



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 1093 Washington Ave

CBL 172 C004001

Issued to Ascanio James &/Owner

Date of Issue 01/05/2004

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. 03-0907, 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

2 residential units
use group: R3
type: 5B
BOCA 1999

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

1/5/04
(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.

12/16/63

Close in - fire wall - OK -

Need to add temp. glass in
1st flr bath because added shower.

Discussed room downstairs NOT being
used as a bedroom - no egress windows. TM
w/prop. owner.

12/29/63 completed OK for (J.D. Allen

2/05/64 smokes imperture, A.R.

2/12/64 Re-checked smokes. OK

to issue cb for

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	1093A Washington Ave
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Krumer	First: Arvon
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Applicant Name:	GARY TURNER
Mailing Address of Owner/Applicant (If Different)	141 Gully Rd E, Cumberland Co. Me 04001

2003-8413

Date Permit Issued: 12/15/03	\$ 115.00	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <i>[Signature]</i>	L.P.I. # 603	

172 C004001

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] 12/15/03
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.

[Signature]

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 # 024911

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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
OR		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
OR		Other: _____		Water Heater
	TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
			8	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE