

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

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING DEPARTMENT**

**PERMIT**

Permit Number: 071246

This is to certify that MORNING EASTERN PRO ENADE Copper

has permission to add 1 new bath Units 1R, 2R, move when to new location per original plans

AT 129 MORNING ST 014 N005001

provided that the person or persons, firm or corporation 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 laid or commenced-in. 24 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. \_\_\_\_\_

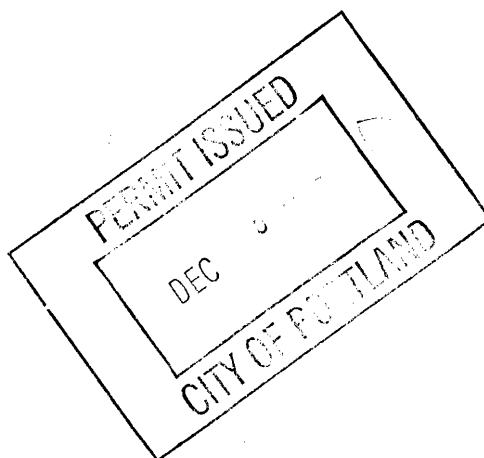
Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*[Signature]* 12/4/07  
 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: 07-1246	Issue Date:	CBL: 014 N005001
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Location of Construction: 129 MORNING ST	Owner Name: MORNING EASTERN PROMENA	Owner Address: PO BOX 4271	Phone:
Business Name:	Contractor Name: Ron Copper	Contractor Address: 19 Vista Drive Windham	Phone 2078922555
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Multi Family	Zone: R-6

Past Use: 6 Family Residential	Proposed Use: 6 Family Residential - add 1 new bath Units 1R, 2R, 3R, move kitchen to new location per original plans for three units <i>legalise - 6 du (permit 06-1660)</i>	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 1
Proposed Project Description: add 1 new bath Units 1R, 2R, 3R, move kitchen to new location per original plans ( <del>not</del> connected to permit # 06-1660) <i>(for 3 units)</i>		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>w/ sprinkler system</i>	INSPECTION: Use Group: <i>R-2</i> Type: <i>SB</i> <i>IBC 2003</i>	
		Signature: <i>Craig Cass</i>		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: ldobson	Date Applied For: 10/02/2007	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<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"/> <i>Or w/ conditions</i> Date: <i>10/2/07 ABM</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 <i>ABM</i> 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

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

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

<b>Permit No:</b> 07-1246	<b>Date Applied For:</b> 10/02/2007	<b>CBL:</b> 014 N005001
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<b>Location of Construction:</b> 129 MORNING ST	<b>Owner Name:</b> MORNING EASTERN PROMENA	<b>Owner Address:</b> PO BOX 4271	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Ron Copper	<b>Contractor Address:</b> 19 Vista Drive Windham	<b>Phone:</b> (207) 892-2555
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Multi Family	

<b>Proposed Use:</b> 6 Family Residential - add 1 new bath Units 1R, 2R, 3R, move kitchen to new location per original plans for the three units (connected to permit #06-1660)	<b>Proposed Project Description:</b> add 1 new bath Units 1R, 2R, 3R, move kitchen to new location per original plans for the three units.
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Ann Machado      **Approval Date:** 10/24/2007

**Note:** According to conversation with Ron Cooper, existing kitchen was where the new bathroom is going.      **Ok to Issue:**

- 1) This property shall remain a six family dwelling. Any change of use shall require a separate permit application for review and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 3) This is NOT an approval for any additional dwelling units. All of the kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. must be removed from the old, existing kitchens in each of the three units.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 12/04/2007

**Note:**      **Ok to Issue:**

- 1) There must be a ventilation fan installed.
- 2) All penetrations between dwelling units shall not reduce the (1 hour) required rating.
- 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.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 11/29/2007

**Note:** I spoke with Crandall 11-28-07 he offered to install a sprinkler system rather than add 2nd. Egress.      **Ok to Issue:**   
Approved G.C.

