

PLUMBING APPLICATION

PROPERTY ADDRESS
Town Or Plantation: Portland
Street Subdivision Lot #: Restaurant-Diamond Cove
Great Diamond Island
PROPERTY OWNERS NAME:
Ducar Associates
Last: Ducar First: Associates
Applicant Name: Roland L'Heureux
Mailing Address of Owner/Applicant (if Different): d/b/a Pillsbury P&H Inc
Route one South
Kennebunk, ME 04043
Owner/Applicant Statement

PORTLAND 3862 TOWN COPY
Date Permit Issued: 5.16.90 Fee: 38 Double Fee Charged:
L.P.I. # 0.123
Local Plumbing Inspector Signature: [Signature]

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: [Signature] Date: 5.14.90

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: [Signature] Date Approved: 6-19-90

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1 <input checked="" type="checkbox"/> NEW PLUMBING	1 <input type="checkbox"/> SINGLE FAMILY DWELLING	1 <input checked="" type="checkbox"/> MASTER PLUMBER
2 <input type="checkbox"/> RELOCATED PLUMBING	2 <input type="checkbox"/> MODULAR OR MOBILE HOME	2 <input type="checkbox"/> OIL BURNERMAN
	3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3 <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC
	4 <input checked="" type="checkbox"/> OTHER - SPECIFY <u>RELOCATE</u>	4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5 <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>[Signature]</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Column 1
		Type of Fixture	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	Bathtub (and Shower)
		Floor Drain	Shower (Separate)
OR		Urinal	Sink
		Drinking Fountain	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system		Indirect Waste	Water Closet (Toilet)
		Water Treatment, Softener, Filter, etc.	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains and piping without new fixtures		Grease/Oil Separator	Dish Washer
		Dental Cuspidor	Garbage Disposal
Number of Hook-Ups & Relocations		Bidet	Laundry Tub
		Other: _____	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

6
14
\$ 38.
\$ -
\$ 38.

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

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: **Portland**
 Street: **Great Diamond Island**
 Subdivision Lot #: **Diamond Cove**

PROPERTY OWNERS NAME

Last: **Dictar Associates**
 First: _____

Applicant's Name: **Roland L. Heueux**

Mailing Address of Owner/Applicant (if Different): **4/5/3 Pillsbury P&M Inc
Route one South
Kennebunk, ME 04043**

Caution: Permit Required

PORTLAND PERMIT # **3,539** TOWN COPY

Date Permit Issued: **7 12 89** \$ **1 10 10** FEE Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # **1123**

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: **7-20-89**

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: **7-30-1989**

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 **Other - Bars Room**

Plumbing To Be Installed By:

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

Add to Permit # **3,519** 7-14-89

LICENSE # **15444**

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		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain		Wash Basin
HOOK-UP to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
		Dental Copridor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: _____		Water Heater
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		2	Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		2	Fixtures (Subtotal) Column 2
			\$ 6	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 6	Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
Great Diamond Island
Diamond Cove
Street Subdivision Lot #: Pool Equipment Building

PROPERTY OWNERS NAME

Last: Dictar Associates
First: _____

Applicant Name: Roland L'Heureux
Mailing Address of Owner (Applicant if "parent"): 475/a Pillsbury St, Inc, Route One South, Kennebunk, ME 04101

Caution: Permit Required

PORTLAND PERMIT # 3,519 TOWN COPY

Date Permit Issued: 8/11/89
Local Plumbing Inspector Signature: *[Signature]*

FEE: \$112.00 Double Fee Charged

L.P.I. # _____

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: *[Signature]* Date: 7/11/89

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: AUG 21 1989

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 *Pool Equipment Building*

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 # *L.L.K.111*

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>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system</p>		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	2	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
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		4	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee			\$12.	Fixtures (Subtotal) Column 2
			\$12.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$12.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS
 Town Or Plantation: Portland
 Street Subdivision Lot #: Bldg. #5 - Diamond Cove
Great Diamond Island
PROPERTY OWNERS NAME
Dictar Associates
 Last: _____ First: _____
 Applicant Name: Roland L'Heureux
d/b/a Pillsbury P&H Inc
 Mailing Address of Owner/Applicant (if Different):
Route One South
Kennebunk, ME 04043

PORTLAND
 Date Permit Issued: 8-30-90
 Local Plumbing Inspector Signature: [Signature]
 3821
 L.P.I. # 011031
 TOWN COPY
 Fee Charged

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: [Signature]
 Date: 8-27-90

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: [Signature]
 Date Approved: AUG 6 1990

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 # LLK14

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
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 / Silcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	Other:		Water Heater	
\$ Hook Up & Relocation Fee	Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1	
		2	Fixtures (Subtotal) Column 2	
		15	Total Fixtures	
		\$ 40.	Fixture Fee	
		\$	Hook-Up & Relocation Fee	
		\$ 40.	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street: **Bldg. #23 - Diamond Cove**

Subdivision Lot #: **Great Diamond Island**

PROPERTY OWNERS NAME

Last: **Dictar Associates**

First: _____

Applicant Name: **Roland L'Heureux**

Mailing Address of Owner/Applicant (If Different): **d/b/a Pillsbury P&H Inc
Route one South
Kennunk, ME 04043**

FORTLAND PERMIT # **3,496** TOWN COPY

Date Permit Expires: **6.28.89** FEE: **\$15,010.00** L.P.I. # **11213**

Local Plumbing Inspector Signature: _____

Owner/Applicant Statement

I hereby 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: **6.27.89**

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: **11/28/89**

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 # **L.V. 14**

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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 / Silcock	2	Bathub (and Shower)
		Floor Drain	2	Showers (Separate)
		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	2	Clothes Washer
		Grease/Oil Separator	2	Dish Washer
		Dental Cuspl.		Garbage Disposal
		Bidet		Lau. dry Tub
		Other: _____	2	Water Heater
Number of Hook-Ups & Relocations				
Hook-Up & Relocation Fee				
	Fixtures (Subtotal) Column 2	20	Fixtures (Subtotal) Column 1	
			Fixtures (Subtotal) Column 2	
		20	Total Fixtures	
		\$50.	Fixture Fee	
		\$	Hook-Up & Relocation Fee	
		\$50.	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 255-3826

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street Subdivision Lot #: **Bldg. #21 - Diamond Cove**

PROPERTY OWNERS NAME

Last: **Dictar Associates**
First: _____

Applicant Name: **Roland L'Heureux**

Mailing Address of Owner/Applicant (if Different): **1/1/1 - Pillsbury Park Inc
Route one South
Kennebunk, ME 04043**

PORTLAND PERMIT # **3,495** TOWN COPY

Date Permit Issued: **6.28.89** \$ **1510.00** FEE Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # **11217**

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: *Roland L'Heureux* Date: **6-27-89**

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: **AUG 28 1989**

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/M.C.MANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # **L.L.V.L.V.**

Work-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type Of Fixture		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 / Silcock	2	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter etc	2	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator	2	Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	20	Fixtures (Subtotal) Column 1
			20	Fixtures (Subtotal) Column 2
			\$ 50.	Hook-Up & Relocation Fee
			\$	
			\$ 50.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plan: PORTLAND

Street: DIAMOND COVE BLVD

Subdivision Lot #: 11

PROPERTY OWNERS NAME

Last: DOBSON First: DICK

Applicant Name: PILLSBURY PLBG + HTG

Mailing Address of Owner/Applicant (if Different): Rte 1 SOUTH K'BUNK

PORTLAND PERMIT # 3,458 TOWN COPY

Date Issued: 6-11-89 Fee: \$127

Local Plumbing Inspector Signature: _____ L.P.I. # _____

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: [Signature] Date: 6-1-89

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: [Signature] Date Approved: 6-3-89

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: OFFICE BLDG

Plumbing To Be Installed By:

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

LICENSE # 1414

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		Bathub (and Shower)
		Floor Drain		Showers (Separate)
OR	2	Urinal		Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			9	TOILET
			\$ 27.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 27.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEES

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERLY ADDRESS

Town or Plantation: MCKINLEY ESTATES

Street Subdivision Lot #: GREAT DIAMOND ISLAND

PROPERTY OWNERS NAME

Last: DIAMOND First: COVE ASSOCIATES

Applicant Name: _____

Mailing Address of Owner/Applicant (if Different): PO BOX 3572 PORTLAND ME. 04114

PORTLAND

Permit #: 3,448 TOWN COPY

Date Permit Issued: 10/25/89 Fee: \$115.00 L.P.I. #: 1110215

Local Plumbing Inspector's Signature: [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: [Signature] Date: 6/5/89

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: OCT 12 1989

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER MULT. FAMILY DETACHED (SPECIFY)

SIZE OF PROPERTY: _____ **ZONING:** 30

TYPE OF WATER SUPPLY: PORTLAND WATER DIST.

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC Regular Low Pitched
- AEROBIC

SIZE: 40,000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

DESIGN FLOW: 40,000 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 75,000 Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT

On _____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

SITE EVALUATION WAIVED BY LOCAL OPTION

Site Evaluator Signature: _____ SE# _____ Date _____

Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option _____

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3926

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street: **Ridg. #24 - Diamond Cove**

Subdivisor/Lot #: **Great Diamond Island**

PROPERTY OWNER'S NAME

Dictar Associates

Last: _____ First: _____

Applicant Name: **Roland L'Heureux**

d/b/a **Pillsbury P&H Inc.**

Mailing Address of Owner/Applicant (if Different): **Route One South
Kennebunk, ME 04043**

PORTLAND PERMIT # 2,982 TOWN COPY

Date Permit Issued: **7.15.88** Fee: **\$150**

Local Plumbing Inspector Signature: _____ I.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: **7.13.88**

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 # **L14114**

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
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.		Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	Other: _____		2	Water Heater
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2	2.0		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

2.0	Fixtures (Subtotal) Column 1
2.0	Fixtures (Subtotal) Column 2
\$50.	Hook-Up & Relocation Fee
\$	
\$50.	

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town or Plantation: **Portland**

Street: **Bldg. #25 - Diamond Cove**
Subdivision Lot #: **Great Diamond Island**

PROPERTY OWNERS NAME

Dixtar Associates

Last: _____ First: _____

Applicant Name: **Roland L'Heureux**
2113 Dillchury Pkwy Inc

Mailing Address of Owner/Applicant (if Different): **Route One South**
Kennebunk, ME 04043

PORTLAND PERMIT # **2.942** TOWN COPY

Date Permit Issued: **6.22.88** \$ **54** FEE Double Fee Waived

Local Plumbing Inspector Signature: _____ L.P.I. # _____

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.

Roland L'Heureux **6-21-88**

Signature of Owner/Applicant Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: **6-21-88**

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 # **11444**

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	2	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain	6	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	6	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	2	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	2	Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: _____	2	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	24	Fixtures (Subtotal) Column 1
			24	Fixtures (Subtotal) Column 1
			\$ 54	Hook-up & Relocation Fee
			\$ 54	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Bldg. #13 - Diamond Cove
Great Diamond Island

PROPERTY OWNERS NAME

Last: Dictar Associates First: _____

Applicant Name: Roland L. Heureux
d/b/a Pillsbury P&H Inc

Mailing Address of Owner/Applicant (If Different): Route One South
Winebunk, ME 04043

PORTLAND PERMITS: 2,755 TOWN COPY

Date Permit Issued: 02/18/88 \$ 1116 L.P.I. # _____

Local Plumbing Inspector Signature: _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding. Any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 2/16/88

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
- ALTERATIONS

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 BURNER MAN
- MFG'D. HOUSING SALESMAN/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # L14444

Hook Up & Fixing 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>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>	2	Hosobibb / Sifloock	1, 2	Bath Tub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	8	Sink
		Drinking Fountain	2, 0	Wash Basin
		Indirect Waste	2, 0	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	8	Clothes Washer
		Grease/Oil Separator	8	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	8	Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		8, 4	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2		2	Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		8, 6	
			\$ 116.	
			\$.	
			\$ 116.	

9/86

TOWN COPY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street: **Bldg #15 - Diamond Cove**

Subdivision/Lot #: **Great Diamond Island**

PROPERTY OWNER'S NAME: **Dietac Associates**

Applicant Name: **Roland L. Leureux**
d/e/a Pillsbury P&H Inc

Mailing Address of Owner/Applicant (if different): **Route One South Kennebunk, ME 04043**

PORTLAND PERMIT # **2,66** of COPY

Date Permit Issued: **1/23/87**

Expiry Date: **1/1/88**

Inspector Signature: *[Signature]*

L.P.I. # _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any false or deceptive reasons for the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: *[Signature]* Date: **1/23/87**

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: _____

ADDITIONAL INFORMATION

<p>This Application is for:</p> <p>1. <input checked="" 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"/> ME (TD) HOUSING DEALER / CHANIC</p> <p>4. <input type="checkbox"/> PUEBLCUT UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # L.L.C.111</p>
--	---	---

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.	2	Foseibb / Sillcock
		Floor Drain
OR		Urinal
		Drinking Fountain
HOOK-UP to an existing subsurface wastewater disposal system.		Indirect Waste
		Water Treatment Softener, Filter, etc.
PIPING RELOCATION of sanitary lines, traps, and piping without new/cutouts.		Grease/Oil Separator
		Dental Cusplines
Number of Hook-Ups & Relocations:		Other: _____
		Water Heater
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2	8.14

SPECIAL PERMIT FEE SCHEDULE OR CALCULATING FEE

2	Fixtures (Subtotal) Column 2	8.14
8.6	Fixtures (Subtotal) Column 1	8.6
\$116	Hook-Up & Relocation Fee	\$116
\$	Permit Fee	\$
\$116	Total	\$116

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 286-3826

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Bldg #16 - Diamond Cove

Subdivision/Lot #: Great Diamond Island

PROPERTY OWNERS NAME

Dictar Associates

Last: _____ First: _____

Applicant Name: Roland L'Heureux

d/h/a Pillabury P&H Inc.

Mailing Address of Owner/Applicant (if Different): Route One South
Kennabunk, ME 04043

PORTLAND U PERMIT # 2,683 TOWN COPY

Date: 12/23/87 \$ 116 L.P.I. # _____

Roland L'Heureux
Local Plumbing Inspector Signature

Double Fee Charged

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.

Roland L'Heureux 12-21-87
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.

Roland L'Heureux
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	1 <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2 <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY: _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>14444</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.	2	Hosebibb / Sillcock	12	Bath tub (and Shower)
		Floor Drain		Shower (Separate)
OR		Unnal	8	Sink
		Drinking Fountain	20	Wash Basin
HOOK-UP to an existing subsurface wastewater disposal system.		Indirect Waste	20	Water Closet (Toilet)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Water Treatment Softener, Filter, etc.	8	Clothes Washer
		Grease/Oil Separator	13	Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Blidet		Laundry Tub
		Other: _____	8	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	34	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			86	Total Fixtures
			\$116	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$116	Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3823

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: Fire Station

Subdivision Lot #: Great Diamond Island

PROPERTY OWNERS NAME

Last: Dictar Associates
First: _____

Applicant Name: Roland J'Heureux
d/h/a Pillsbury P&H Inc.

Mailing Address of Owner/Applicant (if different): Route One South
Kennebunk, ME 04043

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the

PORTLAND PERMIT # 2,981 TOWN COPY

Date Permit Issued: 7-15-88 \$ 38 FEE Double Fee Copied

Local Plumbing Inspector Signature: _____ L.P.I. # _____

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: [Signature] Date: 7-15-88

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: 7-29-1988

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: Five Sumps

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 # L.H.G.111

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>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		1	3	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		1.4	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee			-	Fixtures (Subtotal) Column 2

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

1.4	Fixtures (Subtotal) Column 1
-	Fixtures (Subtotal) Column 2
1.4	Total Fixtures
\$ 38.	Fixture Fee
\$	Hook-Up & Relocation Fee
\$ 38.	Permit Fee

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Diamond Cove - Great Diamond XXXX		Owner: David Clem	Phone: 802 649 5919	Permit No: 950885
Owner Address: Box 1252 - Norwich VT 05055	Is1	Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Siena Cont Corp		Address: 17 Tudor St- Cambridge MA 02139	Phone: 617 547 4546	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: AUG 22 1995 CITY OF PORTLAND </div>
Past Use: pump house	Proposed Use: 1-fam dwlg	COST OF WORK: \$ 270,000	PERMIT FEE: \$ 1370	
Proposed Project Description: change of use - w int/extr renovations		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group R3 Type 3B BOCA 93 Signature: [Signature]	Zone: CBL: 83 EG 20 Zoning Approval: [Signature] 8/21/95 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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: L Chase	Date Applied For: 8/17/95		PEDESTRIAN ACTIVITIES DISTRICT (E.P.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied Signature: _____ Date: _____	

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Two 30-yd dumpster prmts: 30 2151 \$300
30 2150 300

PERMIT ISSUED WITH REQUIREMENTS

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 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

Signature of Applicant: Chris Dennis ADDRESS: _____ DATE: 8/17/95 PHONE: 617/BEEPER 7891722

Responsible Person in Charge of Work, Title: _____ PHONE: _____

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

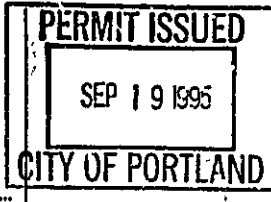
Action: Approved
 Approved with Conditions
 Denied

Date: 8/23/95

CEO DISTRICT 6

A. Rowe

950984



FILL IN AND SIGN WITH INK
APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine,

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. 15 September 1995

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 G.D.I. Diamond Cove Use of Building 1-fan No. Stories New Building Existing
Name and address of owner of appliance Diamond Cove
Installer's name and address Pillsbury P & H Route 1 South 119 York St Kennebunk, ME 04043-2797 Telephone 985-2130

General Description of Work

To install Oil Fired Boiler & Radiant Heating System

IF HEATER, OR POWER BOILER

Location of appliance Boiler Room Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? #2 oil
Minimum distance to burnable material, from top of appliance or casing top of furnace 4'
From top of smoke pipe 18" From front of appliance 4' From sides or back of appliance 2'
Size of chimney flue 8" Other connections to same use none
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? Fresh Air Kit

IF OIL BURNER

Name and type of burner Backett 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 burner? cement Size of vent pipe 8"
Location of oil storage outside Number and capacity of tanks 1-275
Low water shut off? yes Make OEM
Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none
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 smoke pipe
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

Pillsbury P & H Run Master Oil Burner #491

Cost of Work 17,500.00 Permit Fee 120.00

Amount of fee enclosed?

APPROVED:

[Signature area with lines for stamp]

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

CS 306

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY Via Mail

Signature of Installer

ELECTRICAL PERMIT

City of Portland, Me.

5/21/96
Friday
7:40 AM



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 specification:

Date May 20, 1996

LOCATION: The Bakery Building - Great Diamond Island Permit # 0953

OWNER: McKinley Partnership ADDRESS: Commercial St., Portland

						TOTAL	EACH	FEE
OUTLETS	1	Receptacles	Switches	Smoke Detector		1	.20	.20
FIXTURES		(number of)						
		incandescent	fluorescent				.20	
		fluorescent strip					.20	
SERVICES		Overhead		TTL AMPSTO	800		15.00	
	X	Underground	200	TTL AMPS	800		15.00	15.00
TEMPORARY, SERV		Overhead		AMPS OVER	800		25.00	
		Underground			800		25.00	
METERS		(number of)					1.00	
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units					5.00	
APPLIANCES		Ranges	Cook Tops	Wall Ovens			2.00	
		Water heaters	Fans	Dryers			2.00	
		Dishwasher	Compactors	Others (denote)			2.00	
		Air Cond/win					3.00	
MISC. (number of)		Air Cond/cent					10.00	
		Signs					5.00	
		Pools					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty					2.00	
		Outlets						
		Circus/Carry					25.00	
		Alterations					5.00	
		Fire Repairs					15.00	
TRANSFORMER		E Lights					1.00	
		E Generators					20.00	
		Panels					1.00	
		0-25 Kva					5.00	
	25-200 Kva					1.00		
	Over 200 Kva					10.00		
					TOTAL AMOUNT DUE			
					MINIMUM FEE/COMMERCIAL	35.00	MINIMUM FEE	25.00

INSPECTION: Will be ready _____ or will call XXX

CONTRACTORS NAME Noyes Electric, Inc.
ADDRESS P. O. Box 711, Barrington, NH (603) 664-7506

TELEPHONE _____
MASTER LICENSE No. 0953
LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR
Wayne Noyes

ELECTRICAL INSTALLATIONS—

INSPECTION: Service 5/27/96 by unc
Serv co called in 5/27/96
Closing-in _____ by _____

Permit Number 61955
Location 601 E. Diamond (C&E)
Owner McLillard, Pasadena City
Date of Permit 5/27/96
Final Inspection _____
By Inspector DUZFOR

PROGRESS INSPECTIONS: 5/27/96 (Service)
(Dave Foss)

DATE	REMARKS
5/27/96	Service will be inspected by Dave Foss (C&E)

DATE OF COMPLETION
5/27/96

City of Portland, Maine - Building or Use Permit Application

Congress Street. 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 9 B Diamond Cove Great Diamond	Island	Owner: Samuel B Day RUMBLEDAVID	Phone:
Owner Address: 1601 Second Ave N - Birmingham	Leasee/Buyer's Name: Alabama	35203	Business Name:
Contractor Name: * Rupert A Edwards Bldr	Address: 5 Oakmont Circle Falmouth	ME 04105	Phone: 797-8159
Past Use: 1-fam dwlg	Proposed Use: 1-fam dwlg w intr renovatns	INSPECTION: Use Group: Type:	PERMIT FEE: \$ 70
Proposed Project Description: interior renovations	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		

Permit No: 961242

PERMIT ISSUED

Permit Issued:
DEC 26 1996

CITY OF PORTLAND

Zone: *23E-B9*
CBL: *85-58*

Zoning Approval: *to remain family ok*
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Permit Taken By: 12/18/96 Date Applied For: L Chase

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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.

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

PERMIT ISSUED WITH REQUIREMENTS

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 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.

Rupert A Edwards 12/18/96

SIGNATURE OF APPLICANT ADDRESS DATE PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

Historic Preservation

Not in District or Land-mark
 Does Not Require Review
 Requires Review

Action: *Any other alterations*

Approved
 Approved with Conditions
 Denied

Date: 12/19/96
red to separate review
D. Andrews

CEO DISTRICT **6**

m. le...

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PLUMBING APPLICATION

Parade Ground #13

Department of Human Services
Division of Health Engineering
(207) 799-3826

PROPERTY ADDRESS

Town or Plantation: Great Diamond ISL

Street Subdivision Lot #: Diamond Cove

PROPERTY OWNERS NAME

Last: ABC First: Bon

Applicant Name: Craig B. ABC

Mailing Address of Owner/Applicant (if Different): 18 Leonard St.

PORTLAND

Date Permit Issued: 12/8/96 5740 TOWN COPY

Local Plumbing Inspector Signature: [Signature] L.P.I. # 21241

FEE: \$ 48 Doubles Fee Charged

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: [Signature] Date: 5/16/96

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: [Signature] Date Approved: 5-1-96

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 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 _____

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.		Hosebib / Sillcock	2	Bathub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet	1	Laundering Tub
		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
		TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2
			2	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)
				\$ 48.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town or Plantation: Great Diamond Island
Street Subdivision Lot #: Diamond Cove

PROPERTY OWNERS' NAME

Last: Bell First: Jerry

Applicant Name: Eric Hilse d/b/a Hisc

Mailing Address of Owner/Applicant (if Different): 63 Ocean View Pl, #104, Great Diamond Island, ME

BLDG #27

PORTLAND 5149 TOWN COPY

Date Permit Issued: 8.3.94 \$ 64 Double Fee Charged

LPI. # 0127

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: Eric W. Hilse Date: 8-3-94

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the local Plumbing Rules.
Local Plumbing Inspector Signature: Eric W. Hilse Date: 8-1-96

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 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 _____	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>8510</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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
OR		Urinal	5	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	3	Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease / Oil Separator		Dish Washer
Number of Hook-Ups & Relocations		Dental Cup/door		Garage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
OR		Other: <u>Whirlpool</u>		Water Heater
	TRANSFER FEE \$6.00	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)
				\$ <u>64</u>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 239-3826

PROPERTY ADDRESS

Town Or Plantation: Portland / Great Diamond Is.
Street Subdivision Lot #: Diamond Cove

PROPERTY OWNERS NAME

Last Name: Kinsky Partners First: _____
Applicant Name: Eric W Hulse
Mailing Address of Owner/Applicant (if Different): 63 Ocean House Rd Cape Elizabeth, ME 04107

PORTLAND 5061 TOWN COPY
Date Permit Issued: 11-19-96 \$ 40 FEE Double Fee Charged
L.P.I. # _____
Local Plumbing Inspector Signature: Arthur Rowe
Chief Plumbing Inspector

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: Eric W Hulse 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: Arthur Rowe Date Approved: 1-1-96

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 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>General Store, Public bath house</u>	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 EMP. YES 5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>18516</u>

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
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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal	1	Sink
		Drinking Fountain	2	Wash basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposat
	Bidet		Laundry Tub	
Number of Hook-Ups & Relocations		Other: _____	2	Water Heater
Hook Up & Relocation Fee		Fixtures (Subtotal) Column 2	1.0	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1.0	Total Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 40.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

83-E-B-2

Department of Health Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plant: Portland ME

Street, Subdivision Lot: Diamond Cove Unit 2
Coast Diamond Island

PROPERTY OWNERS NAME

Last: Wheeler First: John

Applicant Name: Eric Hulse

Mailing Address of Owner/Applicant (if different):
63 Ocean House Rd
Cape Elizabeth ME 04107

PORTLAND **Permit Required** 5696 TOWN COPY

Date Permit Issued: 3-17-96

Local Plumbing Inspector Signature: [Signature]

LPL # 2124

Fee: \$ 72

Double Fee Charged:

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: [Signature] Date: 3-17-96

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: Arthur Rowe Date Approved: 3-1-96

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 # 139511

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 connector is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock	3	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	4	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
Number of Hook-Ups & Relocations		Dental Cuspldor		Garbage Disposal
\$ Hook-Up & Relocation Fee		Bidet		Laundry Tub
		Other: _____		Water Heater
OR		Fixtures (Subtotal) Column 2	17	Fixtures (Subtotal) Column 1
	TRANSFER FEE [16.00]			Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Permit Fee (Total)

72