

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED Permit No: 01-0979 Issue Date: 2/1/01		CBL: 409 F004001
Location of Construction: 73 Ray St	Owner Name: Peters Stephen M	Owner Address: 22 Littlejohn Rd
Business Name: n/a	Contractor Name: Stramph, Thomas	Contractor Address: 590 Bonney Eagle Road Standish
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: HVAC
		Zone:

Past Use: Single Family	Proposed Use: Single Family / Heating System	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 2
Proposed Project Description: Install Heating System		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: gg	Date Applied For: 08/13/2001	Zoning Approval		
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..	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"/> Date:	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 Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:	

CERTIFICATION

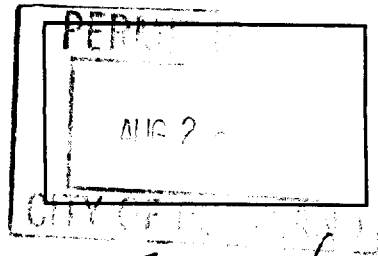
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, 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



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 73 Main Street Use of Building 1-Fam Date 8-8-01
Name and address of owner of appliance Steve Peter 73 Main Street
Installer's name and address Thomas Stramph 590 Bonny Eagle Road
Standish, ME 04084 Telephone _____

Location of appliance:

- ☒ Basement ☐ Floor
☐ Attic ☐ Roof

Type of Fuel:

- ☐ Gas ☒ Oil ☐ Solid

Appliance Name:

U.L. Approved ☒ Yes ☐ No

Will appliance be installed in accordance with the manufacture's installation instructions? ☒ Yes ☐ No

IF NO Explain: _____

The Type of License of Installer:

- ☐ Master Plumber # _____
☐ Solid Fuel # _____
☒ Oil # M51000 8348
☐ Gas # _____
☐ Other _____

Type of Chimney:

- ☒ Masonry Lined
Factory built _____

- ☐ Metal

Factory Built U.L. Listing # _____

- ☐ Direct Vent

Type _____ UL# _____

Type of Fuel Tank

- ☒ Oil
☐ Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 30.00 feet.

Approved

Approved with Conditions

Fire: strm

Ele.: _____

Bldg.: _____

☐ See attached letter or requirement

Signature of Installer

Thomas Stramph

White - Inspection

Yellow - File

Pink - Applicant's

Gold - Assessor's Copy

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland
Street	15 Ivaloo 73rd St.
Subdivision Lot #	
Last: Peters	First: Steve
Applicant Name:	Thomas Strumph
Mailing Address of Owner/Applicant (If Different)	590 Benny Eagle Road, Standish 409 E. 004

PORTLAND

Date Permit Issued: 8-15-01

7794

TOWN COPY

\$1210101

☐ If Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature

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

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

- ☒ NEW PLUMBING
- ☐ RELOCATED PLUMBING

Type of Structure To Be Served:

- ☒ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY _____

Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # 73681

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
2	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Dental Cuspidor
	Bidet
	Other: _____
	Fixtures (Subtotal) Column 2

Column 1 Type of Fixture

Number	Type of Fixture
1	Bathtub (and Shower)
	Shower (Separate)
1	Sink
2	Wash Basin
2	Water Closet (Toilet)
1	Clothes Washer
1	Dish Washer
1	Garbage Disposal
1	Laundry Tub
1	Water Heater
	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

10	Fixtures (Subtotal) Column 1
2	Fixtures (Subtotal) Column 2
12	Total Fixtures
	Fixture Fee
	Transfer Fee
	Hook-Up & Relocation Fee
72	Permit Fee (Total)

ELECTRICAL PERMIT

City of Portland, Me.



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 9/13/01Permit # 1896CBL# 409LOCATION: 4 Ivata St. 73 Ray

METER MAKE & # _____

CMP ACCOUNT # _____

OWNER _____

TENANT Steve Peter

PHONE # _____

TOTAL EACH FEE

OUTLETS	Receptacles	30	Switches	20	Smoke Detector	6	.20	11.20
FIXTURES	Incandescent	12	Fluorescent		Strips		.20	2.40
SERVICES	Overhead	✓	Underground		TTL AMPS	<800	15.00	15.00
	Overhead		Underground			>800	25.00	
Temporary Service	Overhead		Underground		TTL AMPS		25.00	
METERS	(number of)						1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						3.00	
HEATING	Oil/gas units		Interior		Exterior		5.00	5.00
APPLIANCES	Ranges		Cook Tops		Wall Ovens		2.00	
	Insta-Hot		Water heaters		Fans		2.00	2.00
	Dryers	/	Disposals	/	Dishwasher	/	2.00	6.00
	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	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							35.00	46.60

INSPECTION:

Will be ready 9-14-01

or will call _____

CONTRACTORS NAME Floridino ElecMASTER LIC. # 04234ADDRESS 35 Lawrence Ave.

LIMITED LIC. # _____

TELEPHONE 772-3136

SIGNATURE OF CONTRACTOR

Mike Floridino