

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-1365	Issue Date: 0912012005	CBL: 014 E002001
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Location of Construction: 56 Quebec St	Owner Name: Bogart Salzberg	Owner Address: 25 Melbourne St	Phone: 828-4401
Business Name:	Contractor Name: David Brackett	Contractor Address: Portland	Phone: 2072324948
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R6

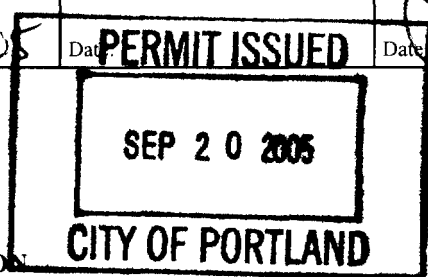
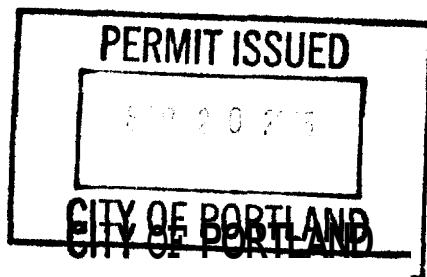
Past Use:	Proposed Use: structural changes	Permit Fee: 00	Cost of Work: \$95,000.00	CEO District: 1
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: SB	

Proposed Project Description: Gut rehab w/structural changes	Signature	Signature: <i>JMB 9/20/05</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: jmb	Date Applied For: 09/2012005	Zoning Approval
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- 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"/> Date: <i>JMB 9/20/05</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: <i>JMB 9/20/05</i>	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: <i>JMB</i>
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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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

~~Permits expire in 6 months, if the project is not started or ceases for 6 months.~~

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building** Location Inspection: Prior to pouring concrete
- Re-Bar** Schedule Inspection: Prior to pouring concrete
- Foundation** Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical**: Prior to any insulating or drywalling
- Final/Certificate of Occupancy**: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

[Signature]
Signature of Applicant/Designee

9/20/05
Date

[Signature: Carole Bonke]
Signature of Inspections Official

9/20/05
Date

CBL: 14-E-2

Building Permit #: 05-1365

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
 Permit Number: 051365
SEP 20 2005
CITY OF PORTLAND

This is to certify that Bogart Salzberg/David Brack
 has permission to Gut rehab w/structural change
 AT 56 Quebec St

014 E0200

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 written permission procured before this building or part thereof is occupied or closed-in. **HEAVY NOTICE IS 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 _____

Deanne Bowke 9/20/05
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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Location of Construction: 56 Quebec St	Owner Name: Bogart Salzberg	Owner Address: 25 Melbourne St	Phone: () 828-4401
Business Name:	Contractor Name: David Brackett	Contractor Address: Portland	Phone: (207) 232-4948
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	

Proposed Use: Single Family w/gut rehab, structural changes	Proposed Project Description: Gut rehab w/structural changes
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Dept: Zoning **Status:** Approved **Reviewer:** Jeanine Bourke **Approval Date:** 0912012005

Note: **Ok to Issue:**

- 1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 0912012005

Note: **Ok to Issue:**

- 1) The design load spec sheets for any engineered beam(s) must be submitted to this office.
- 2) Separate permits are required for any electrical, plumbing, or heating.
- 3) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.


All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>52 Quebec ST</u>		
Total Square Footage of Proposed Structure <u>+600</u>	Square Footage of Lot <u>972</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>14</u> Block# <u>E</u> Lot# <u>2</u>	Owner: <u>Salzberg Bogart</u>	Telephone: <u>8284401</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>David Brachett</u> <u>52 MelBourne ST</u> <u>Portland Me 04101</u>	Cost Of Work: \$ <u>95,000</u> Fee: \$ <u>816.00</u>
Current use: <u>Single Family</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Single Family</u>		
Project description: <u>gut Rehab/structural</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>David Brachett</u>		
Mailing address: <u>52 MelBourne ST</u> <u>Portland Me 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer, A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 232-4948		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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

Signature of applicant: 	Date: <u>9/20/05</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued.
If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

**MAINE REVENUE SERVICES
REAL ESTATE TRANSFER
TAX DECLARATION**



TITLE 36, M.R.S.A. SECTIONS 4641 - 4641N

**PLEASE TYPE OR USE A BALL POINT PEN. FILE BOTH COPIES
WITH THE COUNTY REGISTRY OF DEEDS. DO NOT USE
STAPLES OR TAPE AND DO NOT DETACH!**

▲ 1 MUNICIPALITY OR TOWNSHIP Portland	▶ COUNTY Cumberland
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▶ BOOK/PAGE
(REGISTRY USE ONLY)

GRANTEE (BUYER)

▶ 2. IDENTITY: NAME(S) - LAST, FIRST, MIDDLE OR CORPORATE NAME(S) Salzberg, Bogart Moskin, Ava	▶ ENTER SSN OR FED ID HERE 005-86-3702 058-50-0563
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3. NUMBER AND STREET 25 Melbourne Street	CITY OR TOWN Portland	STATE AND ZIP CODE ME 04101
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4. IDENTITY: NAME(S) - LAST, FIRST, INITIAL OR CORPORATE NAME(S) Zlarke, Clayton A. Zlarke, Linda J.	▶ ENTER SSN OR FED ID HERE 007-32-8599 007-52-9280
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5. NUMBER AND STREET	CITY OR TOWN Portland	STATE AND ZIP CODE ME 04101
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PROPERTY	▶ 6. TAX MAP & LOT NUMBER OR PHYSICAL DESCRIPTION Map 14, Block E, Lot 2	WARNING TO BUYER! If the property is classified as Farmland, Open Space or Tree Growth, a substantial financial penalty could be triggered by Development, subdivision, partition or change in use. <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Not Classified
	▶ 7. DATE OF TRANSFER MO: 09 DAY: 01 YEAR: 2005	

CONSIDERATION	8. Tax will be collected at the registry when the deed is recorded. The tax rate is \$2.20 per \$500. or fractional part thereof, of consideration or value. The tax is equally divided between the buyer and the seller. See reverse for instructions. FAIR MARKET VALUE \$ _____ .00	▶ CONSIDERATION <u>275,000.00</u> (ACTUAL PRICE PAID OR REQUIRED TO BE PAID)
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EXEMPTION	9. If one or more parties are exempt from the real estate transfer tax, please explain the basis for exemption pursuant to Title 36, M.R.S.A., Section 4641-C. Complete only if the transfer is claimed to be fully or partially exempt. <input type="checkbox"/> GRANTEE Reason _____ <input type="checkbox"/> GRANTOR Reason _____
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SPECIAL CIRCUMSTANCES	10. Were there any special circumstances in the transfer which suggests that the price of the property was either more or less than its fair market value? (IF YES, PLEASE EXPLAIN) ▶ NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
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INCOME TAX WITHHELD	11. <input type="checkbox"/> Buyer(s) certify that they have withheld Maine income tax from the purchase price as required by § 5250-A and will remit to Maine Revenue Services within 30 days after date of transfer. <input checked="" type="checkbox"/> Buyer(s) not required to withhold Maine income tax because: <input checked="" type="checkbox"/> Seller has qualified as a Maine resident <input type="checkbox"/> A waiver has been received from the State Tax Assessor <input type="checkbox"/> Consideration for the property is less than \$50,000 <input type="checkbox"/> Foreclosure sale: exempt per 36 MRSA §5250-A, sub 3-A
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OATH	12. Aware of penalties as set forth by Title 36, Section 4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. GRANTEE(S) or AUTHORIZED AGENT _____ DATE _____ GRANTOR(S) or AUTHORIZED AGENT, _____ DATE _____
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PREPARER	13. Name, address and phone number of person or firm preparing this form. Guaranty Title Corp., 22 Free Street, Portland, ME 04101 (207)879-7607
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WARRANTY DEED

Joint Tenancy

Maine Statutory Short Form

KNOW ALL PERSONS BY THESE PRESENTS, That

Clayton A. Clarke and Linda J. Clarke of Portland, County of Cumberland, State of Maine, for consideration paid, grant to Bogart Salzberg and Ava Moskin of Portland, County of Cumberland, State of Maine, whose mailing address is 25 Melbourne Street, Portland, Maine 04101, with **warranty covenants**, as joint tenants the land in Portland, County of Cumberland, and State of Maine, described on the attached **EXHIBIT A**.

The premises are conveyed subject to any easements and restrictions of record, and this deed includes all rights, easements, privileges and appurtenances belonging to the premises hereinabove described.

WITNESS our/my hand(s) and seal(s) this First day of September, 2005.

Signed, Sealed and Delivered in presence of:

Witness

Clayton A. Clarke

Linda J. Clarke

STATE OF MAINE
COUNTY OF CUMBERLAND

Then personally appeared the above named Clayton A. Clarke and Linda J. Clarke and acknowledged the foregoing instrument to be his/her/their free act and deed.

Before me,

Notary Public

Printed Name:

My Commission Expires: