

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0357	Issue Date: 05/10/03	CBL: 022 L007001
-----------------------	-------------------------	---------------------

Location of Construction: 26 Anderson St	Owner Name: Miner, John B.	Owner Address: 17 Old Farm House Road	Phone: 207-829-6807
Business Name: n/a	Contractor Name: Cross Construction	Contractor Address: 24 Cleave St Portland	Phone: 2076712215
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Change of Use - Dwellings	Zone: R6

Past Use: Two Family	Proposed Use: Change of Use / Two family to Three family, convert existing third floor into third unit.	\$203.00	\$15,000.00	1
Proposed Project Description: Change of Use from two family to three family.		INSPECTION: Use Group: R2 Type: 5B 6/5/03 Signature: <i>[Signature]</i>		

Permit Taken By: gg	Date Applied For: 0411712003
-------------------------------	--

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 checked="" type="checkbox"/> Site Plan <i>requires sit plan examination</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/1/03</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: <i>[Signature]</i>
--	---	---	---

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

9/5/03 - checked FRAMING OK - checked
plumbing tests on OK - electrical done by
Mike Collins. OK to close in.

~~2/24/04~~ 2/24/04 smokes too low in some rooms.
also near ^{exterior} stairs must conform to 7 id 11
code. unless set back of 10' is violated.

See T. Mannon for further details. A. Rowe

4/1/04 OK for CJO. A. Rowe



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 26 Anderson St

CBL 022 L007001

Issued to Miner, John B./Cross Construction

Date of Issue 04/03/2004

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 03-0357, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES
entire

APPROVED OCCUPANCY
3 unit residential
use group: R2
type: 5B
BOCA 1999

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

[Signature]

(Date)

Inspector

[Signature] 4/7/04
Inspector of Buildings

[Handwritten initials]
04/03/04 624117

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Portland ME
Street Subdivision Lot #	26 Anderson Street

PROPERTY OWNERS NAME

Last: MINER	First: John
Applicant Name:	Allen Selvestyen
Mailing Address of Owner/Applicant (If Different)	150 Raymond Hill Rd Raymond ME

022 2007001

PORTLAND	8499	TOYN COPY
Date Permit Issued: 6/11/03	\$ 184.00	<input type="checkbox"/> Double Fee Charged
<i>Ben Klanner</i> Local Plumbing Inspector Signature	L.P.I. # 0603	
2003-8190		

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

John Miner Signature of Owner/Applicant 6/12/03 Date

Caution: Inspection Required

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

Thomas M. Manday Local Plumbing Inspector Signature 9/5/03 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 type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input checked="" type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # 06200

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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.		Hosebibb / Sillcock	3	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	3	Sink <i>Kitchen</i>
		Drinking Fountain	3	Wash Basin
<input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
OR SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	13	Water Heater
		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			13	Total Fixtures
				Fixture Fee
				Transfer Fee
			1	Hook-Up & Relocation Fee
			84.00	Permit Fee (Total)

CK #600