

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street Subdivision Lot #: 339 PALMER AVE

PROPERTY OWNERS NAME

Last: MICKIEWICZ First: JOHN
Applicant Name: DAN BURKE
Mailing Address of Owner/Applicant (If Different): 16 PARSONAGE RD NORTH YARMOUTH 04167

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: 11/16/03

2003-8390

PORTLAND Date Permit Issued: 11/12/03 8690 TOWN COPY \$ 142.00 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 00910

353 C007001

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

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	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>25331</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	1	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.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
OR		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Fixtures (Subtotal) Column 2
			6	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

CHK# 9053

42.00/00
10
TOWN COPY 32.00/00

4200/00

ELECTRICAL PERMIT

City of Portland, Me.



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

NOV 12 2003

Date 11-12-03
Permit # 2603-5073

CBL# 353 C007001



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:

LOCATION: 339 Palmer Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER John A. Mikiewicz
 TENANT _____ PHONE # _____

				TOTAL EACH FEE				
OUTLETS	35	Receptacles	25	Switches	Smoke Detector	60	.20	12.00
FIXTURES	20	Incandescent		Fluorescent	Strips	20	.20	4.00
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 APPLIANCES		oil/gas units		Interior	Exterior		5.00	
		Ranges		Cook Tops	Wall Ovens		2.00	2.00
		Insta-Hot		Water heaters	Fans		2.00	
		Dryers		Disposals	Dishwasher		2.00	2.00
		Compactors		Spa	Washing Machine		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 Alan B. Carrow MASTER LIC. # M56064944
 ADDRESS 573 Sligo Rd N. Yarmouth ME LIMITED LIC. # _____
 TELEPHONE 846-0047 640-097
318-6600 ext
 SIGNATURE OF CONTRACTOR [Signature]