

8/28/01 Inspected walls & Plumbing for close-in 57-K4
OK to close. Need to verify vent stack 198
Termination at next inspection. JB

1/18/02 - for final - Plumb/Elec/Carpentry all
per plan - Close out (K)

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 8/24/01
 Permit # 1826
 CBL# 057K004

LOCATION: 198 Danforth Street METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER LEIK + HILARY LAUDEMAUS
 TENANT _____ PHONE # 774-5777

							TOTAL	EACH	FEE	
OUTLETS	<u>20</u>	Receptacles	<u>10</u>	Switches		Smoke Detector	<u>4</u>		.20	
FIXTURES	<u>10</u>	Incandescent		Fluorescent		Strips			.20	
SERVICES		Overhead		Underground		TTL AMPS	<800		15.00	
		Overhead		Underground			>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS			25.00	
									25.00	
METERS		(number of)							1.00	
MOTORS		(number of)							2.00	
RESID/COM		Electric units							1.00	
HEATING		oil/gas units		Interior		Exterior			5.00	
	APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
		Insta-Hot		Water heaters		Fans			2.00	
		Dryers		Disposals		Dishwasher			2.00	
		Compactors		Spa		Washing Machine			2.00	
		Others (denote)							2.00	
MISC. (number of)		Air Cond/win							3.00	
		Air Cond/cent				Pools			10.00	
		HVAC		EMS		Thermostat			5.00	
		Signs							10.00	
		Alarms/res							5.00	
		Alarms/com							15.00	
		Heavy Duty(CRKT)							2.00	
		Circus/Carnv							25.00	
	<u>X</u>	Alterations							5.00	<u>5.00</u>
		Fire Repairs							15.00	
		E Lights							1.00	
		E Generators							20.00	
PANELS		Service		Remote		Main			4.00	
TRANSFORMER		0-25 Kva							5.00	
		25-200 Kva							8.00	
		Over 200 Kva							10.00	
							TOTAL AMOUNT DUE			
							MINIMUM FEE/COMMERCIAL 45.00			
							MINIMUM FEE	35.00		

INSPECTION: Will be ready 8/24/01 or will call _____
Roughin Bath etc.

CONTRACTORS NAME BRIAN O'DONNELL MASTER LIC. # M560008963
 ADDRESS 103 ASH SWAMP ROAD LIMITED LIC. # _____
 TELEPHONE 883-1553

SIGNATURE OF CONTRACTOR Brian O'Donnell

4500

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	198 Danforth St
Subdivision Lot #	
Last: <u>Askwitz</u>	First: <u>Hillman</u>
Applicant Name:	<u>Rolf Caparicio</u>
Mailing Address of Owner/Applicant (If Different)	<u>1231 Forest Ave Portland ME 04103</u>

PORTLAND	7805	TOWN COPY
Date Permit Issued:	<u>8/17/01</u>	\$ <u>241.00</u> <input type="checkbox"/> Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. # <u>01127</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 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 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>006951</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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	1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			3	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

#3

Loc

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	198 DRINKWORTH ST
Subdivision Lot #	

PORTLAND Date Permit Issued:	7781	TOWN COPY	<input type="checkbox"/> If Double Fee Charged
	7/26/01	\$214.00	FEE
Local Plumbing Inspector Signature		L.P.I. #	0124

Last: LANDAUMS First: HILARY.

Applicant Name: WAYNE S P & H.

Mailing Address of Owner/Applicant (If Different): 157 ST JOHN ST PORTLAND ME

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] 7/24/01
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 checked="" 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>11568</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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR TRANSFER FEE [\$6.00]		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		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
		3		
	Fixtures (Subtotal) Column 2		3	Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
			3	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24
124
24