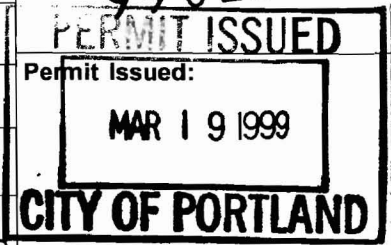


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 76 Parkside Ave		Owner: [Handwritten Name]		Phone: [Handwritten]		Permit No: 990231	
Owner Address: 10 Starbuck Drive Portland, ME 04103		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: [Handwritten]		Address: P.O. Box 79 Portland, ME 04114		Phone: 799-3651		Permit Issued: MAR 19 1999	
Past Use: [Handwritten]		Proposed Use: [Handwritten]		COST OF WORK: \$ 30,000		PERMIT FEE: \$ 170.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: AB Type: 5B DOCA96	
Proposed Project Description: [Handwritten]				Signature: [Handwritten]		Signature: [Handwritten]	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		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: [Handwritten]		Date Applied For: 3-18-99				Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	



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

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

139-D-022

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 80 Parsons Rd

PROPERTY OWNERS NAME

Last: Konkied First: Susan
Applicant Name: Rolf Caspary
Mailing Address of Owner/Applicant (If Different): 1231 Forest Ave Portland Me 04103

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.

Signature of Owner/Applicant: _____ Date: _____

PORTLAND Date Permit Issued: 5.4.99 PERMIT # 6866 STATE COPY FEE \$ 36 If Double Fee Charged
Local Plumbing Inspector Signature: _____ L.P.I. # 0124

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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>06694</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>2</u>	Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>2</u>	Wash Basin
		Indirect Waste	<u>3</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>1</u>	Water Heater
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		<u>7</u>	Fixtures (Subtotal) Column 1
			<u>2</u>	Fixtures (Subtotal) Column 2
			<u>9</u>	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$ <u>36</u>	Hook-Up & Relocation Fee
			\$ 108	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE