

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 01-1141	Issue Date: []	GBL: 027 B004001
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Location of Construction: 439 Congress St	Owner Name: Metropolitan Apartments Llc	Owner Address: 429 Elmwood Rd	Phone: 761-0832
Business Name: n/a	Contractor Name: Applicant	Contractor Address: Portland	Phone
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Multi Family	Zone: B-3

Past Use: Multi Family/7 Units	Proposed Use: Multi Family/7 Units	Permit Fee:	Cost of Work: \$10,000.00	CEO District: 1
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Proposed Project Description:
Remove non bearing walls and replace with 2 framed and 1/2 inch sheetrock walls

72 units total per microfiche in The Metropolitan

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-2 Type:
Signature: [Signature]	Signature: [Signature]

BOCA 1999

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 12/12/2001	Zoning Approval
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<ol style="list-style-type: none"> 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"/> Denied Date: <i>12/20/01</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	Historic Preservation <input 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>Requires A separate permit? RW</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

01-1541

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>439 Congress St.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>027</u> Block# <u>B0004</u> Lot# <u>004</u>		Owner: <u>Metropolitan Apartments</u> Telephone: <u>761-0832</u>
Lessee/Buyer's Name (If Applicable) <u>027 B 004</u>		Applicant name, address & telephone: <u>Spring St. West</u> <u>104 Grant St Portland Me 04101</u> Cost Of Work: \$ <u>10,000</u> Fee: \$ <u>174.00</u>
Current use: <u>multi unit 7 units</u> If the location is currently vacant, what was prior use: <u>Apartment</u> Approximately how long has it been vacant: _____ Proposed use: <u>Apartment</u> Project description: <u>Remove non bearing walls & replacing with 2x framed & 1/2 inch sheetrock walls</u>		
Contractor's name, address & telephone: <u>Self owner</u> Who should we contact when the permit is ready: <u>Mark Tardiff</u> Mailing address: _____ <div style="text-align: right;"> + call Phone: <u>761 0832</u> </div>		

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: <u>Mark Tardiff</u>	Date: <u>12/11/01</u>
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This is not a permit, you may not commence ANY work until the permit is issued

Application ID Number: 1-1541

Department: Zoning

Status: Approved with Conditions

Reviewer: Marge Schmuckal

Comments: 439 Congress St

Approval Date: 12/20/2001

Given On Date: 12/19/2001

OK to Issue Permit

Name: Marge Schmuckal

Date: 12/20/2001

Date 2:

Conditions Section:

This property shall remain a seventy-two (72) family dwelling building (the Metropolitan). Any change of use shall require a separate permit application for review and approval.

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.

Create Date: 12/18/2001 By gg

Update Date: 12/20/2001 By mes

**SPRING STREET WEST, CORP.
104 GRANT STREET
PORTLAND, MAINE 04101
207-761-0832**

December 11, 2001

To Whom It May Concern:

This letter is in reference to the renovation of an apartment at 439 Congress St. The renovation will consist of removal of the existing non-weight bearing walls and replacement using 2x4 framed and ½ inch sheetrock walls. Although the layout of the original apartment is changed there will be no structural changes to the building. As a result of the renovation the plumbing and electrical components will be updated and relocated inside the apartment.

