



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 53 Sewall St

CBL 190 D009001

Issued to Eye Venture Associates/n/a

Date of Issue 07/14/2003

**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. 03-0145, 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

Second Floor South Section

Limiting Conditions:

NONE

APPROVED OCCUPANCY

Office

Use Group: B

Type: 2C

BOCA 1999

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

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.



# PLUMBING APPLICATION

2003 - 8069

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation

Portland

Street Subdivision Lot #

53 SEWAL ST

## PROPERTY OWNERS NAME

Last:

Assoc

First:

EYE VENTURES

Applicant Name:

John Bellino

Mailing Address of Owner/Applicant (If Different)

950 [redacted] Side St.  
Port. ME 04103

## 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

3/7/03

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

190-D-009

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 Office Bld

### 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 # 02416

### 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

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

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

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

24

CH 25006

24  
116  
34