- 1) Sprinkler system installed

**Comments:**

10/24/2007-amachado: Left message for Ron Cooper. Need to know where the existing kitchen was located and what that space is going to be used for now.

# 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.**

\_\_\_\_\_ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before **any** site work begins on any project other than single family additions or alterations.

\_\_\_\_\_ **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.

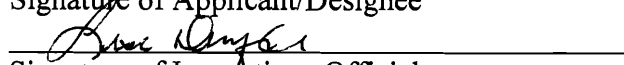
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

\_\_\_\_\_ **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 of Applicant/Designee

12/06/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

12/6/07  
\_\_\_\_\_  
Date

CBL: 14 N005

Building Permit #: 071246



# 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>129 Morning St Portland, ME</u>		
Total Square Footage of Proposed Structure/Area <u>✓</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#  <u>14 - N - 5</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>Morning Star Properties LLC</u> Address <u>200 State Street</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone: <u>252-6264</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>15,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>170<sup>00</sup></u>
Current legal use (i.e. single family) <u>6 Family</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>6 Family</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>add one new house (units 1R, 2R, 3R)</u> <u>R = Rear of building, move kitchen to new location per original plans.</u>		
Contractor's name: <u>Ron Coupe</u> Address: <u>19 Vista Dr</u> City, State & Zip: <u>Windham ME 04062</u> Telephone: <u>2522621</u> Who should we contact when the permit is ready: _____ Telephone: _____ Mailing address: <u>Same</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: [Signature]

Date: Oct 2007

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

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

### Current Owner Information

<b>Card Number</b>	1 of 1
<b>Parcel ID</b>	014 N005001
<b>Location</b>	129 MORNING ST
<b>Land Use</b>	FIVE TO TEN FAMILY
<b>Owner Address</b>	MORNING EASTERN PROMENADE LLC PO BOX 4271 PORTLAND ME 04101
<b>Book/Page</b>	23885/168
<b>Legal</b>	14-N-5 MORNING ST 129 2890 SF

### Current Assessed Valuation

<b>Land</b>	<b>Building</b>	<b>Total</b>
\$90,500	\$166,400	\$256,900

### Building Information

Bldg #	Year Built	# Units	Bldg Sq. Ft.	Identical Units
1	1915	6	0	1

Total Acres	Total Buildings	Sq. Ft.	Structure Type	Building Name
0.066	0		APARTMENT - GARDEN	

### Exterior/Interior Information

Section	Levels	Size	Use
1	B1/B1	1501	SUPPORT AREA
1	01/01	1501	APARTMENT
1	02/03	1501	APARTMENT

