinking Fountain | | Wash Basin |
| OR <input type="checkbox"/> TRANSFER FEE \$[6.00] | | 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 |
| | | Fixtures (Subtotal) Column 2 | <u>0,4</u> | |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | | |

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