

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION PERMIT

PERMIT ISSUED
Permit Number: 060891
JUN 30 2006
CITY OF PORTLAND

This is to certify that HELPING HAND ENTERPRISES LLC / Michael Salisbury
has permission to Interior renovations to 3 units
AT 223 CONGRESS ST

013 G010001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is provided. **YOUR NOTICES ARE REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Alvin J. King
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-0891	Issue Date: PERMIT ISSUED	EBL: 013 G010001
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Location of Construction: 223 CONGRESS ST	Owner Name: HELPING HAND ENTERPRISES	Owner Address: 223 CONGRESS ST	Phone:
Business Name:	Contractor Name: Michael Salisbury	Contractor Address: PO Box 2742 Portland	Phone: 6095174924
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B2b

Past Use: first floor= tavern; office and three (3) Residential D.u.	Proposed Use: Same use. Interior renovations to 3 dwelling units	Permit Fee: \$93.00	Cost of Work: \$8,000.00	CEO District: 1
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Proposed Project Description: Interior renovations to 3 units	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>To 10PPA 10:1</i>	INSPECTION: Use Group: <i>R2</i> Type: <i>55</i> <i>6/30/06</i>
	Signature: <i>Greg Lewis</i>	Signature: <i>Ally Knight</i>

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: dmartin	Date Applied For: 06/13/2006	Zoning Approval	
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<ol style="list-style-type: none"> 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.. 	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 Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>OK with conditions</i> Date: <i>6/29/06</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 223 Congress St.

PROPERTY OWNERS NAME

Last: Salisbury First: Mike
Applicant Name: 11 State P+H
Mailing Address of Owner/Applicant (If Different): 11 State P+H

PORTLAND PERMIT # 9951 TOWN COPY
Date Permit Issued: 7/20/06 \$ 114 if Double Fee Charged
L.P.I. # 0744
Local Plumbing Inspector Signature: [Signature]
13 G 10

Owner/Applicant Statement

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

Signature of Owner/Applicant

Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input 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>19252315</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock	<u>3</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	<u>3</u>	Sink
		Drinking Fountain	<u>3</u>	Wash Basin
		Indirect Waste	<u>3</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>3</u>	Clothes Washer
		Grease / Oil Separator	<u>3</u>	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other:		Water Heater
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	<u>18</u>	Fixtures (Subtotal) Column 1
		SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	<u>114</u>