

10/19/02 setback inspection done w/footings formed only. ^{39 HASTINGS}
setbacks okay - JR

1/2/03 Close in all phases - OK to proceed.

Note: Asked contractor to submit plan showing foundation as a full basement - verified drainage & damp proof.
Also - scuttle needs to be increased one way to 30."

The opening on 1st Floor into existing home will now be a 3' door - not a 5' pass thru. JR

1/2/03 See submittal for full Basement detail

2/28/03 for final - if 2 stories. Bathroom phubly
all ok - close out

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2002 - 4105

PROPERTY ADDRESS

Town or Plantation	Portland
Street	
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Proctor First: Ge F

Applicant Name: Kris Agaskov

Mailing Address of Owner/Applicant (If Different): 104 Main Street Portland ME 04105

Date Permit Issued: 12/30/02 \$ 1130.00 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0732

185 A011

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: [Signature] Date: 12/30/02

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: [Signature] Date Approved: 12/30/02

PERMIT INFORMATION

This Application is for 1. <input checked="" 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>12752</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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			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

ELECTRICAL PERMIT

City of Portland, Me.



BP

To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 12/30/02
 Permit # 0002 5062
 CBL# 185 A011

LOCATION: 39 - Hastings St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Becker
 TENANT _____ PHONE # _____

							TOTAL EACH FEE			
OUTLETS	20	Receptacles	10	Switches	2	Smoke Detector		.20	6.40	
FIXTURES	10	Incandescent		Fluorescent		Strips		.20	2.00	
SERVICES		Overhead		Underground		TTL AMPS	<800	15.00		
		Overhead		Underground			>800	25.00		
Temporary Service		Overhead		Underground		TTL AMPS		25.00		
								25.00		
METERS		(number of)						1.00		
MOTORS		(number of)						2.00		
RESID/COM		Electric units						1.00		
HEATING		oil/gas units		Interior		Exterior		5.00		
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00		
		Insta-Hot		Water heaters		Fans		2.00		
	1	Dryers		Disposals		Dishwasher		2.00	2.00	
		Compactors		Spa	1	Washing Machine		2.00	2.00	
		Others (denote)						2.00		
MISC. (number of)		Air Cond/win						3.00		
		Air Cond/cent				Pools		10.00		
		HVAC		EMS		Thermostat		5.00		
		Signs						10.00		
		Alarms/res						5.00		
		Alarms/com						15.00		
		Heavy Duty(CRKT)						2.00		
		Circus/Carnv						25.00		
		Alterations						5.00		
		Fire Repairs						15.00		
		E Lights						1.00		
		E Generators						20.00		
PANELS		Service		Remote		Main		4.00		
TRANSFORMER		0-25 Kva						5.00		
		25-200 Kva						8.00		
		Over 200 Kva						10.00		
							TOTAL AMOUNT DUE			
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	35.00		35.00

CONTRACTORS NAME Kevin Grant MASTER LIC. # _____
 ADDRESS 34 Harts way Gorham LIMITED LIC. # 8016780
 TELEPHONE 839-8020

SIGNATURE OF CONTRACTOR [Signature]