

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 177 Forest St		Owner: Stephen B. Lawrence		Phone: 874 8716		Permit No: 980244			
Owner Address:		Lessee/Buyer's Name:		Phone:		BusinessName:			
Contractor Name: Self		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAR 19 1998 CITY OF PORTLAND </div>			
Past Use:		Proposed Use:		COST OF WORK: \$ 25000.00				PERMIT FEE: \$ 175.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		INSPECTION: Use Group: R-3 Type 5B BOCAR 67 Signature:			
Proposed Project Description: None in the zone				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____				Zoning Approval: <input checked="" type="checkbox"/> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Stephen Lawrence		Date Applied For: 11/15/97						Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: Stephen Lawrence ADDRESS: _____ DATE: 11/15/97 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT



COMMENTS

7/24/98 - Checked R.O. Plumbing - need cleanouts in basement -
All subsurface plumbing checked by A. Powers. -
Framing - all interior non-bearing - just around bath -

8/08/07 - Closed without final S.M.H.

L

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

PLUMBING APPLICATION

198-B-010

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation	Portland
Street	127 Fenway St
Subdivision Lot #	
PROPERTY OWNERS NAME	
OLIVER, NORMA	
Last: <u>COLVEN</u>	First: <u>STEVE</u>
Applicant Name: <u>TOM JAMES</u>	
Mailing Address of Owner/Applicant (If Different): <u>19 DORSET ST PORTLAND ME 04102</u>	

PORTLAND Permit Issued: 4.9.98 PERMIT # 6451 STATE COPY FEE Double Fee Charged

L.P.I. # 0129

Local Plumbing Inspector Signature: _____
466

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.

[Signature] 4/9/98
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

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER — SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>21031</u></p>
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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
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosobibb / Sillcock	1	Bathlub (and Shower) <u>2" min</u>
		Floor Drain		Shower (Separate)
		Urinal	1	Sink <u>1 1/2" min</u>
		Drinking Fountain	1	Wash Basin <u>2" min</u>
		Indirect Waste	1	Water Closet (Toilet) <u>3"</u>
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	\$ 16.

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE