



Certificate of Occupancy

LOCATION 50 Graystone Ln 171-AB-011

Issued to Scott Dillenback

Date of Issue March 1, 1999

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. 980934, 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

Entire

APPROVED OCCUPANCY

Single Family Dwelling
w/attached garage & deck

Limiting Conditions:

The landscape work could not be completed due to the time of year. This work must be completed by June 15, 1999.

This certificate supersedes
certificate issued

Approved:

3/2/99
Inspector

[Signature]
Inspector of Buildings

[Signature]

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.

9-25-98 OK to Back Fill, Drains in Place Gravity to Rear of Lot.
Call and ask for on cellar stairs, and ask for call on garage
Foundation is in place and water proofed for house, 8" wall Full Footer (TR)
Change from Reylight Basement. Shower on Plans to Full Foundation
10-5-98 5/8 Rock on Garage ceiling + wall

Shine columns to top of condenser *
Fire Rate Laundry chute *

Stairs need to be - 10" T 73 1/4" R

12-1-98 - RI Plumbing - Checked 2nd floor - system filled w/ water -
not used in basement yet - OK -

10/1/98 - Drains in place, 9" pipe, trench, cleanout + Basin
Deck stairs need handrail

Cellar Stairs need STD Handrail + 10" T 73 1/4" R

Accidental shut down of
Stairs lost to Br-10 used 10" deck stairs - 10" T 73 1/4" R
Handrail chute to be 10" T 73 1/4" R - 10" T 73 1/4" R
appear that only is required w/ code

10/1/99
10/1/99
10/1/99

Inspection Record

Foundation: House Type: House Date: 9-25-98 (TR)

Framing: _____

Plumbing: _____

Final: _____

Other: _____

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

171-A-B-014

KCTM

PROPERTY ADDRESS

Town Or Plantation: Portland Maine
Street Subdivision Lot #: 50 Graystone Lane

PROPERTY OWNERS NAME

Last: Dellenback First: _____

Applicant Name: Mark Dumenau

Mailing Address of Owner/Applicant (If Different): 102 Jander Rd.

PORTLAND
Date Permit Issued: 11, 30, 98 PERMIT # 6685 STATE COPY \$ 52 Double Fee Charged
L.P.I. # 0124
Local Plumbing Inspector Signature _____ Date Approved _____

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.

Mark Dumenau
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. <input type="checkbox"/> NEW PLUMBING 2. <input 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>02162</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
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.	<u>2</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)
		Floor Drain	<u>1</u>	Shower (Separate)
		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>3</u>	Wash Basin
		Indirect Waste	<u>2</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>1</u>	<u>Tankless</u> Water Heater
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		<u>11</u>	Fixtures (Subtotal) Column 1
			<u>2</u>	Fixtures (Subtotal) Column 2
			<u>13</u>	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>52.</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

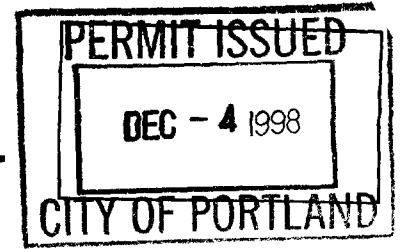


981363

FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

M1-A-B-014



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 50 Graystone Ln. Use of Building Residence Date 12-02-98

Name and address of owner of appliance Dillonback 50 Graystone Ln.

Port ME

Installer's name and address 5000 River Mechanical Chris Ryan

79 Wadsworth Rd. Dayton ME 04805 Telephone 707-499-8005

Location of appliance:

- Basement
- Attic
- Floor
- Roof

Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: Peerless

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # _____
- Solid Fuel # _____
- Oil # 21510007867
- Gas # _____
- Other _____

Type of Chimney:

- Masonry Lined
Factory built _____
- Metal
Factory Built U.L. Listing # _____
- Direct Vent
Type _____ UL# _____

Type of Fuel Tank

- Oil
- Gas

Size of Tank 275 GAL

Number of Tanks 1

Distance from Tank to Center of Flame 20 feet.

*Cost of Work \$4,000
Fee \$40.00*

Approved

Approved with Conditions

Fire: [Signature]

Ele.: _____

Bldg.: _____

- See attached letter or requirement

Signature of Installer [Signature]

White - Inspection Yellow - File Pink - Applicant's Gold - Assessor's Copy

KE/AM