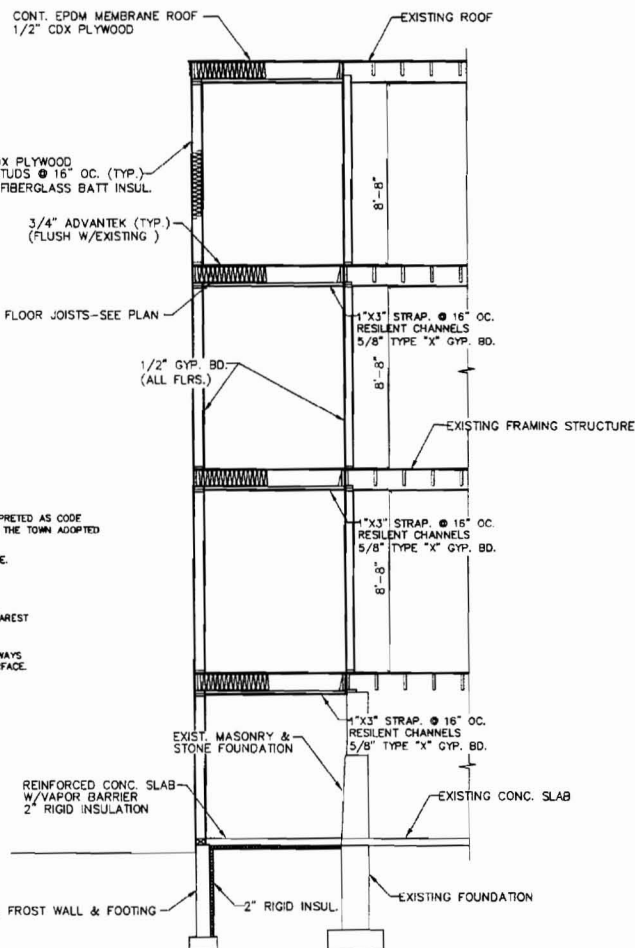
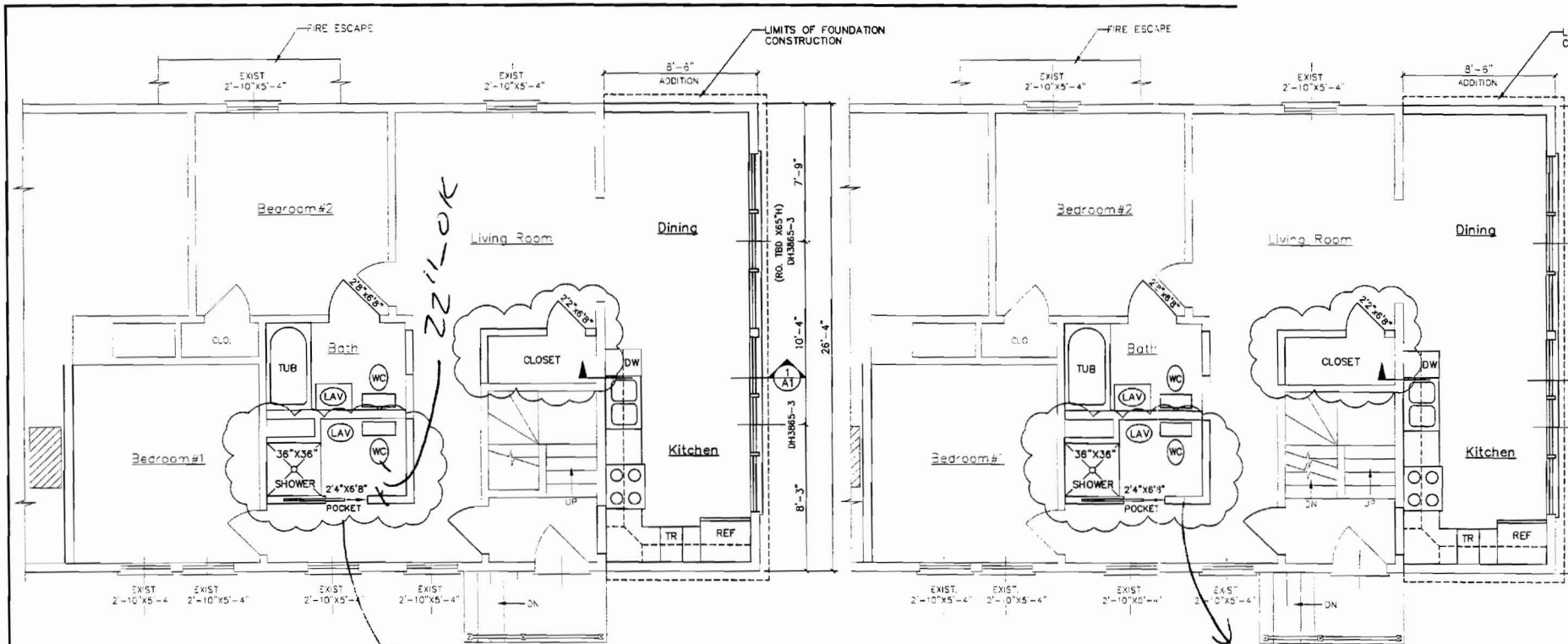
Height	Walls	Heating	A/C
7		NONE	NONE
10	FRAME	HW/STEAM	NONE
10	FRAME	HW/STEAM	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE
		NONE	NONE

