City of Portland, N	Maina Ruil	ding on Uso	Donmi	t Annliest	ion	Permit No):	DEDM Issue Dat	IT IS	SU	\mathbf{D}_{BL}	:	
389 Congress Street,		0					0276			.,	1.	6 F0	6035
Location of Construction:		Owner Name:				Owner Addre	es:	MAR	30	2005	Phon	e:	
610 Baxter Blvd		Ferris Geraldine G				610 Baxter	· Blvd :	# 35					
Business Name:	_	Contractor Name	2:		(Contractor Address: OLTV OF			. DOD	\T1	Propr		
Jeda Mechanic			cal			37 Marlborough Rel Portland			PUN	ORTI 12078381828			
Lessee/Buyer's Name	er's Name Phone:				F	Permit Type: HVAC				Zone: 			
Past Use:		Proposed Use:		<u> </u>		Permit Fee: Cost of Work			rk:	CEO District:			
multi- family Instal			nstall a Regency Gas			\$48.00 \$3,000.				00 4			
			社士	35	_ h	FIRE DEPT: Approved			INSPE	NSPECTION:			
Legal Curen	Inse; 69	5 residen	f incl	_ Endomi	me	J.		Denied	Use G	roup:	22		Type:
Proposed Project-Descripti	on:									\mathcal{N}		Ω	i 1
Install a Regency Gas	Fireplace				_ ⊢	Signature: Signature MB 3/24/05							
,					I	PEDESTRIA	N ACT	IVITIES DIS	TRICT	(P.Ą.I) .)		1 1
; 						Action: Approved Approved					w/Conditions Denied		
				Signature:						Date:			
Permit Taken By:	03/18	plied For:				\mathbf{Z}	oning	g Approv	al				
			Spe	cial Zone or R	eview	s	Zoni	ng Appeal		I	Iistori	ic Pres	ervation
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Shoreland With In				☐ Variance			Not in District or Landman			
Building permits do not include plumbing, septic or electrical work.			☐ Wetland				Miscellaneous			Does Not Require Review			
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			Flood Zone			Conditional Use				Requires Review			
			Subdivision			Interpretation				Approved			
			Si	te Plan			Approv	ed			Appro	ved w/	Conditions
			Maj Minor MM			Denied				☐ Denied			
			Date:	3/2/1	05	Date:				Date:	`	\checkmark	
				4 41	- 0							\nearrow	
I hereby certify that I at I have been authorized jurisdiction. In addition shall have the authority	by the owner to	make this appl work describe	med proication and in the	as his authori application i	it the	proposed agent and I ued, I certi	agree fy that	to conform the code of	to all a	applio autho	cable orized	laws d repi	of this esentative
such permit.													
SIGNATURE OF APPLICA	NT			ADDR	ESS			DAT	 E			PHC	NE
SIGNATURE OF APPLICA	IN I			ADDR	KESS			DAT	E			РНС	INE

PHONE

DATE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Total Fixtures

PLU	IBING A	APPLICATION	ON			Division of Health Engineering						
	PROPERTY	ADDRESS	**************************************		4.0							
Town or Plantation	\$ r	1 .		2005-8060								
Street Subdivision Lot #	2115	7 FW J 6	T 12	- Come	C " TOUR CORY							
PR		WNERS NAME		Permit 0 212	Permit Date FEE Charged							
Last: McCA	HIH	First: J. J. (<u></u>	Issued: U	ector Signature	L.P.I. # O 1 6 4 1						
Applicant Name:	5 4	~\ <i>E</i>		Local Fidulishing	・ とき ことの おりとを属させる対象を予防な器事間が生まり							
Mailing Address of Owner/Applicant (If Different)		+ 217 St.		156 FOOK - 158 ACUS -159 TOOK								
l certify that the knowledge and	information subn	icant Statement nitted is correct to the lany falsification is reas entit.		I have inspected compliance with t	aution: Inspec the installation author the Maine Plumbing	prized above and found it to be in						
	nature of Owner/	Applicant	Date	Local Plumbing Inspector Signature Date Approve								
1	****		PERM	IT INFORMATION								
This Applicat	This Application is for Type of			re To Be Served:	Plumbing To Be Installed By:							
1. M NEW PLUMBING 1. SINGLE			FAMILY DWE	ELLING	1. MASTER PLUMBER							
			ODULAR OR	MOBILE HOME	2. ☐ OIL BURNERMAN							
PLUMBING 3. E MU		3. 🗹 MULTIPL	E FAMILY D	WELLING	3. ☐ MFG'D. HOUSING DEALER/MECHANI 4. ☐ PUBLIC UTILITY EMPLOYEE							
		4. 🗍 OTHER -	- SPECIFY		5. 🗆 PROP	ERTY OWNER						
Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 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		Bathtub (and Shower)						
		inspected by		Floor Drain		Shower (Separate)						
OR				Urinal	4 -	Sink						
HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.				Drinking Fountain		Wash Basin						
				Indirect Waste	4-	Water Closet (Toilet)						
				Water Treatment Softener, Filter, etc.		Clothes Washer						
				Grease / Oil Separator		Dish Washer						
				Dental Cuspidor		Garbage Disposal						
TRANSFER FEE [\$6.00]				Bidet		Laundry Tub						
				Other:	_	Water Heater Fixtures (Subtotal) Column 1						
				Fixtures (Subtotal) Column 2								
		OFF DED	WIT FEE O	OUEDIU E	>8	Fixtures (Subtotal) Column 2						
		SEE PER	MIT FEE SO	CHEDULE	l	Total Fivtures						

FOR CALCULATING FEE