



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 185 Murray St

CBL 161 B008001

Issued to Frustaci Joseph /Applicant

Date of Issue 05/29/2003

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 02-0364 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family Dwelling w/ Attached Garage  
Use Group R-3 Type 5b  
(Boca 1999)

**Limiting Conditions:**

This Certificate applies to permit #02-0364 only. Any future work shall require separate permit

This certificate supersedes  
certificate issued

Approved:

*5/29/03*

(Date)

*[Signature]*

Inspector

*[Signature]*

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

1/7/02 Trimming / setback Insp. House Only

Front = 31' - Right side 15+ ok to pour JB

Note: Home plans are mirror image 6. ~~image~~ on left.

12-19-02

Checked Foundation started ok, fabric  
& rock ok to Backfill 10" Foundation  
wall  
and

2/12/02 Rough Plumbing & Elec ok  
the same ok -

Trimming Not in D

2/16/03 waste line plumbing 5105 170102 water of HC

3/7/03 - checked chimney for clearance & flashing OK -  
OK to completely close in.

Tom M

5/22/03 Final. on site  
email Goy Reynolds. Hold c/c until then GPK

all Goe. Still need IRC Final. I'll

c/c until then GPK

TO: Inspections

FROM: Jay Reynolds, Development Review Coordinator

DATE: May 28, 2003

RE: C. of O. for #185 Murray Street  
Lead CBL (161B008); Id# (2002-0100)

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Pertaining to #185 Murray Street, I have the following comments:

Site work Complete.

At this time, **I recommend issuing a permanent Certificate of Occupancy.**

Please contact me if you have any questions or comments.  
Thank You.

Cc: Sarah Hopkins, Development Review Services Manager  
Mike Nugent, Inspection Services Manager  
file

File: O:\drc\murray185.doc

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

2003-8043

## PROPERTY ADDRESS

Town or Plantation: City of Portland  
Street Subdivision Lot #: 11 Murray Street

## PROPERTY OWNERS NAME

Last: Frustaci First: Joe

Applicant Name: Saleusky & Sons P & H

Mailing Address of Owner/Applicant (If Different): Po Box 342 Cape Elizabeth, Me 04107

## 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: 2.14.09

Date Permit Issued:

02, 25, 03

\$

1616.09

If Double Fee Charged

L.P.I. #

3001

Local Plumbing Inspector Signature

161-B-008

## 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 # 12305

### 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]

### Column 2 Number Type of Fixture

2	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Dental Cuspidor
	Bidet
	Other: _____

Fixtures (Subtotal)  
Column 2

### Column 1 Number Type of Fixture

1	Bathtub (and Shower)
	Shower (Separate)
1	Sink
2	Wash Basin
2	Water Closet (Toilet)
1	Clothes Washer
1	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater

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