

Location of Construction: 40 Free St		Owner: CORPORATION OF AMERICA		Phone:	
Owner Address:		Lease/Buyer's Name: NORMAN PILGRIM HEALTH CARE		Phone:	
Contractor Name: Signature Signs		Address: P.O. Box 1913 Portland, ME 04106		Phone: 543-4500	
Past Use: Office		Proposed Use: Office		COST OF WORK: \$ PERMIT FEE: \$ 31.00	
Proposed Project Description: Office Signage 16 (1 & 15)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature:	
Permit Taken By: Mary Grechik		Date Applied For: 10 April 1996			

Permit No: **960674**

PERMIT ISSUED

Permit Issued:
JUL 12 1996

CITY OF PORTLAND

Zone: CBL: 020-101

Zoning Approval:
OK - S.M.W.

Special Zone or Reviews:

- Shoreland
- Wetland
- Flood Zone
- Subdivision
- Site Plan maj minor mm

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. This permit application doesn't 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..

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

SIGNATURE OF APPLICANT: *Mary Grechik* ADDRESS: DATE: 10 April 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**

T. [unclear]

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	<u>Portland</u>
Street Subdivision Lot #	<u>42 W. 11th St.</u>
PROPERTY OWNERS NAME	
<u>John River Co.</u>	
Last: <u>John</u>	First: <u>River</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	<u>42 W. 11th St.</u>

PORTLAND 5782 TOWN COPY

Date Permit Issued: 10/21/96 \$ 12 FEE If Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 0124

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.

Signature of Owner/Applicant [Signature]

Date 10/21/96

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 Tammy Munson

Date Approved 9-96

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 checked="" type="checkbox"/> OTHER — SPECIFY <u>COMMERCIAL</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>ML5101001320</u>
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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. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
\$ Hook-Up & Relocation Fee		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR TRANSFER FEE \$6.00		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>03</u>	Fixtures (Subtotal) Column 1
			<u>00</u>	Fixtures (Subtotal) Column 2
			<u>3</u>	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>12.</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE