5/20/02 Footing sot backs ok M 6/28/02- Plumbing rests on OK. Francis Complete-no losues Deen-Complicated trus septem. Electrical by Mule Callins next Treesday or July OKto Close on after electrical (NSP. Card States the same, John M 818102 for temp accurage phase I Onced anoth workway to sen entine OK Despit as done to be turned out of finished - OK Thed PFD, Site plan Condition & Elei Say offor before moments on temp. Stifez - site of Coord, anhorsed temp cgo to 10/30/02 Elector sign of on phase I 10/11/12 - Shirways complete-rec'd 0x17" plans-ok-Need site, elec, +fire

02-0238 274-12-001

2002-8191 Department of Human Sciences PLUMBING APPLICATION Division of Health Engineering Town or Porland **Plantation** Street PORTLAND 1085 Brighton Auc Subdivision Lot # Applicant Mailing Address of waller - chic Owner/Applicant Pointand Ochoc (if Different) Owner/Applicant Statement s Caution: Inspection Required I certify that the information submitted is correct to the best of my I have inspected the installation authorized above and found it to be in knowledge and understand that any falsification is reason for the Local compliance with the Maine Plumbing Rules. Plumbing inspectors to deny a Permit. Signature of Owner/Applicant Date Local Plumbing Inspector Signature Plumbing To Be installed By: This Application is for Type of Structure To Be Served: 1. MASTER PLUMBER 1. MEW PLUMBING 1.

SINGLE FAMILY DWELLING 2.

OIL BURNERMAN 2.

MODULAR OR MOBILE HOME 2.

RELOCATED PLUMBING 3.

MFG'D. HOUSING DEALER/MECHANIC 3.

MULTIPLE FAMILY DWELLING 4. MOTHER - SPECIFY OSCI 4.

PUBLIC UTILITY EMPLOYEE 5.

PROPERTY OWNER LICENSE # 8.3.9.2 Hook-Up & Piping Relocation Column 2 Column 1 Type of Fixture Maximum of 1 Hook-Up Number Type of Fixture Number HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by Hosebibb / Sillcock Bathtub (and Shower) Floor Drain Shower (Separate) the local Sanitary District. Urinal Ø Sink **Drinking Fountain** Wash Basin Ø <u>HOOK-UP</u>: to an existing subsurface wastewater disposal system. Indirect Waste Water Closet (Toilet) Ø <u>PIPING RELOCATION</u>: of sanitary lines, drains, and piping without new fixtures. Water Treatment Softener, Filter, etc. Clothes Washer Grease / Oil Separator Dish Washer **Dental Cuspidor** Garbage Disposal Bidet Laundry Tub OR Other: Water Heater TRANSFER FEE Fixtures (Subtotal) [\$6.00] Column 2 SEE PERMIT FEE SCHEDULE Total Fixtures FOR CALCULATING FEE

Page 1 of 1 HHE-211 Rev. 6:94 TOWN COPY

HGOY Permit Fee (Total)

CITY OF PORTLAND, MAINE Department of Building Inspection



Certificate of Occupancy

LOCATION 1 Holm Ave

CBL 274 A001001

Issued to 1085 Brighton Ave Llc /HardyPond Construction

Date of Issue 10/18/2002

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. 02-0238 , 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

Office Building

Zone: B-1 & B-2 Use Group: B

Type: 5-B

BOCA 1999

Limiting Conditions:

This certificate supersedes certificate issued

Approyed:

Irispector

es, and ought to be trac es hands. Copy will be famished to owner or lessee for one dollar.

CITY OF PORTLAND, MAINE

Department of Building Inspection



1 Holm Ave

CBL 274 A001001

LOCATION

1085 Brighton Ave Llc /HardyPond Construction

08/15/2002

Issued to

Date of Issue

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. , 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

New Phase 1 of Building Only

APPROVED OCCUPANCY

Office Space

Zone: B-2 Use Group: B Type: 5-B

BOCA: 1999

Limiting Conditions:

Incomplete site work to be completed by 10/30/02.

This certificate supersedes certificate issued

Inspector of Buildings

se of building or premises, and ought to be transferred from nds. Copy will be furnished to owner or leases for one dollar.