

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: 04-0229	Issue Date: APR 01 2004	CBL: 425 A002001
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Location of Construction: 125 Presumpscot St	Owner Name: Boyd Properties Inc	Owner Address: 142 High St Ste 614	Phone: 207-874-7717
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Change of Use - Commercial	Zone: 1M

Past Use: Vacant: Suite E	Proposed Use: Suite E Change of Use to Physical Therapy & Massage "Therapy; tenant fit-up" "professional office"	PERMIT FEE: \$186.00	COST OF WORK: \$10,000.00	CEO DISTRICT: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> , Type: <i>SB</i> 3/30/04 <i>[Signature]</i>	

Proposed Project Description:
Suite E Change of Use to Physical Therapy & Massage Therapy; tenant fit-up

Signature: *[Signature]* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 0311012004	Zoning Approval
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<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input checked="" type="checkbox"/> 3 Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>ok with conditions</i> <i>[Signature]</i> 3/14/04</p>	<p>Zoning Appeal</p> <p><input checked="" type="checkbox"/> Variance</p> <p><input checked="" type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>
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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

4-16-04 Ceded framing
& plumbing ok to
close in / stairs to
2nd floor not yet installed (M)

11/22/04 Final. D Handrail must be returned @ water heater
must be properly piped @ Blow off drain [No pipe] JH

2/28/05 Final inspection. OK. Con ~~to~~ /o Subject to final
electrical inspection by M. Collins. JH

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY

Town or Plantation: Portland

Street Subdivision Lot#: 175 ...

Mailing Address of Owner/Applicant (If Different): 554 ...

2004-2076

Date Permit Issued: 3/19/04 \$ 12400 If Double Fee Charged

Local Inspector Signature: [Signature] L.P.I. # 016411

425 A 002

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	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 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 <u>...</u>	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>02154</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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.		
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]		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		
	Fixtures (Subtotal) Column 2	Fixtures (total) Column 1
		Fixtures (total) Column 2
		Total Fees
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 17-17 Maple St

PROPERTY OWNERS NAME

Last: Selen First: Medina

Applicant Name: Air-Tech

Mailing Address of Owner/Applicant (If Different): 11 Walker Ave
Portland ME 04106

2004 8023

Kim Hamill 0603

Date Permit Issued: 12/10/02 \$ 11318.00 If Double Fee Charged

Kim Hamill L.P.I.# 0603

Local Plumbing Inspector Signature

HAS A 002

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	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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>SPA</u>	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>18397</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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.	1 Hosebibb/ Sillcock	1 Bathtub (and Shower)
	3 Floor Drain	2 Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1 Urinal	8 Sink
	1 Drinking Fountain	4 Wash Basin
	1 Indirect Waste	2 Water Closet (Toilet)
	1 Water Treatment Softener, Filter, etc.	1 Clothes Washer
	1 Grease / Oil Separator	1 Dish Washer
	1 Dental Cuspidor	1 Garbage Disposal
	1 Bidet	1 Laundry Tub
	1 Other: _____	1 Water Heater
OR TRANSFER FEE [\$6.00]	1 Fixtures (Subtotal) Column 2	17 Fixtures (Subtotal) Column 1
	13 Fixtures (Subtotal) Column 2	22 Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee (Total)
		136

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

136 + 10 = 146

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY

Town or Plantation _____

Street _____

Subdivision Lot # _____

PROPERTY OWNERS NAME

Last, _____ First _____

Applicant Name _____

Mailing Address of Owner/Applicant (If Different) _____

[Handwritten Signature]

Date Permit Issued: *[Handwritten Date]* \$ *[Handwritten Amount]* # Double Fee FEE Charged

[Handwritten Signature] Local Plumbing Inspector Signature L.P.I. # *[Handwritten Number]*

[Handwritten Number]

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

[Handwritten Signature] 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

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input checked="" type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <i>[Handwritten License Number]</i></p>
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Maximum of 1-Hook-Up	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>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb/ Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		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
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	