

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

Location of Construction: 546 Deering Ave		Owner: Maine St. Saco Corp.		Phone: 799 9057		Permit No: <b>001198</b>	
Owner Address: Mark Jordan, 617 Broadway, S. Portland 04106		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Mark Jordan		Address: 617 Broadway, S Portland 04106		Phone:		Permit Issued: <b>OCT 25 2000</b>	
Past Use:  Commercial		Proposed Use:  Commercial		COST OF WORK: \$ 75,000.00		PERMIT FEE: \$474.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <b>B3</b> Type <b>3B</b> <b>BOCS-94</b>	
Proposed Project Description:  AMENDMENT to Permit # 001132				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <i>[Signature]</i>	
				Action: Approved Approved with Conditions Denied		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: Gayle		Date Applied For: October 18, 2000 GG		Signature:		Date:	

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..

## 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

October 24, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED  
WITH REQUIREMENTS

**Historic Preservation**  
☒ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

Action:

☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: *[Signature]*

PERMIT ISSUED  
WITH REQUIREMENTS  
C/O DISTRICT



# COMMENTS

11-1-00 went to site. Met w/ MARK Jordan. Checked REBAR, Pinning, soil conditions, and property lines. O.K. to proceed w/ footing. Backfill inspection to occur on 11/2/00 JR

11/2/00 - checked footing & material for backfill - forms up & look good - OK to backfill - Tom M

12/21/00 OK for CGO. Allow close permit JR

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

# PLUMBING APPLICATION

125-F-004 #3

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or  
Plantation

Portland

Street  
Subdivision Lot #

546 Deering St

Last:

Dunkin Donuts

Applicant  
Name:

Steve Grazzo P+H

Mailing Address of  
Owner/Applicant  
(If Different)

74 Lynmoor Dr.  
Scarborough 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 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. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

### Type of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY Commercial

### Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 7844

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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]

Number

Column 2  
Type of Fixture

Number

Column 1  
Type of Fixture

Hosebibb / Sillcock

Bathtub (and Shower)

1 Floor Drain

Shower (Separate)

Urinal

1 Sink

Drinking Fountain

4 Wash Basin

3

Indirect Waste

1

Water Closet (Toilet)

Water Treatment Softener, Filter, etc.

Clothes Washer

1 Grease / Oil Separator

Dish Washer

Dental Cuspidor

Garbage Disposal

Bidet

Laundry Tub

Other: \_\_\_\_\_

1

Water Heater

Fixtures (Subtotal)  
Column 2

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee  
(Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE