

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK**  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION**

**PERMIT**

Permit Number: 081097

This is to certify that HAGGE CYRUS Y & PATRICIA H D HAGGE ITS/Project Mgmt.

has permission to Installation of non-public elevator as part of on ground construction

AT 45 TURNER ST 014 H015001

provided that the person or persons who perform or supervise the work in accepting 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 closed-in. 4 HOUR 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

**CITY OF PORTLAND**

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: 08-1097	Issue Date:	CBL: 014 H015001
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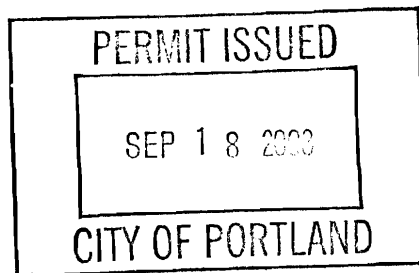
Location of Construction: 45 TURNER ST	Owner Name: HAGGE CYRUS Y & PATRICIA	Owner Address: 225 COMMERCIAL ST	Phone:
Business Name:	Contractor Name: Project Mgmt. Inc.	Contractor Address: 225 Commercial St Portland	Phone: 2077757442
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Duplex	Zone:

Past Use: Duplex connected w/ permit# 080005 - Cost of elevator on original permit	Proposed Use: Duplex - #080005 - Installation of non-public elevator as part of on going construction	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 1
Proposed Project Description: Installation of non-public elevator as part of on going construction		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>IRC 2003</i>	
		Signature: _____ Signature: _____		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: ldobson	Date Applied For: 09/03/2008	<b>Zoning Approval</b>
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

<b>Special Zone or Reviews</b> <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>9/18/08</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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>9/18/08</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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 08-1097	<b>Date Applied For:</b> 09/03/2008	<b>CBL:</b> 014 H015001
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<b>Location of Construction:</b> 45 TURNER ST	<b>Owner Name:</b> HAGGE CYRUS Y & PATRICIA	<b>Owner Address:</b> 225 COMMERCIAL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Project Mgmt. Inc.	<b>Contractor Address:</b> 225 Commercial St Portland	<b>Phone</b> (207) 775-7442
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Duplex	

<b>Proposed Use:</b> Duplex - #080005 - Installation of non-public elevator as part of on going construction	<b>Proposed Project Description:</b> Installation of non-public elevator as part of on going construction
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/18/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All conditions issued under permit #08-0005			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 09/18/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All conditions of permit #08-0005 are applicable to this permit.			
2) Equipment must be installed in compliance with the manufacturer's specifications			
3) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.			



# General Building Permit Application

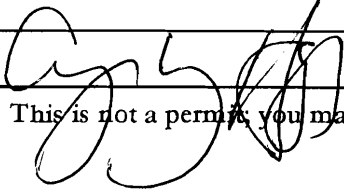
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>43-45 TURNER ST</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot <u>5500</u>
Tax Assessor's Chart, Block & Lot Chart# <u>14</u> Block# <u>4</u> Lot# <u>15</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>CYRUS HAGGE</u> Address <u>225 COMMERCIAL ST</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>207 -</u> <u>749 -</u> <u>0534</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>SAME</u> Address City, State & Zip	Cost Of Work: \$ _____ C of O Fee: \$ _____ Total Fee: \$ <u>30</u>
Current legal use (i.e. single family) <u>TWO FAMILY</u> <u>Fee on original Permit -</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>INSTALLATION OF PRIVATE ELEVATOR</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>INSTALLATION OF NON-PUBLIC ELEVATOR AS PART OF AN ONGOING CONSTRUCTION OF HOUSE @ 45 TURNER ST</u>		
Contractor's name: <u>PROJECT MGMT INC</u>		
Address: <u>225 COMMERCIAL ST</u>		
City, State & Zip <u>PORTLAND, ME 04101</u>		Telephone: <u>775-7442</u>
Who should we contact when the permit is ready: <u>CYRUS</u>		Telephone: <u>749-0534</u>
Mailing address: <u>225 COMMERCIAL ST # 502 04101</u>		

**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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:  Date: 9-3-08 SEP - 3 2008

This is not a permit; you may not commence ANY work until the permit is issued.

