

may  
or  
June } close in

5/23/01 per Daily Records Close in plumb, elect,  
& Bldg OK to close. JB for \$KW

10/3/01 final inspection - All HW smokes tested  
Unit 1 1st FL. Unit 2 2nd & 3rd FL  
Job completed JB

111-C-3  
# 01-0339

# PLUMBING APPLICATION

Step 1  
Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	100 DERBYFIELD RD
Last: <u>SMITH</u>	First: <u>BRAD</u>
Applicant Name:	WAYNES PLUMBING
Mailing Address of Owner/Applicant (If Different)	158 ST JOHN ST PORTLAND ME 04101

111C 003 #2

PORTLAND Date Permit Issued:	7687	TOWN COPY	<input type="checkbox"/> If Double Fee Charged
<u>5/15/01</u>		\$ <u>2410.00</u>	
<u>[Signature]</u> Local Plumbing Inspector Signature		L.P.I. # <u>01124</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] / 5/15/01  
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.

[Signature]  
Local Plumbing Inspector Signature

18/3/01  
Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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>

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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	1	Wash Basin
<b>OR</b>  TRANSFER FEE [\$6.00]		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
	1	Other: <u>WET SINK</u>		Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			4	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# 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 5/18/01  
 Permit # 1515  
 CBL# 111 C 003

LOCATION: 100 Deerfield Rd METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	<u>25</u>	Receptacles	<u>10</u>	Switches	<u>11</u>	Smoke Detector		.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	
	Alterations						5.00		
	Fire Repairs						15.00		
	E Lights						1.00		
	E Generators						20.00		
PANELS		Service		Remote		Main		4.00	
		0-25 Kva						5.00	
TRANSFORMER		25-200 Kva						8.00	
		Over 200 Kva						10.00	
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	35.00	<u>45.00</u>

INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME Joe Dube B/B/n Dube Elect MASTER LIC. # 4981  
 ADDRESS 22 Snow Rd Scarborough 04074 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 885-0030

SIGNATURE OF CONTRACTOR [Signature]