

Permit		
--------	--	--

Location of Construction: 307 Cumberland Ave	Owner Name: York Cumberland Housing Develop	Owner Address: 307 Cumberland Ave	Phone: 839-8276
Business Name:	Contractor Name: Benchmark	Contractor Address: 650 Main St So. Portland	Phone: 2078742963
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B3
Past Use: Office space	Proposed Use: Office space w/some partitions removed, ADA shower added	Permit Fee: \$912.00	Cost of Work: \$99,000.00
Remove some interior partitions, add ADA shower		CEO District: 1	
		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
		INSPECTION: Use Group B Type: 5B Signature: <i>[Signature]</i> 9/26/03	
		ES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

08/14/2003	Zoning Approval		
	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"/> Date: <i>OK 9/24/03</i>	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 Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>

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 provision of the code(s) applicable to such permit.

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

9/18/03 - Spoke to contractor and asked why plumbers / close-in inspection not done before asking for final inspection - Mike urgent called Benchmark and asked why work was performed without a permit + received an unsatisfactory answer.

9/19/03 - CO per MSN - w/ Mike Collins + Lt. Mac - OK to occupy per MSN - TM

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	307 Cumberland Ave

PROPERTY OWNERS NAME

Last:	YVES COMPERLAND	First:	HOUSSIER
-------	-----------------	--------	----------

Applicant Name:	YVES COMPERLAND
-----------------	-----------------

Mailing Address of Owner/Applicant	307 Cumberland Ave Portland ME 04107
------------------------------------	--------------------------------------

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.

Yves Comperland

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

2003-8295

PORTLAND
Date Permit Issued: 8/22/03
Local Plumbing Inspector Signature: *Tommy Moore*

8591 TOWN COPY
\$424.00 FEE Charged
L.P.I. # 3.60.1

033 UOIF

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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 type="checkbox"/> OTHER-SPECIFY <u>LIVE FITG</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
---	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb/ Sillcock		Bathtub (and Shower)
		Floor Drain	0 1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0 1	Sink
		Drinking Fountain	1 2	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6 00]		Indirect Waste	2 2	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	0 6	Fixtures (Subtotal) Column 1
			0 6	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			43	Permit Fee (Total)