**Cyrus Y. Hagge**  
225 Commercial Street, Suite 502  
Portland, Maine 04101-4613  
207-775-7442  
FAX 207-761-0922  
chagge@mac.com

September 3, 2008

Tammy Munson  
Building Inspections  
City of Portland  
Congress Street  
Portland, Maine 04101

Re: 43-45 Turner Street Elevator Permit

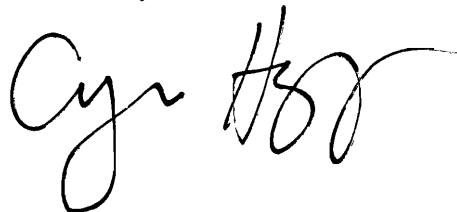
Dear Tammy:

Enclosed is the request for a permit to install a private residential elevator at 45 Turner Street. This elevator only services one unit within the building.

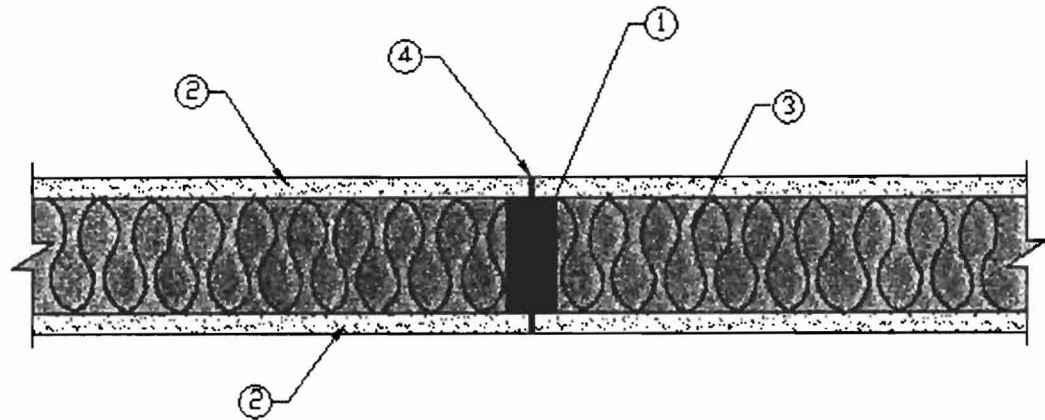
1. Elevator shaft has a one hour fire separation with one layer of 5/8" Type X gypsum wallboard on both sides of all common walls. I have noted on the plan the one-hour fire rating between units and attached an assembly detail.
2. All doors serving the elevator will be 60 minute fire rated doors with labels.
3. Elevator to be installed by Pine State Elevator Co. See attached prints from the manufacturer Matot, Inc.

If you need additional information, please don't hesitate to call.

Sincerely,



## WS4-1.1 One-Hour Fire-Resistive Wood Wall Assembly 2x4 Wood Stud Wall - 100% Design Load - ASTM E 119 / NFPA 251



1. Framing - Nominal 2x4 wood studs, spaced 16 in. o.c., double top plates, single bottom plate
2. Sheathing - 5/8 in. Type X gypsum wallboard, 4 ft. wide, applied horizontally, unblocked. Horizontal application of wallboard represents the direction of least fire resistance as opposed to vertical application.
3. Insulation - 3-1/2 in. thick mineral wool insulation (2.5 pcf, nominal)
4. Fasteners - 2-1/4 in. Type S drywall screws, spaced 12 in. o.c.
5. Joints and Fastener Heads - Wallboard joints covered with paper tape and joint compound, fastener heads covered with joint compound

Tests conducted at the Fire Test Laboratory of National Gypsum Research Center

Test No: WP-1248 (Fire Endurance) March 29, 2000

WP-1246 (Hose Stream) March 9, 2000

Third Party Witness: Intertek Testing Services

Report J20-06170.1

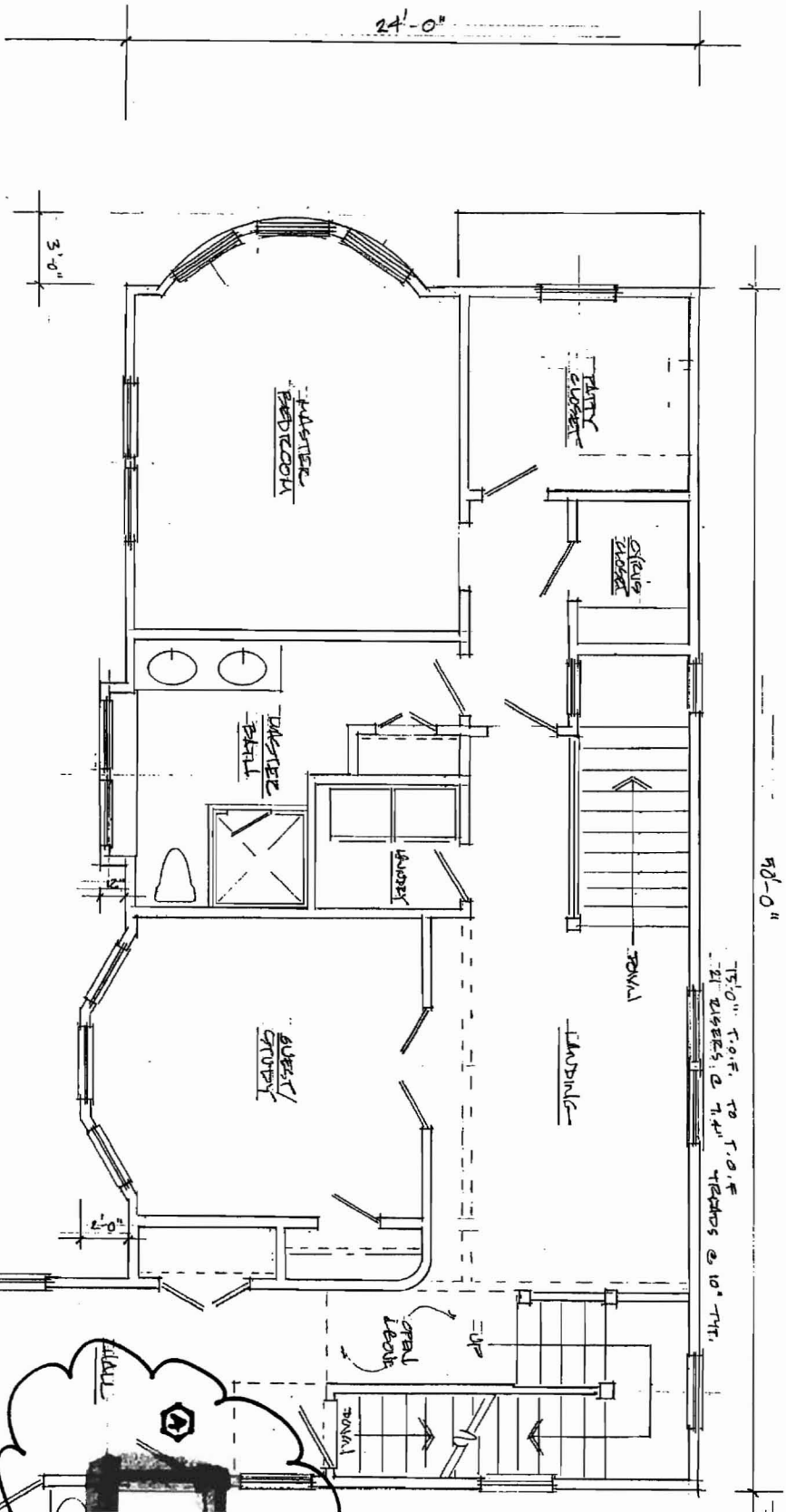
This assembly was tested at 100% design load, calculated in accordance with the 1997 *National Design Specification® for Wood Construction*. The authority having jurisdiction should be consulted to assure acceptance of this report.





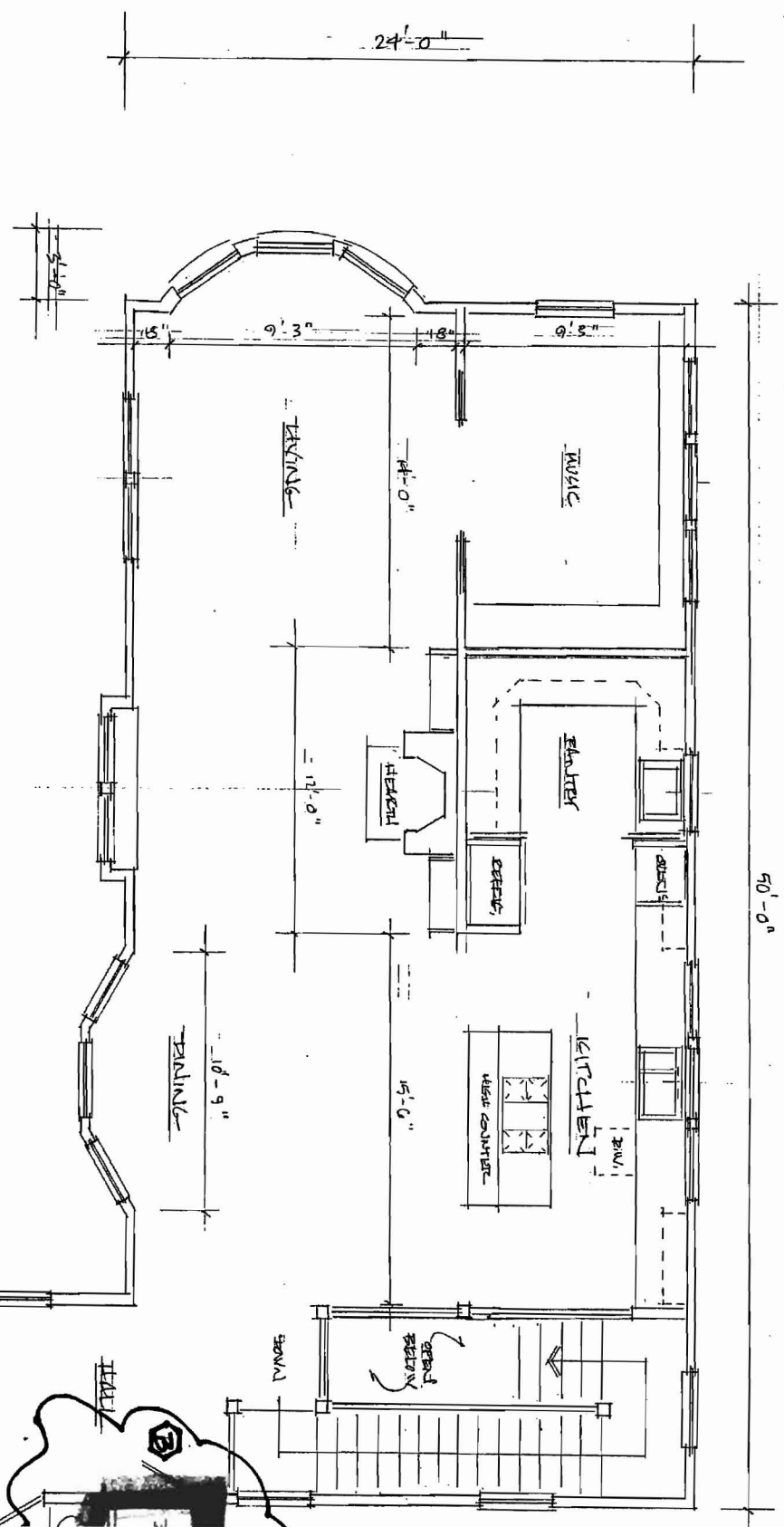


WAGGE RESIDENCE  
 SECOND FLOOR PLAN  
 AS TOWER ST.  
 PROPOSAL  
 12/17/07  
 4" = 1'-0"



1	L
1	A. R.
51	878

WAGGE RESIDENCE 45 TOWER ST.  
 THIRD FLOOR PLAN PROPOSED  
 12/17/07



1	871
A	