

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                       |                            |                     |
|-----------------------|----------------------------|---------------------|
| Permit No:<br>03-1135 | Issue Date:<br>OCT 09 2003 | CBL:<br>375 A023001 |
|-----------------------|----------------------------|---------------------|

|   |  |   |                        |
|---|--|---|------------------------|
| Location of Construction:<br>94 Auburn St | Owner Name:<br>94 Auburn Llc                 | Owner Address:<br>Po Box 2133               | Phone:<br>207-774-6226 |
| Business Name:<br>n/a                     | Contractor Name:<br>Allied/Cook Construction | Contractor Address:<br>PO Box 1396 Portland | Phone:<br>2077722888   |
| Lessee/Buyer's Name<br>n/a                | Phone:<br>n/a                                | Permit Type:<br>Additions - Commercial      | Zone:<br>B1            |

|   |   |   |   |                    |
|---|---|---|---|--------------------|
| Past Use:<br>Commercial / Office  | Proposed Use:<br>Office / Adding interior elevator, sprinkler system, stair, corridor and office renovations. | Permit Fee:<br>\$2,010.00   | Cost of Work:<br>\$221,000.00   | CEO District:<br>2 |
| Proposed Project Description:<br>Adding interior elevator, sprinkler system, stair, corridor and office renovations.<br><br><i>Elec 2003-5388</i> |   | FIRE DEPT:<br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied | INSPECTION:<br>Use Group: B Type: 5B<br><i>10/7/03</i><br><i>Ch J A</i> |                    |
|   |   | Signature:<br><i>WMM?</i>   | Signature:<br><i>Ch J A</i>   |                    |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)   |   |   |   |                    |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied                          |   |   |   |                    |
| Signature: _____ Date: _____  |   |   |   |                    |

|   |                                 |  |  |   |
|---|---------------------------------|--|--|---|
| Permit Taken By:<br>gl.   | Date Applied For:<br>09/16/2003 | <b>Zoning Approval</b>   |  |   |
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol> |                                 | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <b>Historic Preservation</b><br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied |
|   |                                 | Date: <i>9/23/03</i>   | Date: _____  | Date: _____   |

**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 provision of the code(s) applicable to such permit.

|   |         |      |       |
|---|---------|------|-------|
| SIGNATURE OF APPLICANT                      | ADDRESS | DATE | PHONE |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE |         | DATE | PHONE |

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation

Portland

Street Subdivision Lot #

94 Auburn St

## PROPERTY OWNERS NAME

Last:

Hellyday

First:

Mike

Applicant Name:

Wolf Casparys

Mailing Address of Owner/Applicant (if Different)

1231 Forest Ave Portland 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

5/8/02  
Date

PORTLAND

Date Permit Issued:

5/8/02  
J. Boel  
Local Plumbing Inspector Signature

8084

TOWN COPY

\$ 214.00

Double Fee Charged

L.P.I. #

9,736

## 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

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 building

### 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 # 1060951

### 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 Type of Fixture

| 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)<br>Column 2        |

### Column 1 Type of Fixture

| 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)<br>Column 1 |
|        | Fixtures (Subtotal)<br>Column 2 |
|        | <b>Total Fixtures</b>           |
|        | Fixture Fee                     |
|        | Transfer Fee                    |
|        | Hook-Up & Relocation Fee        |
|        | <b>Permit Fee (Total)</b>       |

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

24  
15  
37