

Location of Construction:		Owner:		Phone:		Permit No: 000974	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		Permit Issued: SEP 11 2000	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEE: \$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A-3 Type 50 BOCA 99	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal: 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:		Date Applied For:		Signature:		Date:	

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..

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

PERMIT ISSUED WITH REQUIREMENTS

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

Permit No: 000974

Permit Issued: SEP 11 2000

Zone: CBL:

Zoning Appeal:

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

PLUMBING APPLICATION

7438 TOWN COPY

PORTLAND
Date Permit Issued: 9/11/00 \$ 2410.00 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 01134

PROPERTY ADDRESS

Town or Plantation: _____
Street Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: _____ First: _____
Applicant Name: _____
Mailing Address of Owner/Applicant (If Different): _____

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 _____

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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

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 _____

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 # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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 style="text-align: center;">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> <p style="text-align: center;">OR</p> <p>TRANSFER FEE [\$6.00]</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 2	
			Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

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ELECTRICAL PERMIT

City of Portland, Me.



SIF DC

Ⓢ

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:

Date 9/14/00
 Permit # 809
 CBL# 408-D-002

LOCATION: 1187 Washington Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Paul & Michelle Keef
 TENANT _____ PHONE # 797-4557

TOTAL EACH FEE

OUTLETS	Receptacles	2	Switches	2	Smoke Detector	1	.20	
	Fan + Light Combo							
FIXTURES	Incandescent	2	Fluorescent		Strips		.20	
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	oil/gas units		Interior		Exterior		5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens		2.00	
	Insta-Hot		Water heaters		Fans		2.00	
	Dryers		Disposals		Dishwasher		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

INSPECTION: Will be ready _____ or will call

CONTRACTORS NAME David Breening MASTER LIC. # 04901
 ADDRESS 10 Royal Greenway LIMITED LIC. # _____
 TELEPHONE 856-2856

SIGNATURE OF CONTRACTOR David Breening

COMMENTS

8/10 [unclear]

2-2-07 Close - New owners - New permit for
name see JMS

Inspection Record

Type

Foundation: _____
 Framing: _____
 Plumbing: _____
 Final: _____
 Other: _____

Date