### Building Other Features

Line	Structure Type	Identical Units
2	PORCH - COVERED	1
2	PORCH - ENCL	1
2	PORCH - COVERED	1
2	PORCH - COVERED	1
3	PORCH - COVERED UPPER	2
3	PORCH - COVERED UPPER	2

### Yard Improvements

Year Built	Structure Type	Length or Sq. Ft.	# Units
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**GENERAL CONSTRUCTION NOTES:**

(THE FOLLOWING NOTES ARE FOR INFORMATIONAL USE ONLY. THEY SHOULD NOT BE INTERPRETED AS CODE OR VIEWED AS THE COMPLETE CODE. THE CONTRACTOR IS RESPONSIBLE FOR REVIEWING THE TOWN ADOPTED CODE BEFORE ANY CONSTRUCTION BEGINS.)

1. PORCHES, BALCONIES RAISED FLOOR SURFACES MORE THAN 30" ABOVE FLOOR OR GRADE, SHALL HAVE GUARDS NOT LESS THAN 36" IN HEIGHT. OPENINGS BETWEEN BALLUSTERS SHALL BE LESS THAN 4".
2. TEMPERED GLAZING SHALL BE INSTALLED IN THE FOLLOWING CONDITIONS:
  - GLAZING IN BATHROOMS WHERE IT IS LOWER THAN 60" FROM ANY VERTICAL SURFACE.
  - GLAZING LESS THAN 60" ABOVE ANY SURFACE, ADJACENT TO A DOOR WHERE THE NEAREST VERTICAL EDGE IS WITHIN A 24" ARC OF THE DOOR IN CLOSED POSITION.
  - GLAZING BOTTOM LESS THAN 18" ABOVE THE FLOOR.
  - GLAZING ENCLOSED STAIRWAY LANDINGS OR WITHIN 60" OF TOP & BOTTOM OF STAIRWAYS WHERE THE BOTTOM EDGE OF THE GLASS IS LESS THAN 60" ABOVE THE WALKING SURFACE.

ALL DRAWINGS, PLANS, SKETCHES ETC. ARE PROVIDED TO OUR CLIENTS BASED UPON INFORMATION PROVIDED BY THE CLIENT AND DRAWN IN ACCORDANCE WITH COMMON BUILDING PRACTICES. NONE OF THE EMPLOYEES OF MORIN DRAFTING ARE REGISTERED ARCHITECTS, STRUCTURAL ENGINEERS OR LAND SURVEYORS. CODES SHALL BE REVIEWED AND APPROVED BY APPROPRIATE REGISTERED PROFESSIONALS, IF NOT, SHALL BE RESPONSIBILITY OF CONTRACTOR OR OWNER. ALL NOTING, SPECIFICATION AND DIMENSIONS SHALL BE REVIEWED BY CLIENT/CONTRACTOR BEFORE WORK BEGINS. ALL OMISSIONS SHALL BE BROUGHT TO THE ATTENTION OF MORIN DRAFTING. IF PLANS ARE NOT VERIFIED BY CLIENT AND/OR CONTRACTOR BEFORE CONSTRUCTION BEGINS MORIN DRAFTING SHALL BE HELD HARMLESS. IN ALL EVENTS DAMAGES SHALL BE LIMITED TO COST OF THE PLANS. MORIN DRAFTING ASSUMES NO LIABILITY FOR CONSTRUCTION DEFECTS, CHANGES AND/OR REVISIONS TO PLANS.

