

PLUMBING APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 2,372 TOWN COPY 6-11-87 \$ 60.00 <input type="checkbox"/> Double Fee Charged L.P.I. # 123 [Signature] Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND	
Street	13-15 WAVERLY ST	
Subdivision Lot #		
PROPERTY OWNERS NAME		
Last: POWERS	First: THOMAS	
Applicant Name:	MAURICE HOUSE	
Mailing Address of Owner/Applicant (if different)	MS. BUILD MENDEN'S INC. PO Box 492 BIDDERS RD OWNER 415 CONIGERS ST PORT.	
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] Date 6/11/87		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules. [Signature] Date 25

PERMIT INFORMATION		
This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING JUN 12 1987	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 checked="" type="checkbox"/> OTHER - SPECIFY: <u>DUPLEX</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 EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>612436</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.	4	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		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 Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	2	Other: <u>Sump Pumps</u>	2	Water Heater
Hook-Up & Relocation Fee	6	Fixtures (Subtotal) Column 2	18	Fixtures (Subtotal) Column 1
			6	Fixtures (Subtotal) Column 2
			24	Total Fixtures
			\$ 54.	Fixture Fee
			\$ 6.	Hook-Up & Relocation Fee
			\$ 60.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



FILL IN AND SIGN WITH INK

91

PERMIT ISSUED

JUL 27 1987

City Of Portland

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, July 24, 1987

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 15 13-Waverly Street Use of Building 2-Fam. Duplex No. Stories 2 New Building X Existing
Name and address of owner of appliance Thomas Powers
Installer's name and address Mr. Build - Minard's Oil Burner Service Telephone 283-3363
410 Elm Street Biddeford 04005
General Description of Work

To install 2 gas boilers

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? gas
Minimum distance to burnable material, from top of appliance or casing top of furnace 18"
From top of smoke pipe 0 From front of appliance 24" From sides or back of appliance 6"
Size of chimney flue 2" Other connections to same flue
If gas fired, how vented? direct Rated maximum demand per hour 60,000
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Labelled by underwriters' laboratories?
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?
Type of floor beneath burner Size of vent pipe
Location of oil storage Number and capacity of tanks
Low water shut off Make No.
Will all tanks be more than five feet from any flame? How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

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

Blank lines for miscellaneous information

Amount of fee enclosed? 30.00

APPROVED: [Signature line]

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 FILE APPLICANT'S ASSESSOR'S COPY
Signature of Installer Maurice Houme for Menard's
9 Mr. Williams

B

FILL IN AND SIGN WITH INK

9



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

JUL 27 1987

Portland, Maine, July 24, 1987

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Name and address of owner of appliance Thomas Powers
Installer's name and address Mr. Build Minard's Oil burner Service Telephone 283-3363
410 Elm Street Biddeford 04005
General Description of Work

To install 2 gas boilers

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? Kind of fuel? gas
Minimum distance to burnable material, from top of appliance or casing top of furnace 18"
From top of smoke pipe 0" From front of appliance 24" From sides or back of appliance 6"
Size of chimney flue 2" Other connections to same flue
If gas fired, how vented? direct Rated maximum demand per hour 60,000
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Labelled by underwriters' laboratories?
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?
Type of floor beneath burner Size of vent pipe
Location of oil storage Number and capacity of tanks
Low water shut off Make No.
Will all tanks be more than five feet from any flame? How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

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

Blank lines for miscellaneous information

Amount of fee enclosed? 30.00

APPROVED:

Signature lines for approval

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 307

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

Signature of Installer Maurice Thorne for Menard's

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APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 24, 1987
 Receipt and Permit number D22150

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 13-15 Waverly Street
 OWNER'S NAME: Thomas Powers ADDRESS: _____

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	FEES
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____	
METERS: (number of)	_____				
MOTORS: (number of)	_____				
	Fractional _____	_____			
	1 HP or over _____	_____			
RESIDENTIAL HEATING:	Oil or Gas (number of units) <u>2</u>		±	<u>600</u>	
	Electric (number of rooms) _____	_____			
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____	_____			
	Oil or Gas (by separate units) _____	_____			
	Electric Under 20 kws _____	Over 20 kws _____	_____		
APPLIANCES: (number of)	_____				
	Ranges _____	Water Heaters _____	_____		
	Cook Tops _____	Disposals _____	_____		
	Wall Ovens _____	Dishwashers _____	_____		
	Dryers _____	Compactors _____	_____		
	Fans _____	Others (denote) _____	_____		
	TOTAL _____	_____			
MISCELLANEOUS: (number of)	_____				
	Branch Panels _____	_____			
	Transformers _____	_____			
	Air Conditioners Central Unit _____	_____			
	Separate Units (windows) _____	_____			
	Signs 20 sq. ft. and under _____	_____			
	Over 20 sq. ft. _____	_____			
	Swimming Pools Above Ground _____	_____			
	In Ground _____	_____			
	Fire/Burglar Alarms Residential _____	_____			
	Commercial _____	_____			
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____			
	over 30 amps _____	_____			
	Circus, Fairs, etc. _____	_____			
	Alterations to wires _____	_____			
	Repairs after fire _____	_____			
	Emergency Lights, battery _____	_____			
	Emergency Generators _____	_____			

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 6.00

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
CONTRACTOR'S NAME: Mr. Build - Minard's Oil Burner
ADDRESS: 410 Elm Street Biddeford, 04005
TEL.: _____
MASTER LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:** Thomas Powers
LIMITED LICENSE NO.: 02426
Plumbing lic.

