

PLUMBING APPLICATION

413 B-008

Department of Human Services
Division of Health Engineering

J
KC

PROPERTY ADDRESS

Town Or Plantation: _____
 Street Subdivision Lot #: 33 Copley Woods Cir
 Last: Vivke First: Tom
 Applicant Name: Liberty Plumbing
 Mailing Address of Owner/Applicant (If Different): 71 Birch Knoll Dr, Winslow, ME 04092

PORTLAND
 Date Permit Issued: 12.14.98 6797 TOWN COPY
 \$ 48 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 Inspector 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 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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>15777</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
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.	<u>0,1</u>	Hosebibb / Sillcock	<u>0,1</u>	Bathtub (and Shower)
		Floor Drain	<u>0,1</u>	Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>0,1</u>	Sink
		Drinking Fountain	<u>0,2</u>	Wash Basin
		Indirect Waste	<u>0,2</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>0,1</u>	Clothes Washer
		Grease / Oil Separator	<u>0,1</u>	Dish Washer
		Dental Cuspidor		Garbage Disposal
OR TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____	<u>0,1</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>1,1</u>	Fixtures (Subtotal) Column 1
			<u>1,2</u>	Fixtures (Subtotal) Column 2
				Total Fixtures
			\$ <u>48</u>	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>48</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



Certificate of Occupancy

LOCATION 31 Copley Woods Circle (Lot #8) 413-B-008

Issued to KTO Builders

Date of Issue 19 February 1999

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. 981240, 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

Single Family Dwelling w/car garage
Use Group R-3/Type 5B BOCA '96

Limiting Conditions: TEMPORARY EXPIRES 15 Jun 99

1. Stairs & headroom in stairs (interior) violate section 1014 of the 1996 building code. (see attached letter)
2. Rear deck to be constructed by 15 Jun 99. S. See attached memo from Jim Wendel dated 02 Feb 99 listing three (3) conditions of approval.

This certificate supersedes certificate issued

Approved:

2/19/99

(Date) Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

Handwritten initials