ocation of Construction:	Owner:	Sac	Phone:	Permit No: 96055
wner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:		Phone:		PERMIT ISSUED Permit Issued:
ontractor Name: daids Nic Conditioning C		13 12 141788 3	707-7417	JUN 1 9 1996
ast Use:	Proposed Use:	COST OF WORK	PERMIT FEE:	3011 1 9 1990
office olde		FIRE DEPT. DA		CITY OF PORTLAND
# 1	office bity		Denied Use Group: Typ	pe:
	w 4475 syst	Signature:	BOCA 93/	M DUODA
oposed Project Description:		PEDÉSTRIAN AC	CTIVITIES DISTRICT (P.V.	Zoning Approval:
fastall 4910 syst -	201 Fla		pproved V	□ Special Zone or Reviews:
1130 CC 17 (U 3735 -	ura en		approved with Conditions:	□
				☐ Flood Zone
ermit Taken By:	Date Applied For:	Signature:	Date:	□ Subdivision □ Site Plan maj □ minor □ mm □
ermit Taken By: 1 65433	Dute Applied For.	6/3/93		Zoning Appeal
This permit application doesn't preclud		☐ Variance		
Building permits do not include plumb	☐ Miscellaneous ☐ Conditional Use			
Building permits are void if work is no	☐ Interpretation			
tion may invalidate a building permit	☐ Approved☐ Denied			
		DES		Historic Preservation Not in District or Landmark
		PERM	IT ICC	☐ Does Not Require Review
		[TIW]	IIT ISSUED H LETTER	☐ Requires Review
			TER	Action:
	CERTIFICATION			☐ Appoved
I hereby certify that I am the owner of recor				
authorized by the owner to make this appli if a permit for work described in the applic				nter all
areas covered by such permit at any reason				Date:
· .	ADDRESS:	DATE:	PHONE:	
CNATUDE OF ADDITIONALE		11016	PHUNE:	1
GNATURE OF APPLICANT	ADDRESS:	DAIL.	11101	
IGNATURE OF APPLICANT , ESPONSIBLE PERSON IN CHARGE OF		DAIL.	PHONE:	CEO DISTRICT

Column 1

Division of Health Engineering PLUMBING APPLICATION (207) 289-3826 PROPERTY ADDRESS Town Or Plantation Street PORTLAND Subdivision Lot # 20-26 5761 TOWN COPY Last Applicant Name: Mailing Address of Owner/Applicant (If Different) Owner/Applicant Statement **Caution: Inspection Required** I certify that the information submitted is correct to the best of my knowledge and understand that any faisification is reason for the Local I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. knowledge and understa Plumbing Inspector to c Muson anny Signature of Owner/Applicant oing Inspector Signature Date Approved Local Plu Date PERMIT INFORMATION This Application is for Type Of Structure To Be Served: Plumbing To Be Installed By:

1. MASTER PLUMBER 1. NEW PLUMBING 1. SINGLE FAMILY DWELLING 2. I OIL BURNERMAN 2. MODULAR OR MOBILE HOME 2. RELOCATED 3. I MFG'D. HOUSING DEALER/MECHANIC **PLUMBING** 3. II MULTIPLE FAMILY DWELLING 4. PUBLIC UTILITY EMPLOYEE 4. ☐ OTHER - SPECIFY _____ 5. PROPERTY OWNER LICENSE # OZGE

Column 2

Hook-Up & Piping Relocation

	Maximum of 1 Hook-Up	Number	Type of Fixture	Nun	ber	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection		Hosebibb / Sillcock	1		Bathtub (and Shower)
is not i	is not regulated and inspected by the local Sanitary District.		Floor Drain		-	Shower (Separate)
	OR		Urinal		1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain			Wash Basin
			Indirect Waste	1	i	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.			Clothes Washer
lin	PIPING RELOCATION: of sanitary		Grease/Oil Separator	<u>-</u>		Dish Washer
	lines, drains, and piping without new fixtures.		Dental Cuspidor			Garbage Disposal
			Bidet			Laundry Tub
	Number of Hook-Ups & Relocations		Other:		ı	Water Heater
	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		4	Fixtures (Subtotal) Column 1
					1	Fixtures (Subtotal) Column 2
	SEE PERMIT FEE SCHEDULE					Total Fixtures
	FOR CALCULATING FEE					Fixture Fee
<u> </u>					ა.	Hook-Up & Relocation Fee
	e 1 of 1 1 Rev. 9/86			\$		Permit Fee (Total)
	TOWN	COPY				and the second