

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Owner:		Phone:		Permit No: 981409	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		Permit Issued: DEC 14 1998	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>5B</i> Type: <i>5B</i>	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning: <i>GBL 40 A-27</i>	
				Signature: _____ Date: _____		Zoning Approval:	
Permit Taken By:		Date Applied For:				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"/>	

1. This permit application does not 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..

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 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 provisions of the code(s) applicable to such permit

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

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: _____

CEO DISTRICT

a



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

JUL 29 1999
CITY OF PORTLAND

040-A-027 990805

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 50 Maple St. Use of Building Res. 1-Fam Date 7-26-99

Name and address of owner of appliance Jim Shannon 50 Maple St

Installer's name and address James Godbout PbH 183 Granite St. Bldg. no
Telephone 283-1200

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas NAT.
- Oil
- Solid

Appliance Name: Viessmann or ~~burnham~~ Burnham

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # 05993
- Solid Fuel # _____
- Oil # 9547
- Gas # PNT 1440
- Other _____

Type of Chimney:

Masonry Lined
Factory built _____

Metal
Factory Built U.L. Listing # _____

Direct Vent
Type Tjernlund HST UL# or 29-4C stainless

Type of Fuel Tank

- Oil
- Gas

Size of Tank N/A

Number of Tanks _____

Distance from Tank to Center of Flame _____ feet.

Cost 7,000 - ✓
Fee 66.00

Approved

Fire: _____
Ele.: _____
Bldg.: # _____

Approved with Conditions

See attached letter or requirement

Signature of Installer James M. Godbout

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

#2

PLUMBING APPLICATION

040-A-027

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 50 Maple St.

PROPERTY OWNERS NAME

Last: (Contractor) Tim Higgins First: _____

Applicant Name: Jim Godbout PPH

Mailing Address of Owner/Applicant (if Different): 183 Granite St. Biddeford Me

PORTLAND Date Permit Issued: <u>7 28 99</u>	PERMIT # <u>6966</u>	STATE COPY \$ <u>160</u> FEE <input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # <u>0124</u>

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.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

James M. Schubert 7-26-99
Signature of Owner/Applicant Date

Local Plumbing Inspector Signature Date Approved

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 checked="" 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 _____	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>05993</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
<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.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	14	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			15	Total Fixtures
			\$ 4-	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 60.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$60.
50
10

COMMENTS

3/8 + 3/10 - Met w/ Bill Dowd + Sam Haffses on site - instructed him he needs to have an engineer evaluate prep. before going further.

5/25 - Engineer designed beams - told Bill Dowd to have engineer give statement of proper installation - still have framing issues on interior walls. Exterior walls - framed w/ beams + lag bolts tied into cross beams.

8/13 - Plumbing R100 - not ready - didn't hold test.

8/23/99 - Framing - engineers letter on file - Right Rear needs more support - near stairs.

12/28/99 - Call for CofE - Completed work appears to be Single Family Home - does not conform to plan - Goes in to Pull Lock, etc

Inspection Record

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