Sincerely,

Mark Tardiff

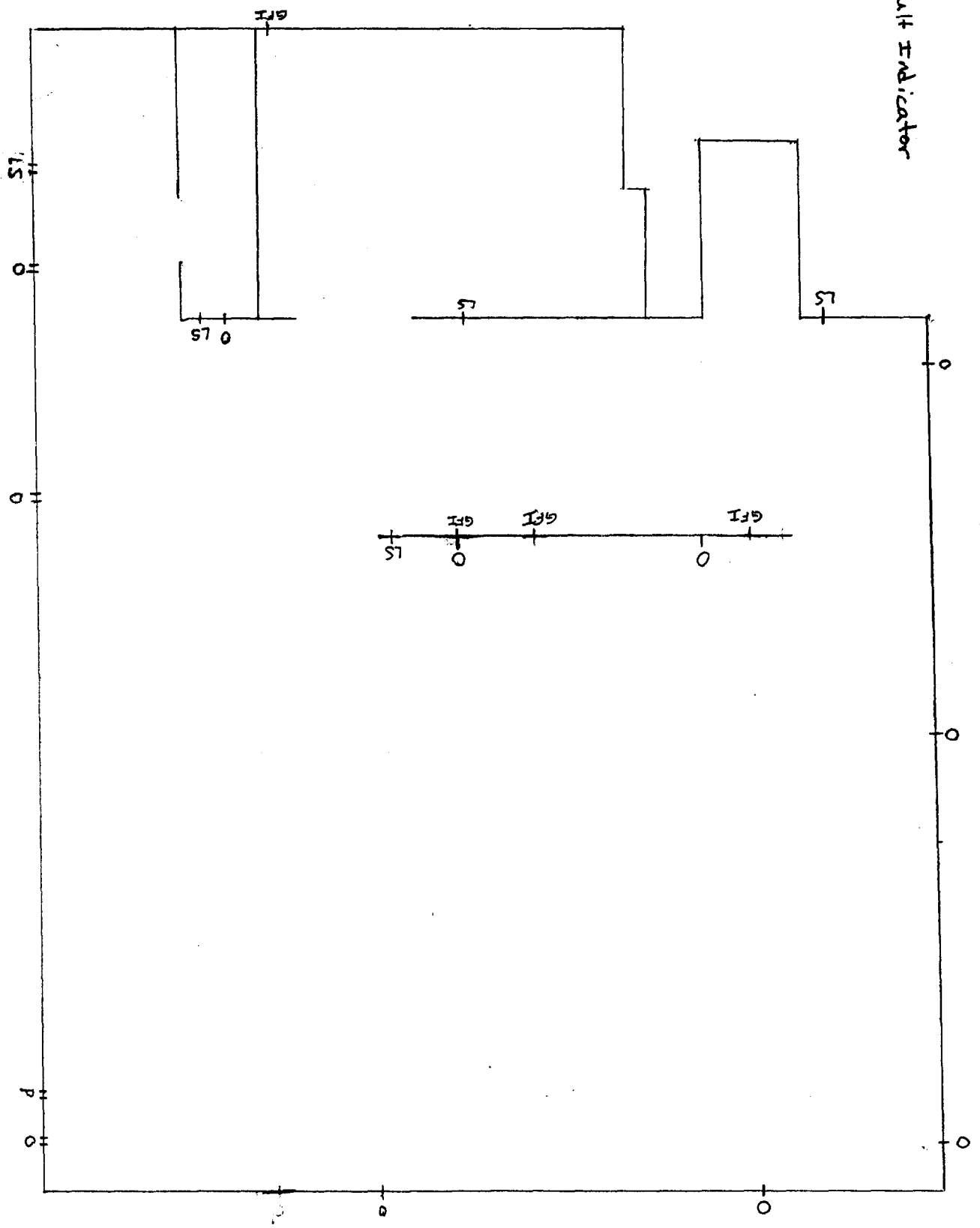
1/4" = 1'

