

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

Location of Construction: <u>30 Saunders St.</u> Owner Address:		Owner: <u>William and Deborah Train</u>		Phone: <u>799-3882</u>		Permit No: <u>970601</u> <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED JUN 16 1997 CITY OF PORTLAND </div>
<u>3 Stuart Street</u> Contractor Name:		Lessee/Buyer's Name:		BusinessName:		
Past Use: 2 family unit		Proposed Use: 3 family unit		COST OF WORK: \$		Permit Fee: \$ <u>25 + 50</u> INSPECTION: Use Group <u>R3</u> Type: <u>5B</u> Signature: <u>[Signature]</u>
Proposed Project Description: Conditional Use Appeal Change Use,		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <u>[Signature]</u>		
Permit Taken By: <u>Vicki Dover</u>		Date Applied For: <u>5/22/97</u>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Signature: _____ Date: _____		Zone: <u>R-5</u> CBL: <u>F</u> <u>130-6-10</u> Zoning Approval: <u>[Signature]</u> <u>4/4/97</u> Special Zone or Reviews: <input type="checkbox"/> Shoreland <u>NO EXTENSION</u> <input type="checkbox"/> Wetland <u>open egress allowed</u> <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

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 <u>Patricia Balzano</u> 799-3882 Pat Balzano for owners	ADDRESS:	DATE: <u>5-29-97</u> <u>5/22/97</u>	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector			PHONE:

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Appoved
 Approved with Conditions
 Denied

Date: 5/29/97

[Signature]

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CEO DISTRICT

m. LeAVY

PLUMBING APPLICATION

130-F-010

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 30 Saunders St

PROPERTY OWNERS NAME

Last: Train First: William
Applicant Name: Arnold Whitten
Mailing Address of Owner/Applicant (If Different): 191 Cottage Rd, Sp. Portland, Me

PORTLAND 6550 TOWN COPY

Date Permit Issued: 7/23/98 \$ 112.00 FEE If Double Fee Charged

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

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.

Arnold Whitten 7/23/98
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. 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 _____

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 # 12545

130-F-010

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