**Wall Section**  
SCALE: 1/4"=1'-0"



**ELEVATION—EXISTING CONDITIONS**  
SCALE: N.T.S.



**ELEVATION—EXISTING CONDITIONS**  
SCALE: N.T.S.

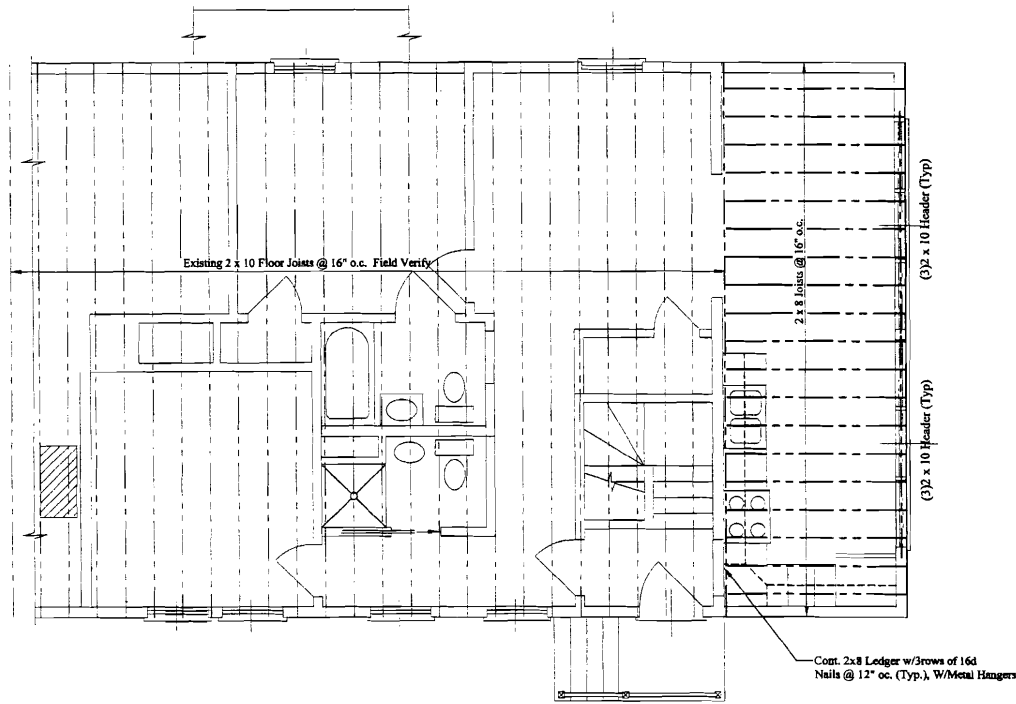


**ELEVATION—ALTERATIONS**  
SCALE: 1/8"=1'-0"

FRAMING NOTES:

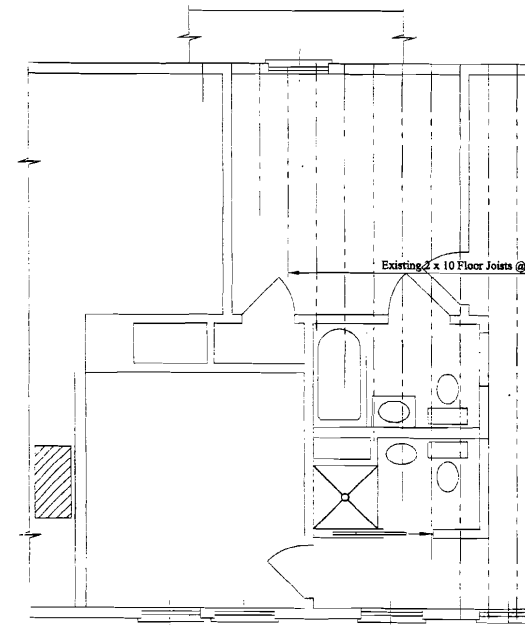
1. See General Structural Notes on Sheet S-1.
2. Verify all dimensions and existing conditions in field and with architectural drawings prior to commencing work. Notify engineer of any discrepancies.

