

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 021376

PERMIT

This is to certify that Metropolitan Apartments LLC
has permission to Change of Use / Storage to Single Apartment
AT 439 Congress St 027 B004001

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 altered or closed-in.
HEAVY 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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name

[Signature] 12/20/02
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: 02-1376 Issue Date: DEC 23 2002 CBL: 027 B004001

Location of Construction: 439 Congress St	Owner Name: Metropolitan Apartments Llc	Owner Address: 429 Elmwood Rd	Phone: 707-761-0832
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	Phone:
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Change of Use - Commercial	Zone: B-3

Past Use: Commercial / Storage	Proposed Use: Change of Use/ Storage to studio Apartment	Permit Fee: \$203.00	Cost of Work: \$15,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R/B Type: 30	

Proposed Project Description:
Change of Use / Storage to Studio Apartment *1st floor - rear of Bldg*

Signature: *[Signature]* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
within PAD but 100ft back from Congress St
 Signature: *[Signature]* Date: 12/17/02

Permit Taken By: gg Date Applied For: 12/16/2002

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"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Signature]</i> 12/17/02	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>
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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

02 1376

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 Portland Me.</u>		
Total Square Footage of Proposed Structure <u>896 Ft²</u>	Square Footage of Lot <u>42 000</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>27</u> Block# <u>B</u> Lot# <u>4</u>	Owner: <u>Metropolitan Apts.</u>	Telephone: <u>207.761.0832</u>
Lessee/Buyer's Name (if Applicable)	Applicant name, address & telephone: <u>Port Properties, 104 Grant St Portland Me 04101</u>	Cost Of Work: \$ <u>15,000</u> Fee: \$ 2,885
Current use: <u>1st Floor Storage</u>		<u>Bldg Fee, 128.00</u>
If the location is currently vacant, what was prior use: <u>Storage</u>		<u>Cap 0 75.00</u>
Approximately how long has it been vacant: <u>10 yrs</u>		<u>\$ 203.00</u>
Proposed use: <u>Change of use</u>	<u>Adding 1 studio Apt to existing</u>	
Project description: <u>Storage space.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>MARK TARDIFF</u> X X		
Mailing address: <u>Port Properties 104 Grant St Portland Me 04101</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>207.252.6349</u> X X		

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.

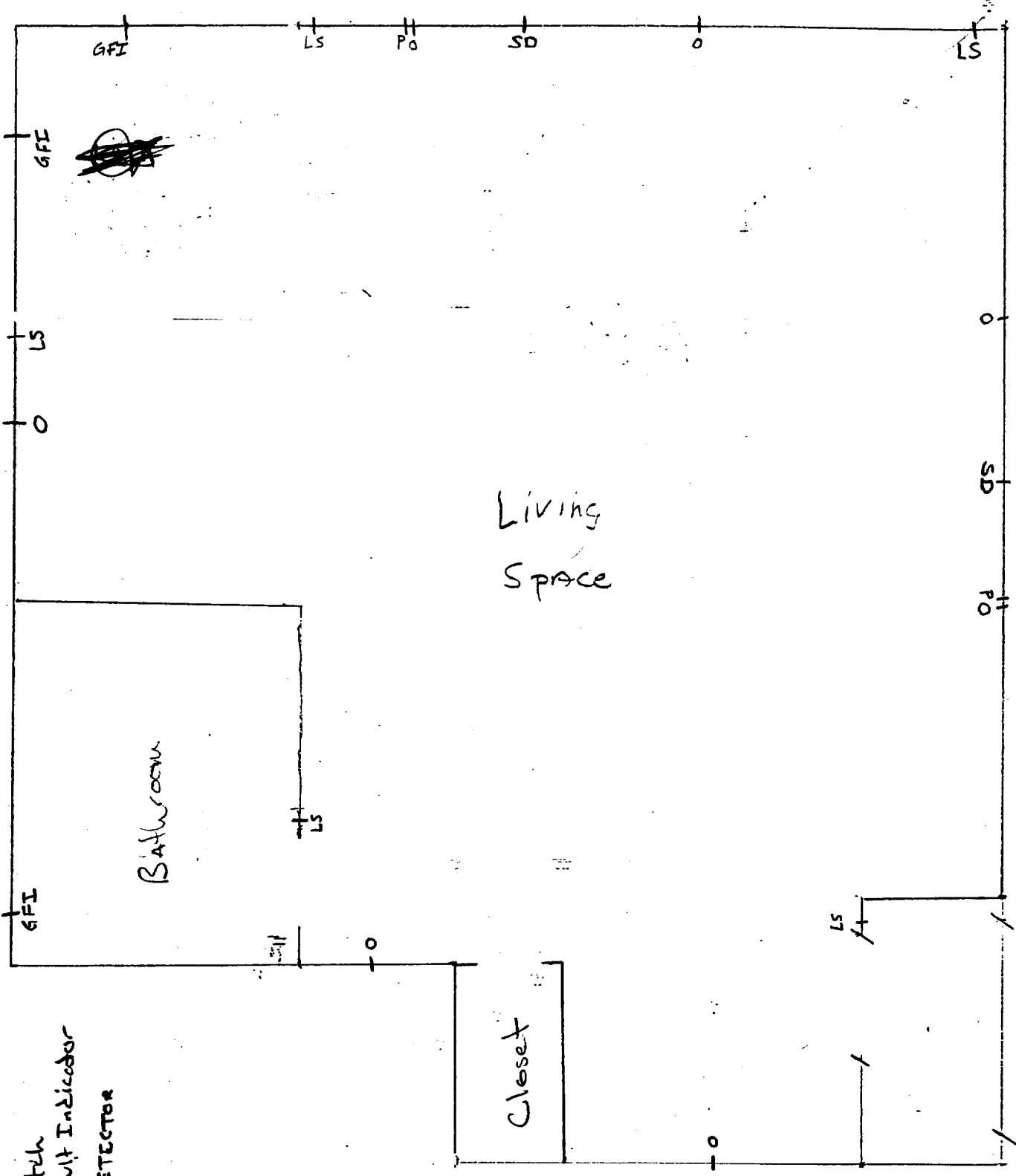
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, 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>[Signature]</u>	Date:
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall

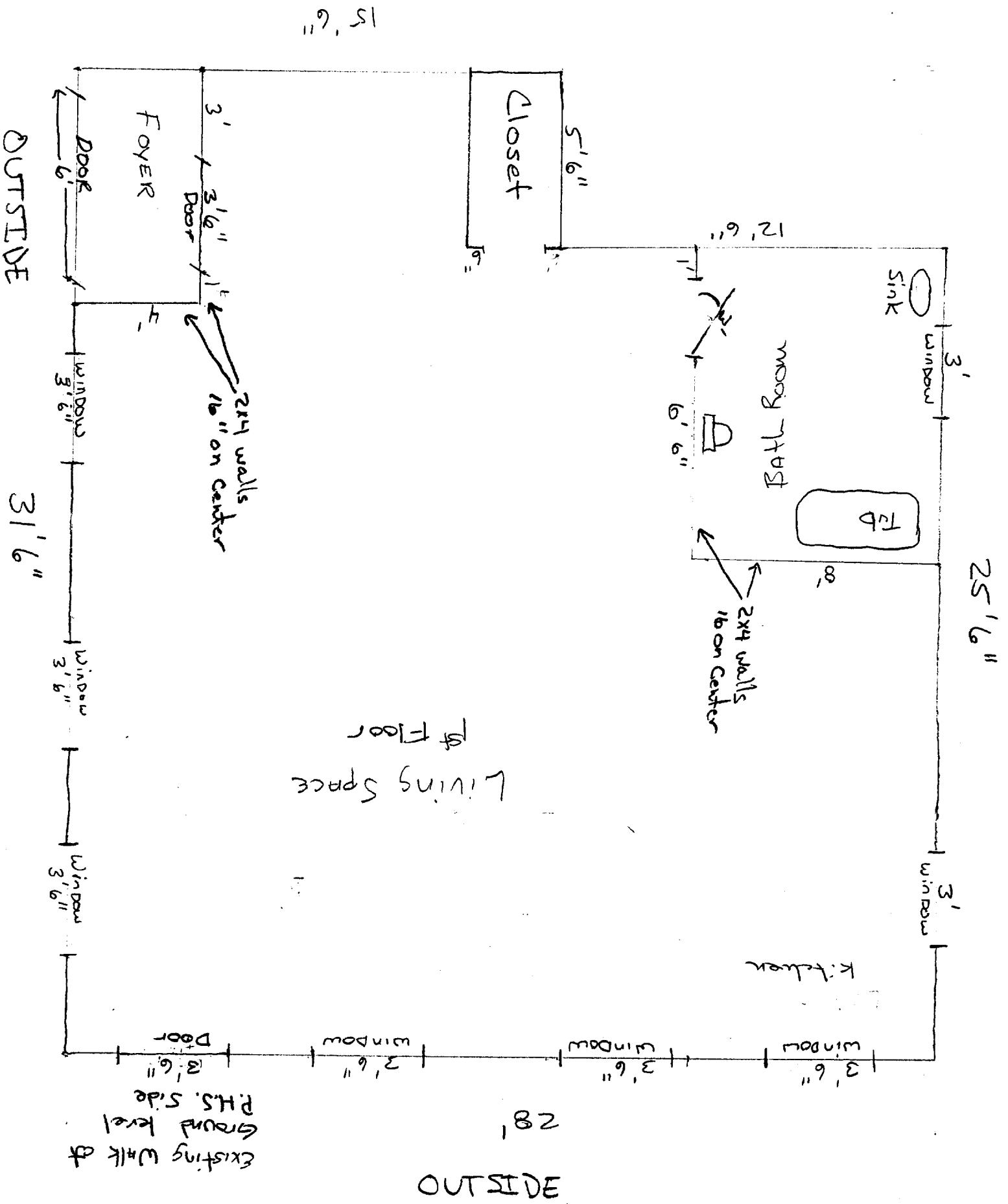
Outdoors

Outdoors

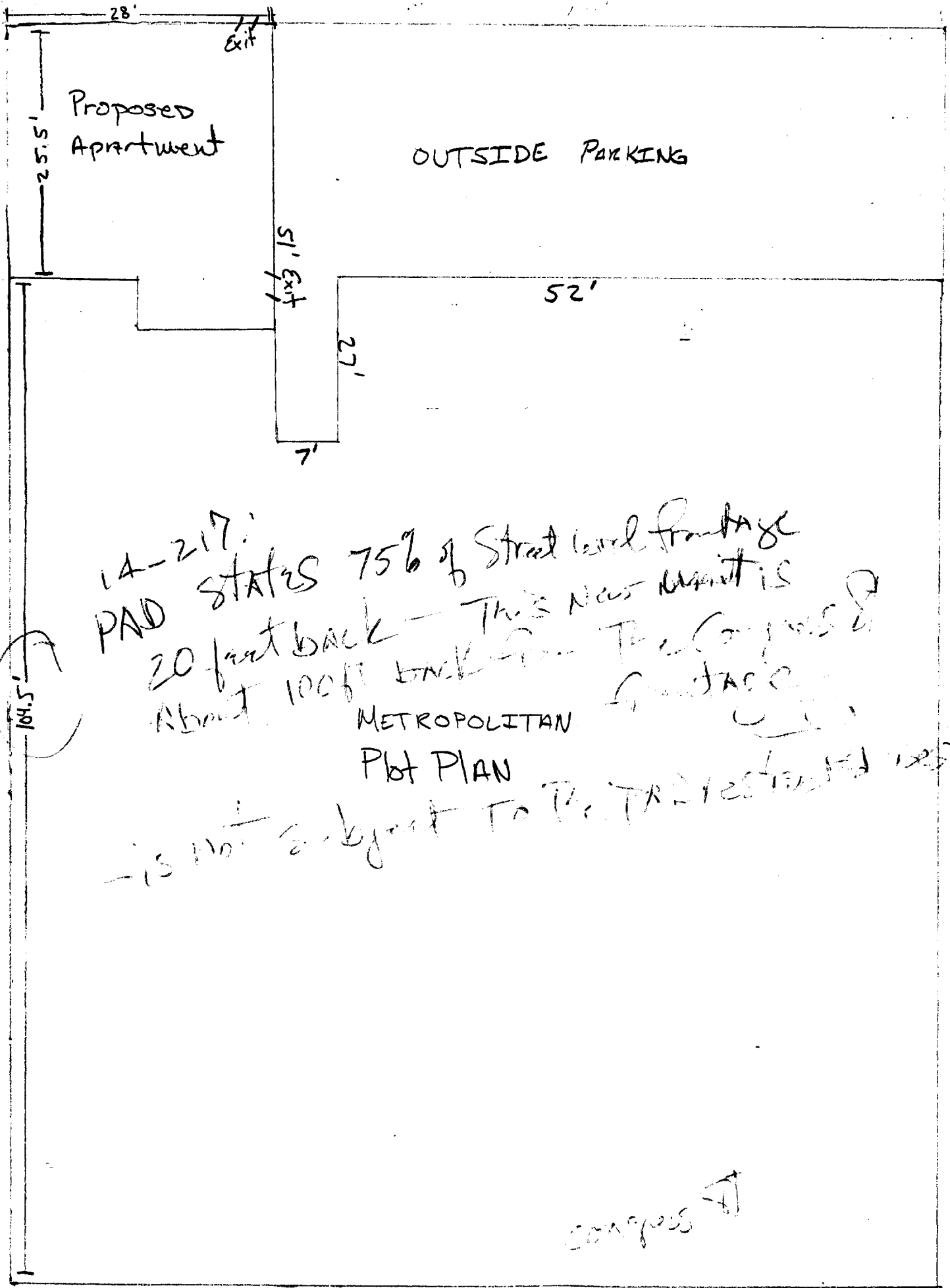


1/4" = 1'

- O = outlet
- P = Phone
- LS = Light Switch
- GFI = Ground Fault Indicator
- SD = SMOKE DETECTOR



Location of Unit in Building



1"=13'

1"=13'

To Whom It May Concern:

The intention of the landlord is to renovate the current storage space into an efficiency apartment.

This renovation will include the installation of:

- 6 outlets
- 3 ground fault indicators
- 2 hardwire smoke detectors
- 5 light switches
- 2 phone jacks
- Bathroom and kitchen plumbing
- Gas heat and stove
- Loft space
- Hardwood floors

There will be several walls added to create a bathroom and closet the walls will be 2x4 construction with ½ in drywall. Sprinkler heads will be added as needed. Vinyl replacement windows will replace the current windows and a new hardwood floor will be installed.

Sincerely,

Mark Tardiff
Port Properties Management