

Location of Construction: 31-33 Alder St		Owner: XXXXX Ahlquist, Oren		Phone:	
Owner Address: 266 Beech Ridge Rd Scarborough, ME 04074		Lease/Buyer's Name:		Phone: 839-4296	
Contractor Name: SAA		Address:		Phone:	
Past Use: 4-fam		Proposed Use: Same		COST OF WORK: \$ 45,000.00 PERMIT FEE: \$ 245.00 250.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: R2 Type: 5B Signature: <i>[Signature]</i> BOCA 96 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: _____	
Proposed Project Description: Rehab after fire - No structural damage No layout change					
Permit Taken By: Mary Gresik			Date Applied For: 07 January 1997		

Permit No: 970029

PERMIT ISSUED

Permit Issued:
JAN 15 1997

CITY OF PORTLAND

Zone: B-2 CBL: 033-D-017/0118
 Zoning Approval: 4-family ok in microdistrict
 OK for conditions us 1/10/97
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

- This permit application doesn't 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..

30-3525 15370
 30-3526 15371

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

Oren Ahlquist
 SIGNATURE OF APPLICANT Oren Ahlquist ADDRESS: _____ DATE: 07 January 1997 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: 1/8/97
D. Andrew B

CEO DISTRICT 2
A Rowle

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 31 & 33 Alder St

PROPERTY OWNERS NAME

Last: Ahlquist First: Olson
Applicant Name: Edward J Conroy
Mailing Address of Owner/Applicant (if Different): 13 Ham Rd, Scarborough, ME 04074

PORTLAND Date Permit Issued: 02 10 97 PERMIT # 6001 STATE COPY \$ 32.00 FEE Double Fee Charged
L.P.I. # 0124
234 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.

Edward J Conroy
Signature of Owner/Applicant Date: 2/10/97

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

Date Approved

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING <u>✓</u> <u>relocate sewer pipe & replace some plumbing lines & fixtures</u></p>	<p>Type Of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>Federal Govt Offices and Broken Lines</u></p>	<p>Plumbing To Be Installed By:</p> <p>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>2492</u></p>
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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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
		\$		Fixture Fee
		\$		Transfer Fee
		\$		Hook-Up & Relocation Fee
		\$ <u>12.00</u>		Permit Fee (Total)

COMMENTS

1-28-01 - no down pipe stickers / Floor joist final N/A (seems right) 2x8 16' oc
 Rear 2nd Floor / Roof Deck 2x8 2'0" span 7'4" 8'
 3rd Fl. Rear 2x8 Rafter's 2'0" span 14'
 No ASTM 5897 - EPS 142 IR4407 11/15/01 BT + EST 7661 180PSI @ 98.0"
 100 12' @ 50% 500 BT @ 780" Tubing Un-12961014 / and tubes for
 1st floor + kitchen type N 1/2" copper to Aqua Apex WTR SCS
 From tub @ tub back vent is 4" sch 40 pipe No 2 closed ON @ time of Insp.
 some small pieces of pipe -

9/15/05 Closed
 G Lowe

Dear Tuttle Rob'bie

624-8603

Type Inspection Record Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____