1117



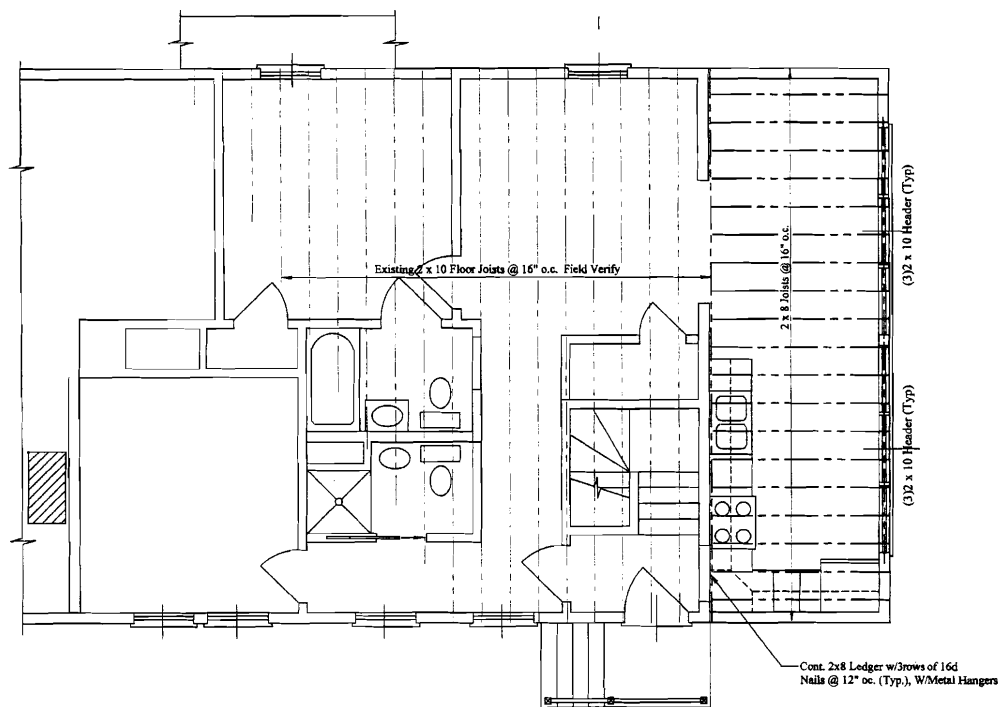
1st FLOOR FRAMING PLAN

SCALE: 1/4"=1'-0"



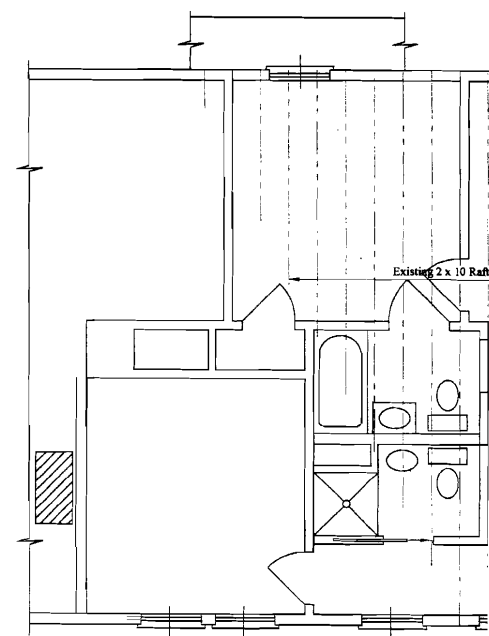
2nd FLOOR FRAMING

SCALE: 1/4"=1'-0"



3rd FLOOR FRAMING PLAN

SCALE: 1/4"=1'-0"



ROOF FRAMING PLAN

SCALE: 1/4"=1'-0"