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 13, 1937
 Receipt and Permit number D-11136

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 41-13 Waverly Street 13-15
 OWNER'S NAME: Tom Powers ADDRESS: 9 Waverly Street

OUTLETS:		FEES
Receptacles <u>70</u> Switches <u>42</u> Plugmold _____ ft. TOTAL <u>112</u>		10.20
FIXTURES: (number of)		
Incandescent <u>34</u> Fluorescent _____ (not strip) TOTAL <u>34</u>		5.40
Strip Fluorescent _____ ft.		
SERVICES:		
Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u>		3.00
METERS: (number of) <u>2</u>		1.00
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____ Over 20 kws _____		
APPLIANCES: (number of)		
Ranges <u>2</u> Water Heaters _____		
Cook Tops _____ Disposals <u>2</u>		
Wall Ovens _____ Dishwashers _____		
Dryers <u>2</u> Compactors _____		
Fans _____ Others (denote) _____		
TOTAL <u>6</u>		9.00
MISCELLANEOUS: (number of)		
Branch Panels <u>1</u>		1.00
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 29.60

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: Sandora Elec
 ADDRESS: 98 Pinecrest Road
 TEL.: 773-1417
 MASTER LICENSE NO.: 07062 SIGNATURE OF CONTRACTOR: Marc F. Sandora
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

PLUMBING APPLICATION

Department of Public Services
 Division of Health Engineering
 (607) 253-5823

PROPERTY ADDRESS
 Town or Precinct: Portland, Maine

Street Address: Waverly St.

PROPERTY OWNER'S NAME
Leah Powers nee Thomas

Applicant Name: Maurice Houder / Mr. Build

Address of Applicant: 415 Congress St, Suite #60

City/State: Portland, ME

Caution: Permit Required
 Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

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: Maurice Houder Date: 7/17/07

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Inspected: _____

PERMIT INFORMATION

This Application is for:	1. <input checked="" type="checkbox"/> NEW PLUMBING	Type Of Structure To Be Served:	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	To Be Installed By:	1. <input checked="" type="checkbox"/> MAINTENANCE PLUMBER
	2. <input type="checkbox"/> RELOCATED PLUMBING		2. <input type="checkbox"/> MODULAR OR MOBILE HOME		2. <input type="checkbox"/> OIL BURNER/MAN
		3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>Duplex</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE	5. <input type="checkbox"/> PROPERTY OWNER
				LICENSE # <u>0221220</u>	

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
0.1	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	0.4	Washbasin / Sillcock	0.2	Bath/Tub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	0.2	Sink
			Drinking Fountain	0.4	Wash Basin
			Indirect Waste	0.4	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	0.2	Clothes Washer
			Grease/Oil Separator	0.2	Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidets		Laundry Tub
			Other: <u>Sump Pump's</u>	0.2	Water Heater
	Hook-Ups (Subtotal)	0.2	Fixtures (Subtotal) Column 2	1.8	Fixtures (Subtotal) Column 1
	Hook-Up Fee	6			Fixtures (Subtotal) Column 2
USE PERMIT FEE SCHEDULE FOR CALCULATING FEE					
				6	Total Fixtures
				6	Hook-Up Fee
				12	Hook-Up Fee
				24	Hook-Up Fee

985-6851

ORIGINAL

D 10646

GENERAL RECEIPT

CITY OF PORTLAND, MAINE

DEPARTMENT Plumbing DATE 6-11-87
RECEIVED FROM Ms. Build-Merand's Inc
ADDRESS 13-15 Waverly St.

UNIT	ITEM	REVENUE CODE	DOLLAR AMOUNT
	Permit		60-

CASH CHECK OTHER TOTAL 60-

RECEIVED BY *JMS*

CITY OF PORTLAND, MAINE
OFFICE OF THE COMPTROLLER OF FINANCES
440 WATER STREET, PORTLAND, MAINE 04101-7040

DEPARTMENT OF HUMAN SERVICES

DATE: 3-9-88

TO: ERINIE GOODWIN

FROM: KENNETH KELLER

- FOR
- APPROVAL
 - CODING
 - INFORMATION
 - YOUR ATTENTION
 - YOUR COMMENT
 - YOUR FILE
 - YOUR INFORMATION
 - YOUR SIGNATURE
 - OTHER
- Return To: Susanna
YES NO

REMARKS ERINIE
PLEASE SEND TO
THE OFFICE THE
ST. BE COPY OF
PERMIT # 2763
PLS: PAGES 2 +
3 OF PERMIT #
2764 AND PERMIT
FOR THOMAS PROBERS
SUSANNA
KELLER



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 13-15 Waverly St

Issued to THOMAS POWERS

Date of Issue November 25, 1987

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. 87/203, 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

APPROVED OCCUPANCY

Units 13, 15 Waverly Street
Limiting Conditions:

4-family

Thomas Powers
Inspector of Buildings

This certificate supersedes certificate issued

Approved:

W. L. D. Williams
(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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 13-15 Waverly St.

Issued to Thomas Powers

Date of Issue November 23, 1987

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. 87/203, 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

APPROVED OCCUPANCY

Units 13, 15, Waverly Street
Limiting Conditions:

A-family

This certificate supersedes
certificate issued

Approved:

11-23-87 *[Signature]*
(Date) Inspector

[Signature]
C. P. [unclear]

[Signature]
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.