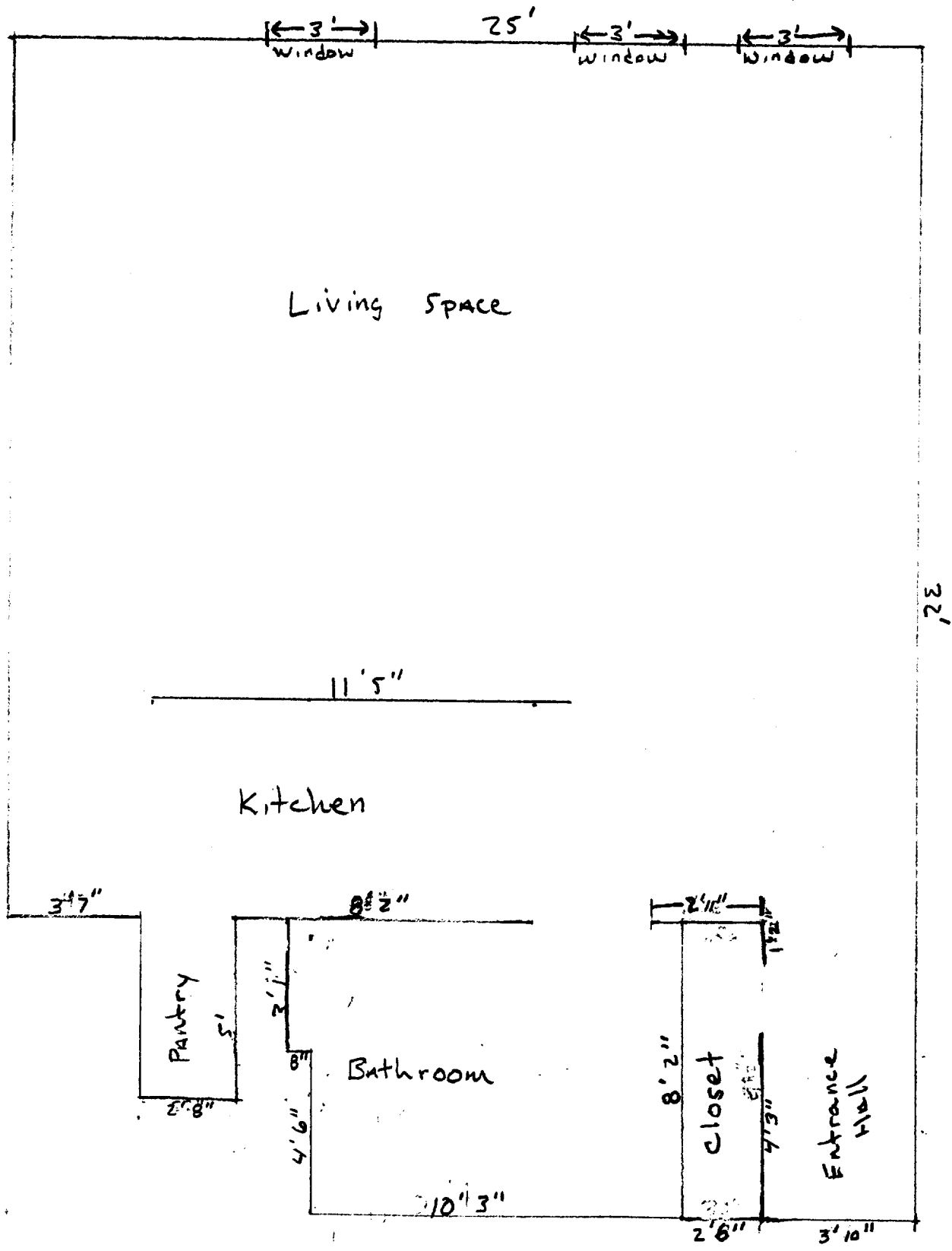
LS = Light Switch

O = Outlet

P = Phone

GFI = Ground Fault Indicator

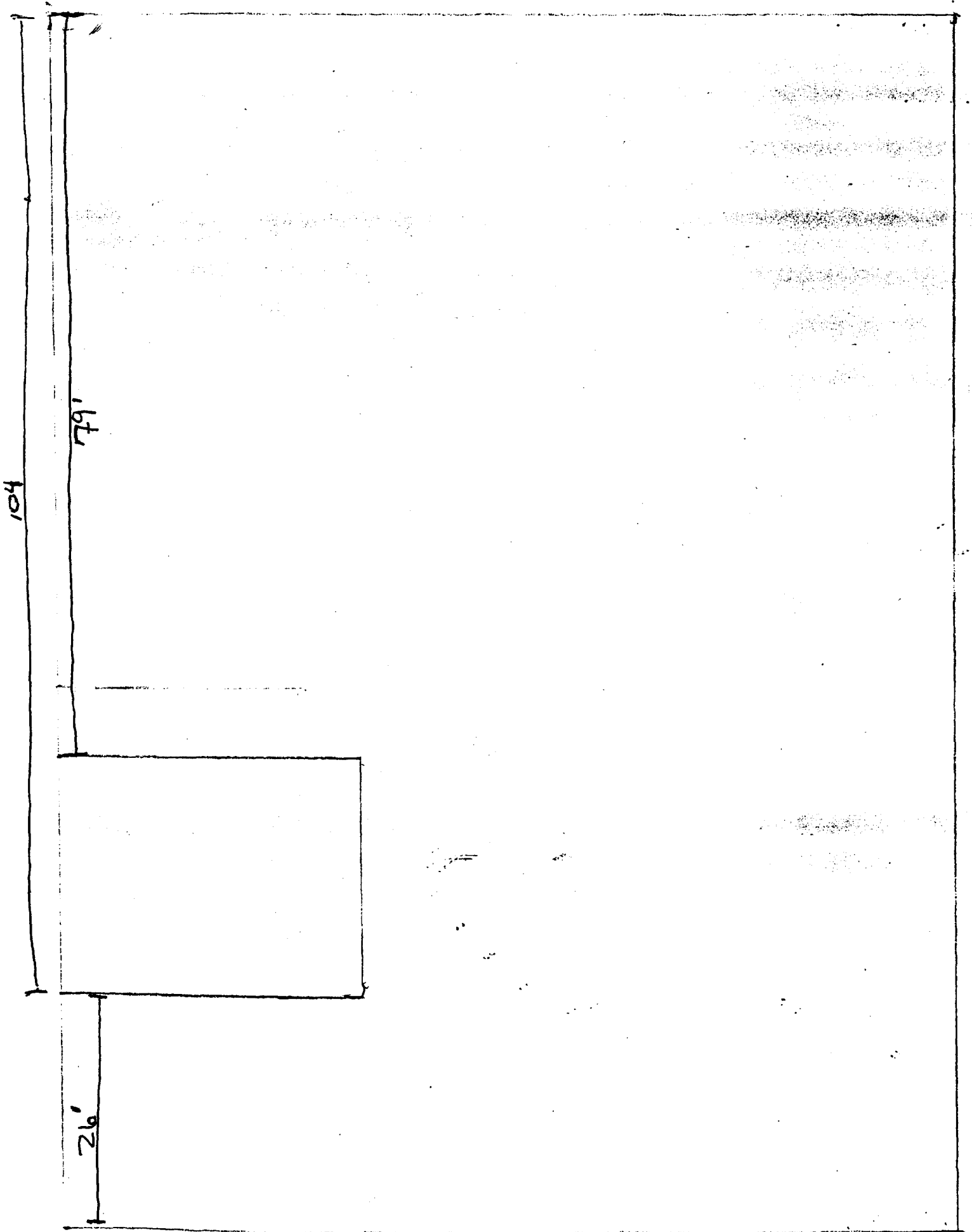




22'

Congress St.

1-13



Location of unit in Building