

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 081286

Please Read
Application And
Notes, If Any,
Attached

This is to certify that 131 MORNING STREET LLC on Coop Siding Re
has permission to Insulate, sheet rock & trim

AT 131 MORNING ST CE 014 N004001

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 inhabited or otherwise used-in. 24 HOURS NOTICE IS REQUIRED.

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

PERMIT ISSUED

OTHER REQUIRED APPROVALS

Fire Dept. OCT 27 2008

Health Dept. _____

Appeal Board _____

Other _____

CITY OF PORTLAND

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

10/27/08

City of Portland, Maine - Building or Use Permit Application

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

PERMIT ISSUED

Permit No: 08-1286	Issue Date: OCT 27 2008	CBL: 04 N004001
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Location of Construction: 131 MORNING ST	Owner Name: 131 MORNING STREET LLC	Owner Address: PO BOX 4271	Phone:
Business Name:	Contractor Name: Ron Cooper Roofing Siding Remode	Contractor Address: 19 Vista Drive Windham	Phone: 2076716650
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: <i>RL</i>

Past Use: Multi - Unit	Proposed Use: Multi- Unit - Insulate, sheet rock & trim	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 1
Proposed Project Description: Insulate, sheet rock & trim <i>Legal use - 3 residential dwellings N/A</i>		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R-2</i> Type: <i>SB</i>
		Signature: _____		Signature: <i>[Signature]</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: Idobson	Date Applied For: 10/10/2008	Zoning Approval		
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..		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"/> Mfnor <input type="checkbox"/> MM <input type="checkbox"/>	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	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>10/14/08</i>		Date: _____

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		PROPERTY OWNERS NAME	
Town or Plantation	PORTLAND	Last: <u>TOOTHAKER</u>	First: <u>CRANDALL</u>
Street	<u>MORNING</u>	Applicant Name:	<u>SHELDON'S PLUMBING</u>
Subdivision Lot #	<u>131</u>	Mailing Address of Owner/Applicant (If Different)	<u>31 PEARY TERRACE SO. PORTLAND, ME 04106</u>

PORTLAND	PERMIT # 10794 TOWN COPY	<input type="checkbox"/> If Double Fee Charged
Date Permit Issued: <u>10/27/05</u>	\$ <u>1,240</u>	FEE
<u>Jeanne Benke</u> Local Plumbing Inspector Signature	L.P.I. # <u>07324</u>	
<u>14 N 4</u>		

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 Inspectors to deny a Permit.	I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
<u>[Signature]</u> Signature of Owner/Applicant	<u>[Signature]</u> Local Plumbing Inspector Signature
<u>10-27-05</u> Date	<u>10-27-05</u> Date Approved

PERMIT INFORMATION		
This Application is for:	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____	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>2362</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input 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.		Hosebib / Sillcock	<u>06</u>	Bathtub (and Shower)
		Floor Drain	<u>02</u>	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>06</u>	Sink
		Drinking Fountain	<u>08</u>	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	<u>08</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>03</u>	Clothes Washer
		Grease / Oil Separator	<u>03</u>	Dish Washer
		Roof Drain	<u>03</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>39</u>	Fixtures (Subtotal) Column 1
			<u>39</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1286	Date Applied For: 10/10/2008	CBL: 014 N004001
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Location of Construction: 131 MORNING ST	Owner Name: 131 MORNING STREET LLC	Owner Address: PO BOX 4271	Phone:
Business Name:	Contractor Name: Ron Cooper Roofing Siding Remod	Contractor Address: 19 Vista Drive Windham	Phone (207) 671-6650
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	

Proposed Use: Multi- Three Unit - Insulate, sheet rock & trim	Proposed Project Description: Insulate, sheet rock & trim
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 10/14/2008

Note: **Ok to Issue:**

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a three (3) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. There shall be no expansion of the existing footprint of the building during renovations.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/27/2008

Note: **Ok to Issue:**

- 1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.
- 2) The basement is NOT approved as habitable space. A code compliant 2nd means of egress must be installed in order to change the use of this space.
- 3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.
- 4) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 5) 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>133 Morning</u>		
Total Square Footage of Proposed Structure <u>2616</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>14</u> Block# <u>10</u> Lot# <u>4</u>	Owner: <u>LLC Morning</u>	Telephone: <u>252 2621</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Ronald Cooper</u> <u>6716650</u>	Cost Of Work: \$ <u>40,000</u> Fee: \$ _____ C of O Fee: \$ _____
Current legal use (i.e. single family) <u>Multi Unit</u>	If vacant, what was the previous use? <u>SAME</u>	<u>LEGAL 3 RES. d.u</u>
Proposed Specific use: <u>SAME</u>	Is property part of a subdivision? <u>NO</u> If yes, please name _____	
Project description: <u>x Insulate Sheet Rock + Trim</u>		
Contractor's name, address & telephone: <u>Ron Cooper Roofing Siding Rem.</u>		
Who should we contact when the permit is ready: <u>Ronald Cooper</u>		OCT 10 2008
Mailing address: _____ Phone: <u>6716650</u>		

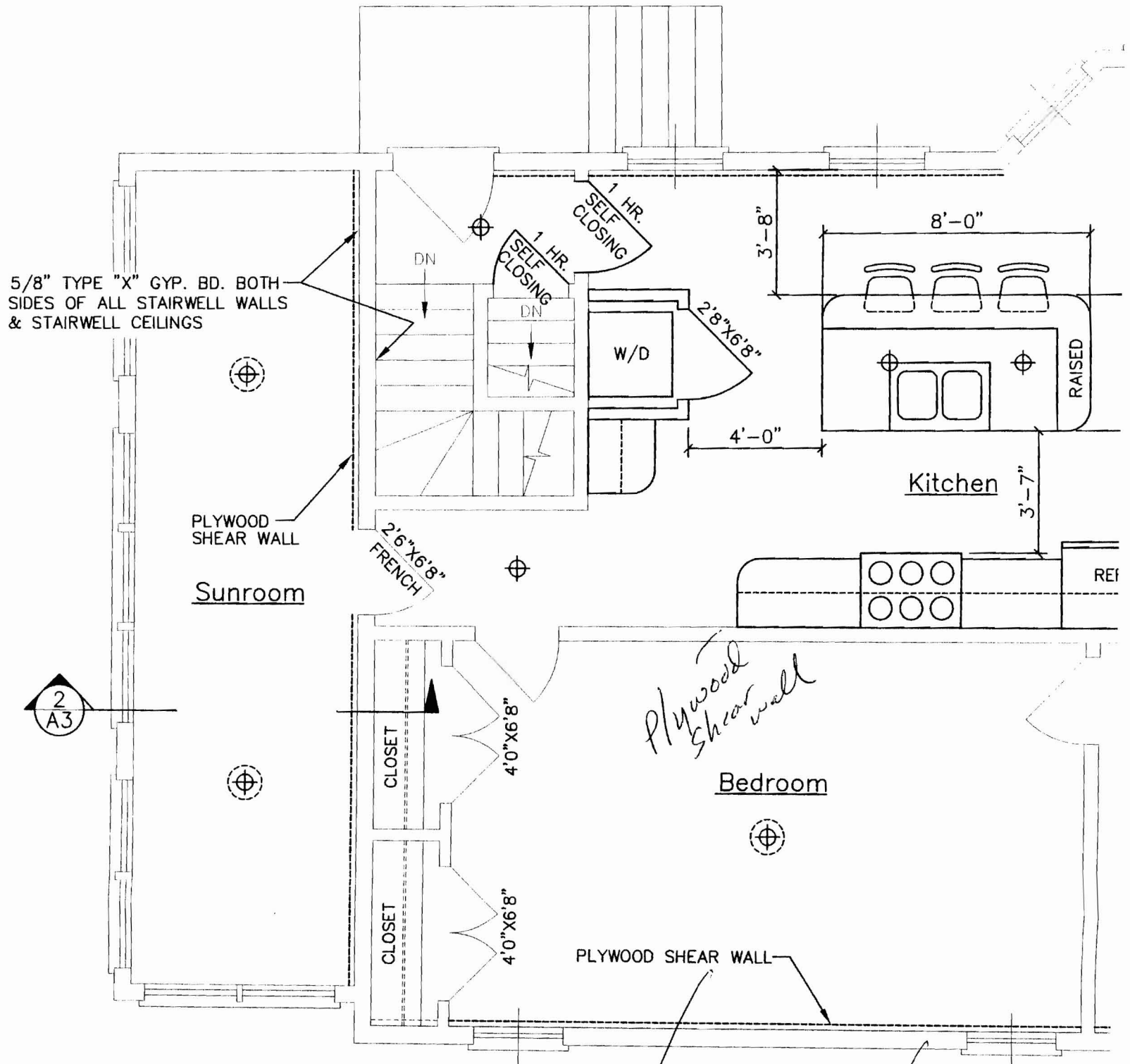
Please submit all of the information outlined in the Commercial Application Checklist.
Failure to do so will result in the automatic denial of your permit.

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, 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 of applicant: <u>Ronald Cooper</u>	Date: <u>10 10 08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.



5/8" TYPE "X" GYP. BD. BOTH SIDES OF ALL STAIRWELL WALLS & STAIRWELL CEILINGS

PLYWOOD SHEAR WALL

Sunroom

2
A3

2'6" X 6'8" FRENCH

CLOSET

4'0" X 6'8"

CLOSET

4'0" X 6'8"

PLYWOOD SHEAR WALL

Bedroom

Plywood Shear wall

W/D

2'8" X 6'8"

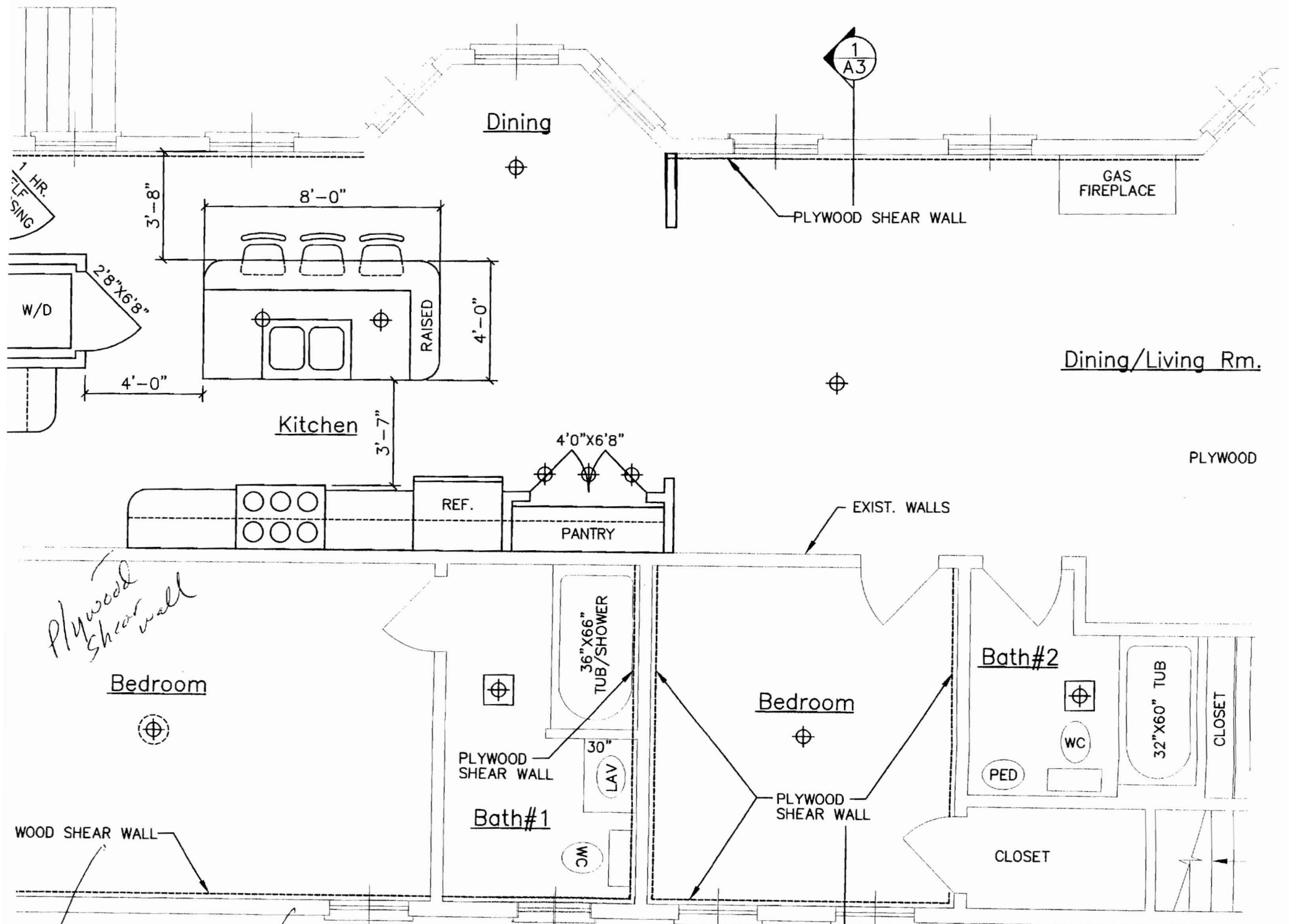
Kitchen

REF

RAISED

All shear walls from previous permit

will do blocking @ floor levels



Dining/Living Rm.

PLYWOOD

EXIST. WALLS

Plywood Shear wall

Bedroom

Bedroom

Bath#2

Bath#1

CLOSET

WOOD SHEAR WALL

From previous permit

il doo @ taking levels

walls built this

drywall

ms within spaces.