

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **396**

Date Issued **5-11-71**
 Portland Plumbing Inspector
 By **ERNOLD R. GOODWIN**

Address **42 Washington Ave.**
 Installation For: **Single**
 Owner of Bldg.: **Nuncio Toppi**
 Owner's Address: **Same**
 Plumber: **Northern Utilities**
 Date: **5-11-71**
 5 Temple St.

App. First Insp. **5/11/71**
 Date **WALTER E. WALLACE**
 By **WALTER E. WALLACE**

App. Final Insp. **5/11/71**
 Date **WALTER E. WALLACE**
 By **WALTER E. WALLACE**

- Type of Bldg.
- Commercial
 - Residential
 - Single
 - Multi Family
 - New Construction
 - Remodeling

NEW	REPL		NO.	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
	1	HOT WATER TANKS		
		TANKLESS WATER HEATERS		2.00
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		

Building and Inspection Services Dept.; Plumbing Inspection

TOTAL **1** **2.00**



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Sept. 29, 1955

PERMIT ISSUED

01729 SEP 29 1955

CITY OF PORTLAND

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 42 Washington Ave. Use of Building dwelling No. Stories 2 Max Building Existing Name and address of owner of appliance Nunzio Toppi, 42 Washington Ave. Installer's name and address Ballard Oil & Equipment Co., 135 Marginal Way Telephone 2-1991

General Description of Work

To install oil burning equipment in connection with existing steam heating system (conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Ballard Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/2" Location of oil storage basement Number and capacity of tanks 1-275 gal. Low water shut off yes Make McDonnell Miller No. 67 Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED: O.K. 9/29/55-agg

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Ballard Oil & Equipment Co.

Signature of Installer by: R. J. Cole

INSPECTION COPY

C17-254-15-MAR65



(5) GENERAL BUSINESS ZONE

APPLICATION FOR PERMIT

Permit No. 1013

1013

JUL 18 1932

Class of Building or Type of Structure Third Class

Portland, Maine, July 18, 1932

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to ~~erect~~ alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 44 Washington Avenue Ward 2 Within Fire Limits? yes Dist. No. 2
Owner's or Lessee's name and address William Likely, 44 Washington Ave. Telephone RE 3577
Contractor's name and address Owner Telephone _____
Architect's name and address _____
Proposed use of building dwelling house No. families 2
Other buildings on same lot _____
Plans filed as part of this application? no No. of sheets _____
Estimated cost \$ 8. Fee \$.25

Description of Present Building to be Altered

Material wood No. stories 2 1/2 Heat _____ Style of roof _____ Roofing _____
Last use dwelling house No. families 2

General Description of New Work

non-bearing
To set 6" partition over about 14" to enlarge bath room on second floor

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED.

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor.

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to top of plate _____
To be erected on solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of Roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Material columns under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____
Total number commercial cars to be accommodated _____
Will automobile repairing be done other than minor repairs to cars continually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____

INSPECTION COPY

Signature of owner

William Likely
By Thomas C. Likely

Ward 2 Permit No. 32/10/3

Location 44 Washington Ave

Owner Williams Abely

Date of permit 7/19/32

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn. 8/17/32 RB

Cert. of Occupancy issued None

7/20/32

NOTES

Some tearing out done,
no new work. RB

7/27/32 Nothing done.
RB

8/16/32 Old work removed
new work not in. RB

RECEIVED

1932

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street Subdivision Lot #: **42 WASHINGTON AVE.**

PROPERTY OWNERS NAME: **NICE CORP.**

Last: **CHARLES** First: **FORTIN**

Applicant Name: **CHARLES FORTIN**

Mailing Address of Owner/Applicant (If Different): **1125 FOREST AVE**

PORTLAND 5554 TOWN COPY

Date Permit Issued: **10.25.96** \$ **34.00** FEE Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **0.1.2.4**

Owner/Applicant Statement

Caution: Inspection Required

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: *[Signature]* Date: _____

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **5-30-96**

PERMIT INFORMATION

<p>This Application is for:</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" 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 type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>RESTAURANT</u></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 type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>11937</u></p>
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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.		Hosebibb / Sillcock		Bath tub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	3	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
OR		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
OR		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
			1	Transfer Fee
			0	Total Fixtures
			\$ 28	Fixture Fee
			\$	Transfer Fee
			\$ 6-	Hook-Up/Relocation Fee
			\$ 34.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TRANSFER FEE \$6.00

