

610-612 ALLEN AVENUE



Full cut # 920R - Half cut # 9202R - Third cut # 5202R - Fifth cut # 9205R

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER 16846

Date Issued 9/29/66
 Portland Plumbing Inspector
 By ERNOLD R. GOODWIN

App. First Insp.
 Date SEP 30 1966
 By ERNOLD R. GOODWIN
 Chief Plumbing Inspector

App. Final Insp.
 Date SEP 30 1966
 By ERNOLD R. GOODWIN
 Chief Plumbing Inspector
 Type of Bldg:
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

Address 612 Allen Avenue		PERMIT NUMBER 16846	
Installation For: Dwelling			
Owner of Bldg.: Mr. Hank			
Owner's Address: 612 Allen Avenue		Date 9/29/66	
Plumber: David G. Iving			
NEW	FEPL	NO.	FEE
			SINKS
	1	1	LAVATORIES 2.00
	1	1	TOILETS 2.00
	1	1	BATH TUBS 2.00
			SHOWERS
			DRAINS FLOOR SURFACE
			HOT WATER TANKS
			TANKLESS WATER HEATERS
			GARBAGE DISPOSALS
			SEPTIC TANKS
			HOUSE SEWERS
			ROOF LEADERS
			AUTOMATIC WASHERS
			DISHWASHERS
			OTHER
TOTAL			6.00

Building and Inspection Services Dept.; Plumbing Inspection

Permit # 0029 City of PORTLAND BUILDING PERMIT APPLICATION Fee, \$25 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Jack Lambart Phone # 797-1111
 Address: 612 Allen Avenue Portland ME 04103
 LOCATION OF CONSTRUCTION 612 Allen Avenue
 Contractor: owner Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: \$100 Proposed Use: _____
 Past Use: _____
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Change window size as per plans

For Official Use Only
 Date: 11 december 1989 Subdivision: _____ Name: _____
 Inside Fire Limits: _____ Lot: _____
 City Code: _____ Ownership: _____
 Time Limit: _____
 Estimated Cost: \$25

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Barbara Monti
 Signature of Applicant Jack Lambart Date 12/11/89
 Signature of CEO _____ Date _____

Inspection Dates _____

White - Tax Assesor Yellow - GPCOG White Tag - CEO
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 (17) 1989 12/11

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant Jack Lambert

Date 11 December 1989

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: YORTLAND, ME
Street Subdivision Lot #: LOT 2, ALTON AVE.

PROPERTY OWNER'S NAME

Last: LAMBERT First: JACK

Applicant (Name): LARRY CAMPBELL

Mailing Address of Owner/Applicant (if Different): 276 E. WOOD ST. WEST BURLINGTON, VT 05402

PORTLAND 3955 TOWN COPY
Date Paid: 8/29/90 \$ 16.11 DE Double Fee
Local Plumbing Inspector Signature: [Signature] License # 0123

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 Department to deny a Permit.
Signature of Owner/Applicant: [Signature] Date: 8/29/90

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: _____ Date Approved: AUG 29 1990

PERMIT INFORMATION

This Application is for: 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> K.R.G.D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>2522</u>
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Hook-Up, Piping Reconnect or 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.		Washbasin / Sillcock		Bathroom (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Incinerator Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Other: _____		Laundry Tub
Hook-Up & Relocation Fee				Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2 Fee
				Fixtures (Subtotal) Column 1 Fee
				Hook-Up & Relocation Fee
				Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOW 1 COPY

Permit # 102008 City of PORTLAND BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____
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For Official Use Only	
Date <u>11 december 1989</u>	Subdivision _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Ownership: Public _____ Private _____
Estimated Cost \$25	

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 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

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 Special Exception _____
 Other _____ (Explain) _____ **PERMIT ISSUED**

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Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ **DEC 11 1989**
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ **City Of Portland**
 5. Ceiling Height: _____

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 Signature of Applicant Jack Lambert / bo 12/11/89
 Signature of CEO _____ Date _____
 Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag-CEO (14) © Copyright GPCOG 1988
Mrs Leary

