

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

Location of Construction:		Owner:		Phone:		Permit No: 981223	
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name:		Address:		Phone:		Permit Issued: OCT 28 1998	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A3 Type: 5-B 00CA96	
Proposed Project Description:				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/>		Special Zone or Reviews:	
				Approved with Conditions: <input type="checkbox"/>		<input type="checkbox"/> Shoreland	
				Denied: <input type="checkbox"/>		<input type="checkbox"/> Wetland	
Permit Taken By:		Date Applied For:		Signature:		Date:	
						<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 ISSUED
OCT 28 1998
CITY OF PORTLAND

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..

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: _____

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	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT

COMMENTS

11/3/98 Ret'd Call for Pre-Con - [unclear] [unclear]

11/4/98 - Pre/Con w/ Mo Umbel - went over conditions - they will call 13-9
pouring concrete (one to be marked) etc

1/13/99 - Sent tubes - depth ok - Builder will submit amendment
showing pattern for approx. @ 10

4/2/99 - Rough plumbing ok - rough framing ok except for [unclear]
head clearance on new (replacement) boiler. Plans that did not show
plans - Builder will submit amendment on these items
& detail on back for approval. Reviewed ground rails ballistics
in detail 4/12/99 [unclear]

Inspection Record

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

② 139-D-007

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 35 Mackworth St

PROPERTY OWNERS NAME

Last: Umbel First: Linda
Applicant Name: John Scott
Mailing Address of Owner/Applicant (If Different): 291 Derrig Ave.

PORTLAND PERMIT # 6827 STATE COPY
Date Permit Issued: 4.7.99 \$ 32 # Double Fee Charged
L.P.I. # 0124
157 _____
Local Plumbing Inspector Signature

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.

John A. Umbel
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.

_____ Date Approved _____
Local Plumbing Inspector Signature

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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 _____	1. <input 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>176521</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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	01	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	01	Sink
		Drinking Fountain	02	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	02	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	01	Dish Washer
		Dental Cuspidor	01	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>378</u>	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

\$ 32.