

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

Location of Construction: 44 Meridian St- Peaks Island		Owner: Kevin & Nancy Clark		Phone:		Permit No. <b>960241</b>	
Owner Address: 85-B-8 143 Westford St-Chelsea#odd		Leasee/Buyer's Name: 44		Phone:		Business Name:	
Contractor Name: Weigel Construction, Inc		Address: Two Glen Rd- Falmouth ME 04105		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:                  APR - 9 1996  <b>CITY OF PORTLAND</b> </div>	
Past Use: 1-fam dwlg w porch		Proposed Use: 1-fam dwlg w enclosed porch		COST OF WORK: \$ 5300 PERMIT FEE: \$ 50 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <i>03</i> Type: <i>7</i> Signature: <i>[Signature]</i>			
Proposed Project Description: enclose existing porch				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: 4/2/96		Date Applied For: L Chase					

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..

Zone: *IR-2* CBL: \_\_\_\_\_

Zoning Approval: *OK per 14 132*

**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: *4/4/96*

**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]* 4/2/96 731-5509

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

*[Signature]*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT 6

*A. Proulx*

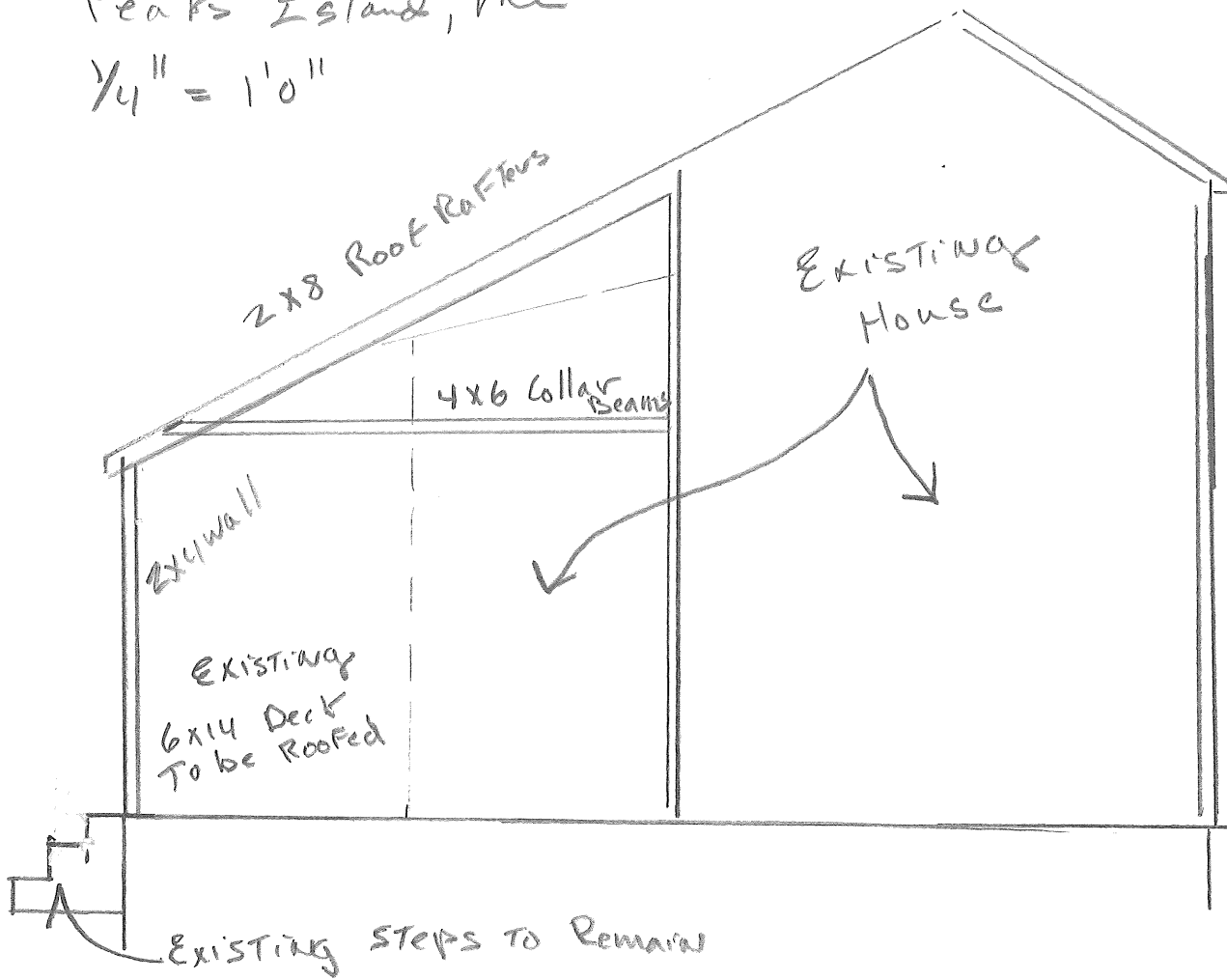
COMMENTS

8.8.96 Job looks completed no access, all

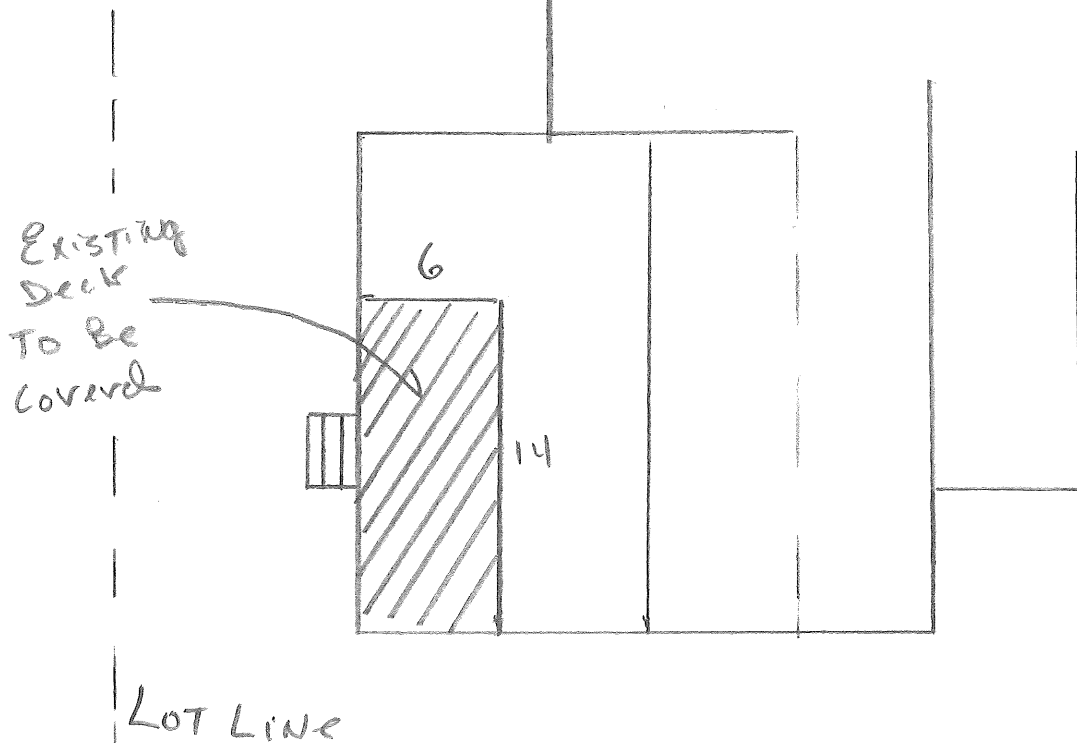
Inspection Record

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

Kevin + Nancy Clark  
Meridian ST.  
Peaks Island, Me  
 $\frac{1}{4}'' = 1'0''$



Floor Plan  $\frac{1}{8}'' = 1'0''$



# PLUMBING APPLICATION

③ 085-C-001

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: 55 VETERANS ST  
Street Subdivision Lot #: PEAKS ISLAND

## PROPERTY OWNERS NAME

Last: First:  
Applicant Name: STEVE MAC ISAAC  
Mailing Address of Owner/Applicant (if Different): 169 WAINICK ST, PORTLAND, ME 04102

PORTLAND 5964 TOWN COPY

Date Permit Issued: 1-6-97

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

\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] FEE Double Fee Charged

## 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.

*Steven Mac Isaac* 1-6-97  
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

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type Of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER — SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</p>
---	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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.  <b>OR</b> <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
	0, 6	0, 5
		2, 9
		<b>Total Fixtures</b>
		\$ 24.00 <b>Fixture Fee</b>
		\$ <b>Transfer Fee</b>
		\$ <b>Hook-Up &amp; Relocation Fee</b>
		\$ 24. <b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

base 20

TOWN COPY

085-C-001

