

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: 980262	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address: 219		Phone: PR 870-7145		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: MAR 24 1998 CITY OF PORTLAND </div>	
Past Use:		Proposed Use:		COST OF WORK: \$			
Proposed Project Description:		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		INSPECTION: Use Group: 82 Type: 33		Zone: CBL	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		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"/>	
Permit Taken By:		Date Applied For: 10 March 1998				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	

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:

CEO DISTRICT

COMMENTS

(14:21)

3-27-98 Left mess on Ancer mach. asked for call back 3-30-98 Greg Dayton ^{Returned} call
said he understands the conditions. will call when ready.

6-15-98 Spoke with Greg D. 08:20: Stairs to 2nd Floor in carriage house must
be 36" w. and, 3rd Floor in 11 million will be (1 one) master Bath Room, one Small
Bed Room, with Large Room Remaining unfinished at this time. (TER)

7/16/98 ...

... Issue ...

Inspection Record

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

Issued to *Hellen St. Inc.*

Date of Issue

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. 980262, 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.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

*4 Unit Apartment Complex
(3 units front bldg)
(1 unit rear bldg)*

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

[Signature]

(Date)

Inspector

[Signature]

Inspector of Buildings

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

177-C-24

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 11 Mellen St

PROPERTY OWNERS NAME

Last: Green, Douglas Properties First: _____

Applicant Name: Caren Waltz

Mailing Address of Owner/Applicant (If Different): 321 Lincoln St, South Portland, Me 04106-0400

PORTLAND PERMIT # 6493 STATE COPY
Date Permit Issued: 5/28/98 \$ 576.10 FEE Double Fee Charged
[Signature] L.P.I. # 2124
Local Plumbing Inspector Signature

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] 5-28-98
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 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 checked="" 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>01526</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.	1	Hosebibb / Sillcock	1	Bathtub (and Shower) <u>1/2" m.s.</u>
		Floor Drain	1	Shower (Separate) <u>2"</u>
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink <u>1 1/2" m.y</u>
		Drinking Fountain	4	Wash Basin <u>1 1/2" m.y</u>
OR TRANSFER FEE (\$6.00)		Indirect Waste	1	Water Closet (Toilet) <u>3" m.</u>
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor	1	Garbage Disposal <u>2"</u>
		Bidet		Laundry Tub
		Other: _____		Water Heater
	1	Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			14	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>4.00</u>	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE