



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 279 State St

CBL 036 D010001

Issued to Mansfield Linda R /self

Date of Issue 01/13/2005

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. 04-1786, ~~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.

PORION OF BUILDING OR PREMISES

entire

APPROVED OCCUPANCY

4-unit/ Multi-Family
R-2 Type3B

Limiting Conditions:

This C of O does not certify Building Code Compliance.

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

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

12-30-04

Did inspection and verified
Basement unit removed
making it a 4 unit APT Building
Mw

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2004-8500

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	277 State Street

PROPERTY OWNERS NAME

Last: <u>MacDonald</u>	First: <u>Linda</u>
Applicant Name:	<u>GARY TURNER</u>
Mailing Address of Owner/Applicant (if Different)	<u>167 Emerald Rd Ext. Cumberland ME 04021</u>

PORTLAND	PERMIT # 9300	TOWN COPY
Date Issued: <u>12/3/04</u>	\$ <u>136.00</u>	Double Fee Charged <input type="checkbox"/>
<u>G. Turner</u>	L.P.I. # <u>0641</u>	
Local Plumbing Inspector Signature		

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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

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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 type="checkbox"/> OTHER-SPECIFY _____	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

Maximum of 1 Hook-Up	Number	Type of Fixture	Number	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		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		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		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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